

2023 - 2024 Plan Year



# CLEBURNE ISD BENEFIT GUIDE

EFFECTIVE: 09/01/2023 - 8/31/2024

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



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YOUR  
BENEFITS



# Benefit Contact Information

## CLEBURNE ISD BENEFITS

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

## MEDICAL - TRS ACTIVECARE

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

## MEDICAL - TRS HMO

Scott & White HMO  
 (844) 633-5325  
[www.trs.swhp.org](http://www.trs.swhp.org)

## VISION

MetLife  
 (800) 638-5433  
[www.metlife.com](http://www.metlife.com)

## DENTAL

Cigna  
 (800) 244-6224  
[www.mycigna.com](http://www.mycigna.com)

## DISABILITY

The Standard  
 (800) 368-1135  
[www.standard.com](http://www.standard.com)

## CANCER

Colonial Life  
 (817) 390-2350  
[www.coloniallife.com](http://www.coloniallife.com)

## TELEHEALTH

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

## LIFE AND AD&D

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

## INDIVIDUAL LIFE

Texas Life  
 (800) 283-9233  
[www.texaslife.com](http://www.texaslife.com)

## FLEXIBLE SPENDING ACCOUNT

National Benefit Services  
 (800) 274-0503  
[www.nbsbenefits.com](http://www.nbsbenefits.com)

## HEALTH SAVINGS ACCOUNT (HSA)

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

## HOSPITAL INDEMNITY

Cigna  
 (800) 244-6224  
[www.mycigna.com](http://www.mycigna.com)

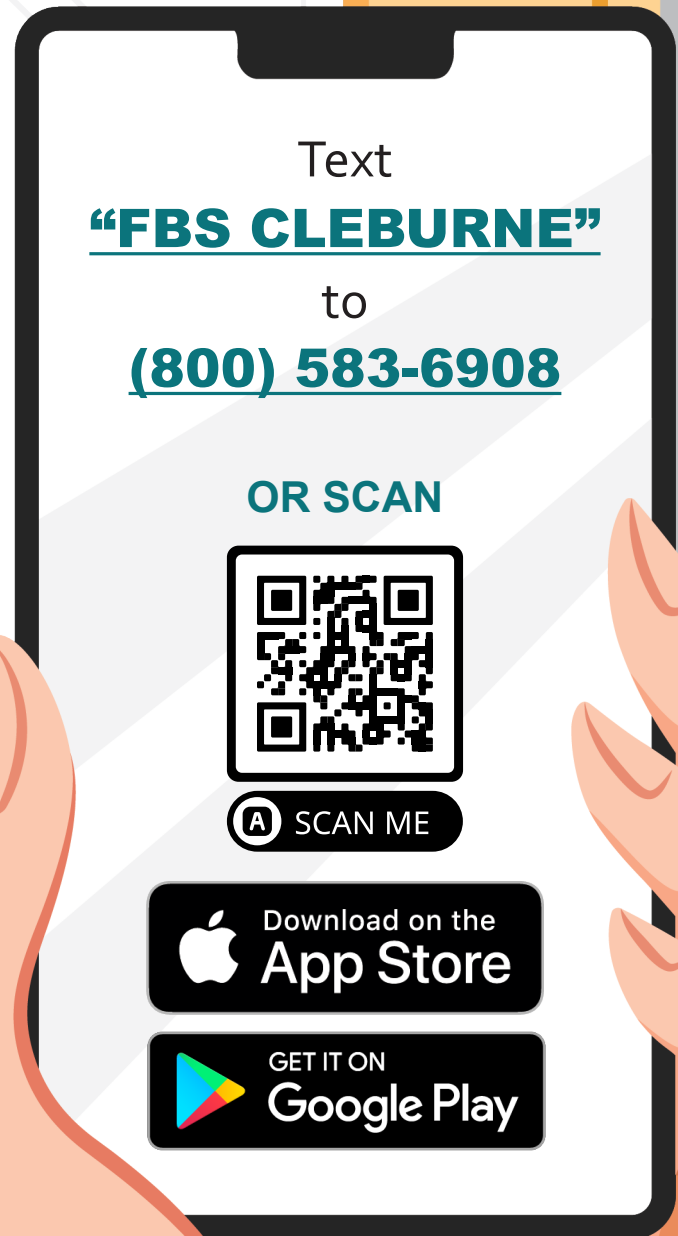
# All Your Benefits - One App

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

Text **“FBS CLEBURNE”**  
to **(800) 583-6908**  
and get access to everything you  
need to complete your benefits  
enrollment:

- Benefit Resources
- Online Enrollment
- Interactive Tools
- And more!

App Group #:  
**FBSCLEBURNE**





# How to Log In

1

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

2

**CLICK LOGIN**

3

**ENTER USERNAME  
& PASSWORD**

**Your Username Is:**

Your email in THEbenefitsHUB. (Your CISD work email address)

**Your Password Is:**

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

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

## Section 125 Cafeteria Plan Guidelines

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

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 30 days of your qualifying event and meet with your Benefit Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

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

## 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 eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

## Q&A

### Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefit Office 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/cleburneisid](http://www.mybenefitshub.com/cleburneisid). Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

### How can I find a Network Provider?

For benefit summaries and claim forms, go to the Cleburne ISD benefit website:

[www.mybenefitshub.com/cleburneisid](http://www.mybenefitshub.com/cleburneisid). Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

### When will I receive ID cards?

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

If the insurance carrier provides ID cards, but there are no changes to the plan, you typically will not receive a new ID card each year.

# Annual Benefit Enrollment

Monday, July 17 to Wednesday, August 16, 2023

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## Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 20 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 2023 benefits become effective on September 1, 2023, you must be actively-at-work on September 1, 2023 to be eligible for your new benefits.

## Dependent Eligibility Requirements

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

PLAN	MAXIMUM AGE
Medical	To age 26
Dental	To age 26
Vision	To age 26
Life	To age 26
Cancer	To age 26
Critical Illness	To age 26
AD&D	To age 26
Individual Life	To age 26

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 Benefit Office to request a continuation of coverage.



## 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 9/1/2023 please notify your benefits administrator.

## Annual Enrollment

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

## Annual Deductible

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

## Calendar Year

January 1st through December 31st

## Co-insurance

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

## Guaranteed Coverage

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

## In-Network

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

## Out-of-Pocket Maximum

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

## Plan Year

September 1st through August 31st

## Pre-Existing Conditions

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

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
<b>Description</b>	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
<b>Employer Eligibility</b>	A qualified high deductible health plan.	All employers
<b>Contribution Source</b>	Employee and/or employer	Employee and/or employer
<b>Account Owner</b>	Individual	Employer
<b>Underlying Insurance Requirement</b>	High deductible health plan	None
<b>Minimum Deductible</b>	\$1,500 single (2023) \$3,000 family (2023)	N/A
<b>Maximum Contribution</b>	\$3,850 single (2023) \$7,750 family (2023) 55+ catch up +\$1,000	\$3,050 (2023)
<b>Permissible Use Of Funds</b>	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
<b>Cash-Outs of Unused Amounts (if no medical expenses)</b>	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
<b>Year-to-year rollover of account balance?</b>	Yes, will roll over to use for subsequent year's health coverage.	No. Access to some funds may be extended because your employer has a 75 day grace period and a concurrent 90 day run out period.
<b>Does the account earn interest?</b>	Yes	No
<b>Portable?</b>	Yes, portable year-to-year and between jobs.	No

FLIP TO  
FOR HSA INFORMATION

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FLIP TO  
FOR FSA INFORMATION

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



For questions about the Medical plans please contact:

#### BCBSTX

(866) 355-5999

[www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare)

#### Scott & White HMO

(844) 633-5325

[www.trs.swhp.org](http://www.trs.swhp.org)

	Monthly Premium	District Contribution	Employee Cost
<b>TRS ActiveCare HD</b>			
Employee Only	\$475.00	\$225.00	\$250.00
Employee and Spouse	\$1,283.00	\$225.00	\$1,058.00
Employee and Child(ren)	\$808.00	\$225.00	\$583.00
Employee and Family	\$1,615.00	\$225.00	\$1,390.00
<b>TRS ActiveCare 2</b>			
Employee Only	\$1,013.00	\$225.00	\$788.00
Employee and Spouse	\$2,402.00	\$225.00	\$2,177.00
Employee and Child(ren)	\$1,507.00	\$225.00	\$1,282.00
Employee and Family	\$2,841.00	\$225.00	\$2,616.00
<b>TRS ActiveCare Primary</b>			
Employee Only	\$461.00	\$225.00	\$236.00
Employee and Spouse	\$1,245.00	\$225.00	\$1,020.00
Employee and Child(ren)	\$784.00	\$225.00	\$559.00
Employee and Family	\$1,568.00	\$225.00	\$1,343.00
<b>TRS ActiveCare Primary+</b>			
Employee Only	\$541.00	\$225.00	\$316.00
Employee and Spouse	\$1,407.00	\$225.00	\$1,182.00
Employee and Child(ren)	\$920.00	\$225.00	\$695.00
Employee and Family	\$1,786.00	\$225.00	\$1,561.00
<b>North &amp; Central Texas Baylor Scott and White HMO</b>			
Employee Only	\$596.96	\$225.00	\$371.96
Employee and Spouse	\$1,501.90	\$225.00	\$1,276.90
Employee and Child(ren)	\$960.68	\$225.00	\$735.68
Employee and Family	\$1,728.86	\$225.00	\$1,503.86

*Where the west begins is where TRS-ActiveCare rides with you on your health care journey.*



## TRS-ActiveCare Plan Highlights 2023-24



### Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

# 2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 –

## How to Calculate Your Monthly Premium

$$\begin{aligned} & \text{Total Monthly Premium} \\ - & \text{Your District and State Contributions} \\ \hline = & \text{Your Premium} \end{aligned}$$

Ask your Benefits Administrator for your district's specific premiums.

## Wellness Benefits at No Extra Cost\*

### Being healthy is easy with:

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

\*Available for all plans.  
See the benefits guide for more details.

## New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

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

	TRS-ActiveCare Primary	TRS-
Plan Summary	<ul style="list-style-type: none"> <li>• Lowest premium of all three plans</li> <li>• Copays for doctor visits before you meet your deductible</li> <li>• Statewide network</li> <li>• Primary Care Provider (PCP) referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account (HSA)</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Lower deductible t</li> <li>• Copays for many s</li> <li>• Higher premium</li> <li>• Statewide network</li> <li>• PCP referrals requi</li> <li>• Not compatible wi</li> <li>• No out-of-network</li> </ul>

Monthly Premiums	Total Premium	Your Premium	Total Premi
Employee Only	\$461	\$	\$541
Employee and Spouse	\$1,245	\$	\$1,407
Employee and Children	\$784	\$	\$920
Employee and Family	\$1,568	\$	\$1,786

Plan Features		
Type of Coverage	In-Network Coverage Only	
Individual/Family Deductible	\$2,500/\$5,000	
Coinsurance	You pay 30% after deductible	
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	
Network	Statewide Network	
PCP Required	Yes	

Doctor Visits		
Primary Care	\$30 copay	
Specialist	\$70 copay	

Immediate Care		
Urgent Care	\$50 copay	
Emergency Care	You pay 30% after deductible	
TRS Virtual Health-RediMD™	\$0 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deduct
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	
Preferred	You pay 30% after deductible	
Non-preferred	You pay 50% after deductible	
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 3



Each includes a wide range of wellness benefits.

TR-ActiveCare Primary+	TR-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>ered to see specialists with a Health Savings Account (HSA) coverage</p>	<ul style="list-style-type: none"> <li>Compatible with a Health Savings Account (HSA)</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for PCPs or referrals</li> <li>Must meet your deductible before plan pays for non-preventive care</li> </ul>

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

TR-ActiveCare 2
<ul style="list-style-type: none"> <li>Closed to new enrollees</li> <li>Current enrollees can choose to stay in plan</li> <li>Lower deductible</li> <li>Copays for many services and drugs</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for PCPs or referrals</li> </ul>

Plan	Your Premium	Total Premium	Your Premium
	\$	\$475	\$
	\$	\$1,283	\$
	\$	\$808	\$
	\$	\$1,615	\$

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

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

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

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

able per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
\$11-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

# What's New and What's Changing



This table shows you the changes between 2022-23 statewide premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$417	\$461	<b>\$44</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> </ul>
	Employee and Spouse	\$1,176	\$1,245	<b>\$69</b>	
	Employee and Children	\$751	\$784	<b>\$33</b>	
	Employee and Family	\$1,405	\$1,568	<b>\$163</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$429	\$475	<b>\$46</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,209	\$1,283	<b>\$74</b>	
	Employee and Children	\$772	\$808	<b>\$36</b>	
	Employee and Family	\$1,445	\$1,615	<b>\$170</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$525	\$541	<b>\$16</b>	<ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider copay decreased from \$30 to \$15.</li> </ul>
	Employee and Spouse	\$1,284	\$1,407	<b>\$123</b>	
	Employee and Children	\$845	\$920	<b>\$75</b>	
	Employee and Family	\$1,614	\$1,786	<b>\$172</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	<b>\$0</b>	<ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	<b>\$0</b>	
	Employee and Children	\$1,507	\$1,507	<b>\$0</b>	
	Employee and Family	\$2,841	\$2,841	<b>\$0</b>	

### At a Glance

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

Effective: Sept. 1, 2023



# Compare Prices for Common Medical Services

## REMEMBER:

Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.


Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

\*Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999** with questions.

## 2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

**REMEMBER:** Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	<b>Central and North Texas Baylor Scott &amp; White Health Plan</b> <i>Brought to you by TRS-ActiveCare</i>	<b>Blue Essentials - South Texas HMO</b> <i>Brought to you by TRS-ActiveCare</i>	<b>Blue Essentials - West Texas HMO</b> <i>Brought to you by TRS-ActiveCare</i>
	<p><b>You can choose this plan if you live in one of these counties:</b> Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson</p>	<p><b>You can choose this plan if you live in one of these counties:</b> Cameron, Hildalgo, Starr, Willacy</p>	<p><b>You can choose this plan if you live in one of these counties:</b> Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum</p>

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$596.96	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,501.90	\$	N/A	\$	N/A	\$
Employee and Children	\$960.68	\$	N/A	\$	N/A	\$
Employee and Family	\$1,728.86	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$2,400/\$4,800	N/A	N/A
Coinsurance	You pay 25% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	N/A	N/A

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

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

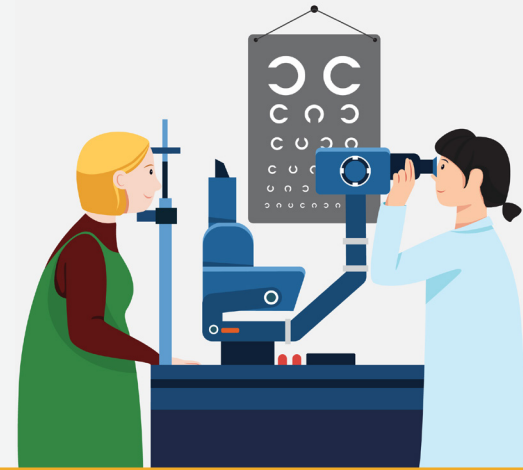
Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$14/\$35 copay	N/A	N/A
Preferred Brand	You pay 35% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 35% after deductible	N/A	N/A

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

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



For questions about the Vision plan please contact:

#### MetLife

(800) 638-5433

[www.metlife.com](http://www.metlife.com)

### With your Vision Preferred Provider Organization Plan, you can:

Go to any licensed vision provider and receive coverage. Just remember, your benefit dollars go further when you stay in-network. If you choose an out-of-network provider you will have increased out of pocket expenses, pay in full at the time of services, and file a claim with MetLife for reimbursement. Choose from a large network of ophthalmologists, optometrists, and opticians, from private practices to retailers like LensCrafters, Costco® Optical, Walmart, Sam's Club and Visionworks.

### In-network benefits

There are no claims for you to file when you go to an in-network vision provider. Simply pay any copays or member out of pocket expenses and, if applicable, any amount over your frame/contacts allowance at the time of service.

### Eye Exam

- Once every 12 months
- Eye health exam, dilation, prescription, and refraction for glasses: Covered in full after a \$10 copay
- Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice.

### Frame

- Once every 12 months
- Allowance: \$150 after \$20 eyewear copay
- You will receive an additional 20% savings on the amount that you pay over your allowance.

### Standard Corrective Lenses

- Once every 12 months
- Single vision, lined bifocal, lined trifocal, lenticular: Covered

in full after \$20 eyewear copay

### Standard Lens Enhancements

- Once every 12 months
- Standard Polycarbonate (child up to age 18) Covered in full; Standard Progressive lenses Covered in full
- Polycarbonate (adult), UV coating, Scratch-resistant coatings, Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at [metlife.com/mybenefits](http://metlife.com/mybenefits).

### Contact Lenses (instead of eyeglasses)

- Once every 12 months
- Contact lens fitting (standard\*): Covered in full after \$25 copay.
- Contact lens fitting (premium\*): \$50 retail allowance after \$25 copay.
- Elective lenses: \$150 allowance
- Necessary lenses: Covered in full.

Conventional contacts: You will receive an additional 20% savings on the amount that you pay over your allowance. Disposable contacts: You will receive an additional 10% savings on the amount that you pay over your allowance.

\*Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

### Discounts on Non-Covered Exam, Services, and Material

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail

## In-Network Value Added Features:

- **Laser vision correction:** Savings of 40%- 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers. Contact QualSight LASIK at (877) 201-3602 for more information.
- **Additional savings on glasses and sunglasses:** 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.
- **Additional savings on lens enhancements:** Average 20-25% savings on all lens enhancements not otherwise covered under the Superior Vision by MetLife vision benefit program.
- **Additional savings on frames:** 20% off any amount over your frames allowance.
- **Savings on additional exams:** 30% savings on additional exams.
- **Additional savings on contacts:** 10% off any amount over your disposable contact lens allowance or 20% off any amount over your conventional contact lens allowance. 10%-20% discount on additional contacts.
- **Hearing discounts:** A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

## We're Here to Help

- Find a Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision)
- Download a claim form at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)
- For general questions, go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call (833) 393-5433

## Out-of-Network Reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

- Eye exam: up to \$45
- Materials allowance
- Frames: up to \$70
- Single-vision lenses: up to \$30
- Lined bifocal lenses: up to \$50
- Lined trifocal lenses: up to \$65
- Lenticular lenses: up to \$100
- Progressive lenses: up to \$50
- Contact lenses:
  - ◊ Elective: up to \$105
  - ◊ Necessary: up to \$210

MetLife does not mail Vision ID Cards, You may request your Vision ID Card by contacting MetLife directly at (800) 942-0854. You can also go to [www.metlife.com](http://www.metlife.com) and register/log in to access your account.

Vision	
Employee Only	\$10.40
Employee and Spouse	\$20.80
Employee and Child(ren)	\$19.76
Employee and Family	\$31.04

# Dental Insurance

## Cigna

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



For questions about the Dental plans please contact:

**Cigna**

(800) 244-6334

[www.mycigna.com](http://www.mycigna.com)

Plan Design – High Option	Total Cigna DPPO Network**	Out-of-Network
<b>Policy Year Maximum</b> (Class II, III Expenses)	Progressive Plan: Class I does not apply Year 1: \$1,000; Year 2: \$1,150 Year 3: \$1,300; Year 4: \$1,450	
<b>Policy Year Deductible</b>		
Per Individual	\$50	\$50
Per Family	\$150	\$150
<b>Class I Expenses - Preventive &amp; Diagnostic Care</b>		
Oral Exams, Cleanings, Routine X-rays, Fluoride Application, Sealants, Space Maintainers (limited to non-orthodontic treatment), Non-Routine X-rays	100% No Deductible	100% No Deductible
<b>Class II Expenses - Basic Restorative Care</b>		
Emergency Care to Relieve Pain, Fillings, Oral Surgery- Simple Extractions, Oral Surgery- All Except Simple Extraction, Surgical Extraction of Impacted Teeth, Anesthetics, Stainless Steel/Resin Crowns, Brush Biopsy	80% After Deductible	80% After Deductible
<b>Class III Expenses - Major Restorative Care</b>		
Minor Periodontics, Major Periodontics, Root Canal Therapy / Endodontics, Relines, Rebases, and Adjustments, Repairs- Bridges, Crowns, and Inlays, Repairs- Dentures, Crowns/Inlays/Onlays, Dentures, Bridges	50% After Deductible	50% After Deductible
<b>Class IV Expenses - Orthodontia</b>		
Coverage for Eligible Children Only Lifetime Maximum: \$1,500	50%, No Ortho Deductible	50%, No Ortho Deductible
<b>Dental Plan Reimbursement Levels</b>		
	Based on Contracted Fees	90th Percentile of Allowed Charges***
<b>Additional Member Responsibility in excess of Coinsurance</b>	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
<b>Student/Dependent Age</b>	26	26

Plan Design – Low Option	Total Cigna DPPO Network**	Out-of-Network
<b>Policy Year Maximum</b> (Class II, III Expenses)	Progressive Plan: Class I does not apply Year 1: \$1,000; Year 2: \$1,150 Year 3: \$1,300; Year 4: \$1,450	
<b>Policy Year Deductible</b>		
Per Individual	\$50	\$50
Per Family	\$150	\$150
<b>Class I Expenses - Preventive &amp; Diagnostic Care</b>		
Oral Exams, Cleanings, Routine X-rays, Fluoride Application, Sealants, Space Maintainers (limited to non-orthodontic treatment), Non-Routine X-rays	100% No Deductible	100% No Deductible
<b>Class II Expenses - Basic Restorative Care</b>		
Emergency Care to Relieve Pain, Fillings, Oral Surgery- Simple Extractions	80% After Deductible	80% After Deductible
<b>Class III Expenses - Major Restorative Care</b>		
Oral Surgery- All Except Simple Extraction, Surgical Extraction of Impacted Teeth, Anesthetics, Minor Periodontics, Major Periodontics, Root Canal Therapy / Endodontics, Relines, Rebases, and Adjustments, Repairs- Bridges, Crowns, and Inlays, Repairs- Dentures, Crowns/Inlays/ Onlays, Stainless Steel/Resin Crowns, Dentures, Bridges, Brush Biopsy	50% After Deductible	50% After Deductible
<b>Class IV Expenses - Orthodontia</b>		
	Not Covered	Not Covered
<b>Dental Plan Reimbursement Levels</b>		
	Based on Contracted Fees	90th Percentile of Allowed Charges***
<b>Additional Member Responsibility in excess of Coinsurance</b>	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
<b>Student/Dependent Age</b>	26	26

	High Plan	Low Plan
Employee Only	\$37.77	\$20.76
Employee and Spouse	\$83.58	\$47.00
Employee and Child(ren)	\$74.86	\$55.17
Employee and Family	\$129.19	\$86.87

# Disability Insurance

## The Standard

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

For questions about the Disability plans please contact:

#### The Standard

(800) 368-1135

[www.standard.com](http://www.standard.com)

#### Eligibility

To become insured, you must be:

- A regular employee of the Cleburne Independent School District, excluding temporary or seasonal employees, full-time member of the armed forces, lased employees or independent contractors.
- Actively at work at least 17.5 hours per week
- A citizen or resident of the United States or Canada

Elimination Period	per \$100 in benefit
0/7	\$4.02
14/14	\$3.55
30/30	\$3.01
60/60	\$1.95
90/90	\$1.69
180/180	\$1.23

#### Employee Coverage Effective Date

Please contact your Human Resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period of the first of the month that follows the date you become an eligible employee
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

#### Benefit Amount

- You may select a monthly benefit amount in \$100 increment from \$200 to \$8,000. The monthly amount must not exceed 66 2/3 percent of your monthly earnings.
- Benefits are payable for non-occupational disabilities only. Occupational disabilities are not covered.
- Plan maximum monthly benefit: 66 2/3 percent of pre-disability earnings
- Plan minimum monthly benefit: Greater of 10 percent of \$100 of your LTD benefit before reduction by deductible income

#### Benefit Waiting Period and Maximum Benefit Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The maximum benefit period is the period for which benefits are payable. The benefit waiting period and maximum benefit period associated with your plan options are show here:

Option	Accidental Injury	Other Disability	Maximum Benefit Period
1	0 days	7 days	To Age 65 for both Sickness & Accident
2	14 days	14 days	To Age 65 for both Sickness & Accident
3	30 days	30 days	To Age 65 for both Sickness & Accident
4	60 days	60 days	To Age 65 for both Sickness & Accident
5	90 days	90 days	To Age 65 for both Sickness & Accident
6	180 days	180 days	To Age 65 for both Sickness & Accident



### Options 1-6: Maximum Benefit Period to Age 65 for Sickness & Accident

If you become disabled before age 59, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

Age	Maximum Benefit Period
59 or younger	To age 65
60 through 64	5 years
65 through 68	To age 70
69 or older	1 year

### First Day Hospital Benefit

With this benefit, if an insured employee is hospital confined for at least four hours, is admitted as an inpatient and is charged for room and board during the benefit waiting period, the benefit waiting period will be satisfied. Benefits become payable on the date of hospitalization; the maximum benefit period also begins on that date. This feature is included only on LTD plans with benefit waiting periods of 30 days or less.

### Preexisting Condition Exclusion

A general description of the preexisting condition exclusion is include in the Group Voluntary Long Term Disability Insurance for Educators and Administrators brochure. If you have questions, please check with your human resources representative.

**Preexisting Condition Period:** the 90-day period just before your insurance becomes effective

**Exclusion Period:** 12 months

### Preexisting Condition Waiver

If your insurance has been in force for 12 months or more, for the first 90 days of disability after the benefits waiting period, the Preexisting Condition provision will not be applied to an increase in your benefit amount. After 90 days of benefits, the Preexisting Condition provision will apply to increases of more than \$300. The Preexisting Condition Provision applies immediately if you:

- Decrease your Benefits Waiting Period by more than one level, or
- Increase your Maximum Benefit Period

If your insurance has been in force for less than 12 months and your disability is found to be a Preexisting Condition, you may be eligible for up to 90 days of benefits if you are disabled and meet all applicable policy provision. If the Benefit Waiting Period you elect under this policy is less than the Benefit Waiting Period you were insurance for under the Prior Plan, your benefits will begin on the late of these two plans. If a disability is deemed to be a Preexisting Condition, benefits are payable under your prior elections, if any.

### Own Occupation & Any Occupation Periods

For the plan's definition of disability, the own occupation period is the first 24 months for which LTD benefits are paid. After that, the any occupation period begins at the end of the own occupation period and continues until the end of the maximum benefit period.

### Other LTD Features

- Employee Assistance Program (EAP) – this program offers support guidance and resources that can help an employee resolve personal issues and meet life's challenges.
- Special Dismemberment Provision – If an employee suffers a lost as a result of an accident, the employee be considered disabled for the applicable Minimum Benefit Period and can extend beyond the end of the Maximum Benefit Period.
- Reasonable Accommodation Expense Benefit – Subject to The Standard's prior approval, this benefit allows possible payment up to \$25,000 of an employer's expenses toward work-site modifications that result in a disabled employee's return to work.
- Survivor Benefit – A Survivor benefit may also be payable. This benefit can help to address a family's financial need in the even of the employee's death.
- Return to Work (RTW) Incentive – For the first 2 months after returning to work, the employee's LTD benefits will not be reduced by work earnings until work earnings plus the LTD benefit exceed 100 percent of predisability earnings. After that period, only 50 percent of work earnings are deducted.
- Rehabilitation Plan Provision – Subject to prior approval by the carrier, rehabilitation incentives may include training and education expense, family (child and elder) care expenses, and job-related and job search expenses.

### When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits



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



For questions about the Cancer plans please contact:

#### Colonial Life

(817) 390-2350

[www.coloniallife.com](http://www.coloniallife.com)

### Benefits

**\$100 Cancer Screening / Wellness Benefit** – will pay this benefit if any covered person has one of the following cancer screening tests performed while their coverage is in force. This benefit is payable once per calendar year for each covered person.

- Biopsy of skin lesion;
- Bone marrow aspiration/biopsy;
- Breast ultrasound;
- CA 15-3 (blood test for breast cancer);
- CEA (blood test for colon cancer);
- Chest X-ray;
- Colonoscopy;
- ThinPrep Pap Test;
- Flexible sigmoidoscopy;
- Hemoccult stool analysis;
- Mammography;
- Pap smear;
- PSA (blood test for prostate cancer);
- Serum Protein Electrophoresis (blood test for myeloma);
- Thermography;
- Virtual Colonoscopy

#### Hospital Confinement/Hospital Intensive Care Unit Confinement

- \$300 per day for the first 30 days of hospital in a calendar year
- \$600 per day for hospital confinement after the first 30 days of hospital confinement in a calendar year
- \$600 per day for hospital intensive care unit confinement
- Maximum benefit of 180 days per calendar year for hospital confinement and hospital intensive care unit confinement combined.

Colonial will pay the applicable benefit shown above for each day any covered person incurs charges for hospital confinement or hospital intensive care unit confinement for the treatment of cancer up to the 180-day maximum per calendar year.

#### Hospital Confinement/Hospital Intensive Care Unit Confinement in U.S. Government Hospital

- \$300 per day for the first 30 days of hospital in a calendar year
- \$600 per day for hospital confinement after the first 30 days of hospital confinement in a calendar year
- \$600 per day for hospital intensive care unit confinement
- Maximum benefit of 180 days per calendar year for hospital confinement and hospital intensive care unit confinement combined.

Colonial will pay the applicable benefit shown above for each day any covered person incurs charges for hospital confinement or hospital intensive care unit confinement for the treatment of cancer up to the 180-day maximum per calendar year.

Services	Benefit
Ambulance	\$100 per trip
Private Full-Time Nursing	\$300 per day
Attending Physician	\$50 per day, max 180 days per calendar year
Radiation / Chemotherapy	\$300 per day, max of \$10,000 per calendar year
Antinausea Medication	\$50 per day, max of \$200 per calendar year
Blood, Plasma, Platelets and Immunoglobulins	\$200 per day; max of \$10,000 per calendar year
Experimental Treatment	\$300 per day, \$10,000 lifetime maximum
Hair / External Breast / Voice Box Prosthesis	\$200 per calendar year

Services	Benefit
Supportive or Protective Care Drugs and Colony Stimulating Factors	\$200 per day, up to \$1,600 calendar year maximum
Bone Marrow Stem Cell Transplant	\$10,000 per lifetime
Peripheral Stem Cell Transplant	\$5,000 per lifetime
Transportation	\$0.40 per mile up to 700 miles per round trip
Transportation for Companions	\$0.40 per mile up to 700 miles per round trip
Lodging	\$50 per day up to 70 days max per calendar year
Surgery	\$90 per surgical unit up to \$4,500 per procedure
Anesthesia	25% of the amount of the Surgery benefit paid
	Colonial will pay this benefit if any covered person incurs charges for and receives local anesthesia during a surgical procedure performed for the treatment of cancer and for which a benefit is payable under this policy.
\$75 per procedure	
Second Medical Opinion	\$00 per malignant condition
Reconstructive Surgery	\$90 per surgical until to a max of \$4,500 per procedure, including general anesthesia
Prosthesis / Artificial Limb	\$2,000 per device or artificial limb up to a \$4,000 lifetime maximum
Outpatient Surgical Center	\$750 a day to a max of \$2,250 per calendar year
Skilled Nursing Care Facility	\$300 per day
Hospice	\$300 per day
Home Health Care Services	\$300 per day

**Waiver of Premium** – You, as the named insured, will not be required to continue to pay premiums to keep your coverage in force if; the first date of diagnosis is while your coverage is in force; and you become disabled, as defined in the certificate, because of cancer after the effective date of your coverage and remain disabled for longer than three continuous months (90 days).

**Conversion Privilege** – if one of the following events occurs:

- Your coverage terminates because you are not longer in an eligible class or your class is no longer eligible for coverage, or
- Coverage for your spouse under the certificate terminates due to divorce, annulment, or your death, or
- Coverage of a covered dependent child terminates due to the child becoming married or reaching age 26, or
- Coverage of a covered person who has received benefits for the treatment of cancer under the certificate terminates for any reason, then such covered person may be eligible to obtain an individual policy of insurance (called the converted policy), without evidence of insurability. Obtaining that policy is subject to certain conditions, including but not limited to:
- Such covered person's coverage under the certificate must have been in effect for 12 months unless such covered person has received benefits for the treatment of cancer under the certificate.
- Application for the converted policy must be made to Colonial within 31 days after the coverage terminates.
- The converted policy may have different benefits, limitations, exclusions and premium rates.
- If you are eligible for a converted policy, any spouse or dependent children covered under the certificate may also be covered under the converted policy. If a spouse is eligible for a converted policy due to divorce or annulment, any dependent children covered under the certificate may also be covered under the converted policy or they may remain covered under the certificate as your former spouse may elect. They may not be covered under both the certificate and the converted policy. If a spouse is eligible for a converted policy due to your death, any dependent children covered under the certificate may also be covered under the converted policy.

Cancer	
Employee Only	\$29.85
Employee and Spouse	\$49.55
Employee and Child(ren)	\$49.55
Employee and Family	\$49.55

### ABOUT TELEHEALTH

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

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



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

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

### When to Use MDLIVE:

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

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

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

### Registration is Easy

- Register with **MDLIVE** so you are ready to use this valuable service when and where you need it.
- Online – [www.mdlive.com/fbs](http://www.mdlive.com/fbs)
- Phone – **(888) 365-1663**
- Mobile – download the MDLIVE mobile app to your smartphone or mobile device
- Select –“MDLIVE as a benefit” and “**FBS**” as your Employer/Organization when registering your account.

TELEHEALTH	
Employee and Family	\$10.00

### ABOUT LIFE AND AD&D

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

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

For full plan details, please visit your benefit website:

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



For questions about the Life and AD&D plan, please contact:

#### FBS Benefit Care Line

(833) 453-1680

[contactus@fbsbenefits.com](mailto:contactus@fbsbenefits.com)

### Basic Life Insurance

Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone.

Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings.

### AT-A-GLANCE:

- A cash benefit of \$20,000 to your loved ones in the event of your death
- LifeKeys® services, which provide access to counseling, financial, and legal support
- TravelConnect® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates.

See the enclosed life insurance information for details.

### ADDITIONAL DETAILS

**Conversion:** You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract.

**Benefit Reduction:** Benefits terminate at retirement. See the plan certificate for details.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

### Voluntary Term Life and AD&D Insurance

#### AT-A-GLANCE:

- Provides a cash benefit to your loved ones in the event of your death
- Provides an additional cash benefit to your loved ones if you

die — or to you if you lose a limb or your eyesight — in a covered accident

- Features group rates for Cleburne Independent School District employees
- Includes LifeKeys® services, which provide access to counseling, financial, and legal support services
- Also includes TravelConnect® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

#### Employee

Newly hired employee guaranteed coverage amount	\$250,000
Continuing employee guaranteed coverage annual increase amount	Increments of \$10,000 up to \$40,000
Maximum coverage amount	7 times your annual salary (\$500,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
AD&D coverage amount	Equal to the life insurance amount chosen

#### Spouse

Newly hired employee guaranteed coverage amount	\$30,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$5,000 or \$10,000
Maximum coverage amount	100% of the employee coverage amount (\$500,000 maximum in increments of \$5,000)
Minimum coverage amount	\$5,000
AD&D coverage amount	Equal to the life insurance amount chosen

#### Dependent Children

Day 1 to age 26 guaranteed coverage amount	\$10,000
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### Employee Coverage

#### Guaranteed Life and AD&D Insurance Coverage Amount

- *Initial Open Enrollment:* When you are first offered this coverage, you can choose a coverage amount up to \$250,000 without providing evidence of insurability.
- *Annual Limited Enrollment:* If you are a continuing employee, you can increase your coverage amount by \$10,000 up to \$40,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

#### Maximum Life Insurance Coverage Amount

You can choose a coverage amount up to 7 times your annual salary (\$500,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.

### Spouse Coverage

You can secure term life and AD&D insurance for your spouse if you select coverage for yourself.

#### Guaranteed Life and AD&D Insurance Coverage Amount

- *Initial Open Enrollment:* When you are first offered this coverage, you can choose a coverage amount up to 100% of your coverage amount (\$30,000 maximum) for your spouse without providing evidence of insurability.
- *Annual Limited Enrollment:* If you are a continuing employee, you can increase the coverage amount for your spouse by \$5,000 or \$10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$10,000 during the next limited open enrollment period.

#### Maximum Life Insurance Coverage Amount

You can choose a coverage amount up to 100% of your coverage amount (\$250,000 maximum) for your spouse with evidence of insurability.

**Guaranteed Life Insurance Coverage Options:** \$10,000

### Dependent Child Coverage

You can secure term life insurance for your dependent children when you choose coverage for yourself.

**Guaranteed Life Insurance Options:** \$20,000 in \$10,000 increments.

### Additional Plan Benefits

Accelerated Death Benefit..... Included  
 Premium Waiver Conversion Portability..... Included  
 Seat Belt & Airbag..... Included  
 Common Carrier..... Included

**Benefit Exclusions** - Like any insurance, this term life and AD&D insurance policy does have exclusions. For life insurance, a suicide exclusion may apply. For AD&D, benefits will not be paid if death results from suicide, or death/dismemberment occurs while:  
 Inflicting or attempting to inflict injury to one's self, Participating in a riot or as a result of war or act of war, Serving as a member of the military, including the Reserves and National Guard, Committing or attempting to commit a felony, Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those prescribed by a physician and administered as prescribed, Flying in a non-commercial airplane or aircraft, such as a balloon or glider, Driving while intoxicated (with a blood alcohol level of .08 grams or more per 100 milliliters of blood)

In addition, the AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

A complete list of benefit exclusions is included in the policy. State variations apply.

Voluntary Life w/AD&D - per \$10,000 in coverage		
Age	Employee	Spouse
18-29	\$0.60	\$0.60
30-34	\$0.70	\$0.70
35-39	\$0.90	\$0.90
40-44	\$1.30	\$1.30
45-49	\$2.00	\$2.00
50-54	\$3.10	\$3.10
55-59	\$4.70	\$4.70
60-64	\$6.10	\$6.10
65-69	\$9.70	\$9.70
70-74	\$16.90	\$16.90
75+	\$30.05	\$30.50
Spouse rates based on Employee's age.		
Voluntary Life - Child(ren) - \$10,000 in coverage		
0-26	\$2.00	

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



For questions about the Individual Life options, please contact:

**Texas Life**

(800) 283-9233

[www.texaslife.com](http://www.texaslife.com)

Voluntary permanent life insurance can be an ideal complement to the group term and optional term your employer might provide. Designed to be in force when you die, this voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term, on the other hand, typically are not portable if you change jobs and, even if you can keep them after you retire, usually cost more and decline in death benefit. The policy, purelife-plus, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** With one of the highest death benefits available at the worksite, 1 purelife-plus gives your loved ones peace of mind.
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, purelife-plus provides peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time.<sup>3</sup>
- **Refund of Premium.** Unique in the marketplace, purelife-plus offers you a refund of 10 years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. (Conditions apply.)
- **Accelerated Death Benefit Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months (24 months in Illinois), you will have the option to receive 92% (84% in Illinois) of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. (Conditions apply.)

*You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, children and grandchildren by answering just 3 questions:*

During the last six months, has the proposed insured:

- a. Been actively at work on a full time basis, performing usual duties?
- b. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days?
- c. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?



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



For questions about the Flexible Spending Account (FSA), please contact:

#### **National Benefit Services**

(800) 274-0503

[www.nbsbenefits.com](http://www.nbsbenefits.com)

### Health Care FSA

The Health Care FSA covers qualified medical, dental and vision expenses for you or your eligible dependents. You may contribute up to \$3,050 annually to a Health Care FSA and you are entitled to the full election from day one of your plan year. Eligible expenses include:

- Dental and vision expenses
- Medical deductibles and coinsurance
- Prescription copays
- Hearing aids and batteries

You may not contribute to a Health Care FSA if you enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA).

### How the Health Care FSAs Work

You can access the funds in your Health Care FSA two different ways:

- Use your NBS Debit Card to pay for qualified expenses, doctor visits and prescription copays.
- Pay out-of-pocket and submit your receipts for reimbursement:
  - ◊ Fax – (844) 438-1496
  - ◊ Email – [service@nbsbenefits.com](mailto:service@nbsbenefits.com)
  - ◊ Online – [my.nbsbenefits.com](http://my.nbsbenefits.com)
  - ◊ Call for Account Balance: (855) 399-3035
  - ◊ Mail: PO Box 6980  
West Jordan, UT 84084

### Contact NBS

- Hours of Operation: 6:00 AM – 6:00 PM MST, Mon-Fri
- Phone: (800) 274-0503
- Email: [service@nbsbenefits.com](mailto:service@nbsbenefits.com)
- Mail: PO Box 6980  
West Jordan, UT 84084

### Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$3,050.00
- You cannot change your election during the year unless you experience a Qualifying Life Event.
- Your Health Care FSA debit card can be used for health care expenses only.

## Over-the-Counter Item Rule Reminder (OTC)

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription to qualify as an eligible Health Care FSA expense. You will only need to obtain a one-time prescription for the current plan year. You can continue to purchase your regular prescription medications with your FSA debit card. However, the FSA debit card may not be used as payment for an OTC item, even when accompanied by a prescription.

## FSASTore.com

FSASTore.com offers thousands of FSA-eligible products and services to purchase using your FSA Debit Card or any major credit card. Competitive pricing and free shipping on orders over \$50 can save you up to 40% using your FSA pretax dollars. Shop directly at [www.FSASTore.com](http://www.FSASTore.com) or have your physician submit prescriptions (when required). The FSASTore.com Services Channel allows you to search a database of more than 300,000 health care providers for nearby eligible services, such as acupuncture and chiropractic care. The FSASTore.com Learning Center focuses on answering common questions and keeping you informed about changes to your FSA benefits.

### Flexible Spending Accounts at a Glance

Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medications)	\$3,050	Saves on eligible expenses not covered by insurance, reduces your taxable income



# Health Savings Account (HSA)

## EECU

### ABOUT HSA

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

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



For questions about the Health Savings Account (HSA), please contact:  
**EECU**  
(800) 333-9934  
[www.eecu.org](http://www.eecu.org)

A Health Savings Account (HSA) is more than a way to help you and your family cover health care costs; it is a tax-exempt tool to supplement your retirement savings and cover health expenses during retirement. An HSA can provide the funds to help pay current health care expenses as well as future health care costs.

A type of personal savings account, an HSA is always yours even if you change health plans or jobs. The money in your HSA (including interest and investment earnings) grows tax-free and spends tax-free if used to pay for qualified medical expenses. There is no “use it or lose it” rule — you do not lose your money if you do not spend it in the calendar year — and there are no vesting requirements or forfeiture provisions. The account automatically rolls over year after year.

### HSA Eligibility

You are eligible to open and contribute to an HSA if you are:

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

You can use the money in your HSA to pay for qualified medical expenses now or in the future. You can also use HSA funds to pay health care expenses for your dependents, even if they are not covered under your HDHP.

### Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual

contribution maximum for 2023 is based on the coverage option you elect:

- Individual – \$3,850
- Family (filing jointly) – \$7,750

If you are 55 or older, you may make a yearly catch-up contribution of up to \$1,000 to your HSA. If you turn 55 at any time during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

### Qualified Expenses

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

### Important HSA Information

- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through EECU are eligible for automatic payroll deduction and company contributions.
- Online/Mobile: Sign-in for 24/7 account access to check your balance, pay bills and more.
- Call/Text: (817) 882-0800. EECU’s dedicated member service representatives are available to assist you with any questions. Their hours of operation are Monday through Friday from 8:00 a.m. to 7:00 p.m. CT, Saturday 9:00 a.m. – 1:00 p.m. CT and closed on Sunday.
- Lost/Stolen Debit Card: Call the 24/7 debit card hotline at (800) 333-9934
- Stop by a local EECU financial center for in-person assistance; find EECU locations & service hours a [www.eecu.org/locations](http://www.eecu.org/locations).

## ABOUT HOSPITAL INDEMNITY

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

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



For questions about the Hospital Indemnity plan, please contact:

**Cigna**  
(800) 244-6224

[www.mycigna.com](http://www.mycigna.com)

## SUMMARY OF BENEFITS

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay resulting from a Covered Injury or Covered Illness

### Who Can Elect Coverage:

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 17.5 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or non-United States citizens legally working and living in the United States (Inpats) and their Spouse and Dependent Children who are United States citizens or permanent resident aliens or Spouse or Dependent Child Inpats and who are legally residing in the United States. You will be eligible to elect coverage on the first of the month following Date of Hire or Active Service.

Your Spouse:\* Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

### Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand the terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

**Benefit Waiting Period**:\* None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.

Hospitalization Benefits	Plan 1	Plan 2
<b>Hospital Admission</b> - No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$1,250	\$2,500
<b>Hospital Chronic Condition Admission</b> - No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50	\$100
<b>Hospital Stay</b> - No Elimination Period. Limited to 30 days, 1 benefit(s) every 30 days.	\$100	\$150
<b>Hospital Intensive Care Unit (ICU) Stay</b> - No Elimination Period. Limited to 30 days, 1 benefit(s) every 30 days.	\$200	\$300
<b>Hospital Observation Stay</b> - 24 hour Elimination Period. Limited to 72 hours.	\$500 per 24-hour period	
<b>Newborn Nursery Care Admission</b> - Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$500	\$500
<b>Newborn Nursery Care Stay</b> * - Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$100	\$100

Hospital Indemnity		
	Plan 1	Plan 2
Employee Only	\$17.22	\$29.98
Employee and Spouse	\$30.66	\$53.82
Employee and Child(ren)	\$27.18	\$47.78
Employee and Family	\$40.62	\$71.62

**Portability Feature:**\* You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

*Note:* The following are some of the important policy provisions, terms and conditions that apply to benefits described in the policy. This is not a complete list. See your Certificate of Insurance for more information.

**Benefit Amounts Payable:** Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants, if allowed under this plan, may be required to provide medical evidence of insurability.

## Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

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

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

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

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

**Hospital Observation Stay:** Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours on a non-inpatient basis and a charge must be incurred.

**This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.**

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

### Common Exclusions and Limitations:

Exclusions:\* In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Illness which is caused by or results from any of the following (unless otherwise provided for in the policy):

- Intentionally self-inflicted injury, suicide or any attempted threat while sane or insane;
- Commission or attempt to commit a felony or an assault;
- Declared or undeclared war or act of war;
- A Covered Injury or Covered Illness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage (excludes WA residents);
- Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Injury or Covered Illness occurred. (excludes WA residents);
- Those not necessary, as determined by Us in accordance with generally accepted standards of medical practice, for the diagnosis, care or treatment of the physical or mental condition involved. This applies even if they are prescribed, recommended, or approved by the attending physician;
- Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery:

a) incidental to or following surgery for trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect;- Dental surgery, unless the surgery is the result of an accidental injury. In addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is: employed or retained by the Subscriber or providing homeopathic, aroma-therapeutic or herbal therapeutic services or living in the Covered Person's household or a parent, sibling, spouse or child of the Covered Person.

## 2023 - 2024 Plan Year



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

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

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

