

2023 - 2024 Plan Year



# FRIENDSWOOD ISD **BENEFIT GUIDE**

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

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



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## FLIP TO...

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HOW TO  
ENROLL

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SUMMARY  
PAGES

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YOUR  
BENEFITS



# Benefit Contact Information

<b>FRIENDSWOOD ISD BENEFITS</b> Financial Benefit Services (800) 583-6908 <a href="http://www.mybenefitshub.com/friendswoodisd">www.mybenefitshub.com/friendswoodisd</a>	<b>TRS ACTIVECARE MEDICAL</b> BCBSTX (866) 355-5999 <a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a>	<b>HEALTH SAVINGS ACCOUNT (HSA)</b> Gulf Coast Educator Federal Credit Union (281) 487-9333 <a href="http://www.gefcu.org">www.gefcu.org</a>
<b>HOSPITAL INDEMNITY</b> American Public Life (800) 256-8606 <a href="http://www.ampublic.com">www.ampublic.com</a>	<b>DENTAL</b> Cigna (800) 244-6224 <a href="http://www.cigna.com">www.cigna.com</a>	<b>VISION</b> MetLife (800) 638-5433 <a href="http://www.metlife.com">www.metlife.com</a>
<b>LIFE AND AD&amp;D</b> One America (800) 553-5318 <a href="http://www.oneamerica.com">www.oneamerica.com</a>	<b>DISABILITY</b> New York Life (888) 842-4462 <a href="http://www.newyorklife.com">www.newyorklife.com</a>	<b>CANCER</b> American Public Life (800) 256-8606 <a href="http://www.ampublic.com">www.ampublic.com</a>
<b>ACCIDENT</b> The Hartford (866) 547-4205 <a href="http://www.thehartford.com">www.thehartford.com</a>	<b>CRITICAL ILLNESS</b> UNUM (800) 635-5597 <a href="http://www.unum.com">www.unum.com</a>	<b>INDIVIDUAL LIFE</b> 5Star Life Insurance (866) 863-9753 <a href="http://www.5starlifeinsurance.com">www.5starlifeinsurance.com</a>
<b>EMERGENCY MEDICAL TRANSPORTATION</b> MASA (800) 423-3226 <a href="http://www.masamts.com">www.masamts.com</a>	<b>FLEXIBLE SPENDING ACCOUNT (FSA)</b> Higginbotham (866) 419-3519 <a href="https://flexservices.higginbotham.net/">https://flexservices.higginbotham.net/</a>	

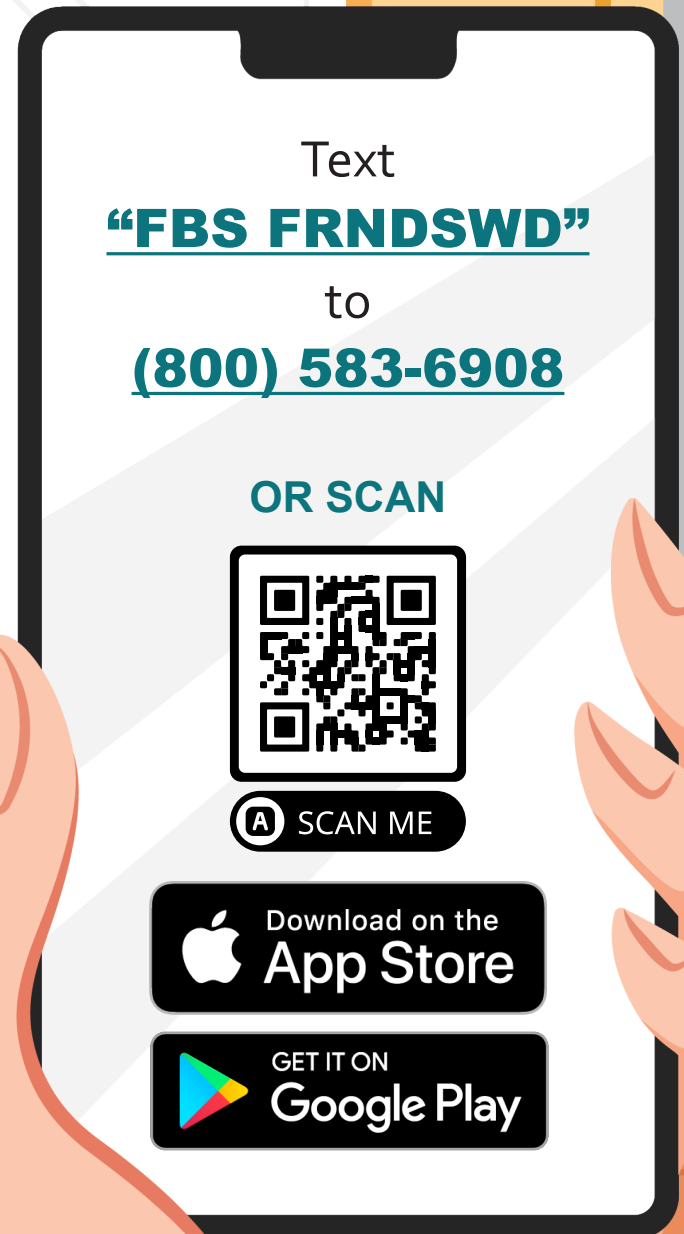
# All Your Benefits - One App

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

Text **“FBS FRNDSWD”**  
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 #:  
**FBSFRNDSWD**





# How to Log In

1

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

2

CLICK LOGIN

3

ENTER USERNAME  
& PASSWORD

**Your Username Is:**

Your email in THEbenefitsHUB. (Typically your work email)

**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.*

## Benefit Updates- What's New:

### New! Health Savings Account Carrier Gulf Coast Educators Federal Credit Union

#### IRS HAS ESTABLISHED NEW CONTRIBUTION LIMITS FOR FLEX AND HSA!

- Flex- \$3,050
- HSA- \$3,850 Individual, \$7,500
- Family- \$7,750
- Those age 55+ can contribute an additional \$1,000

### New! Vision rates with the carrier MetLife

## Don't Forget!

- **Login and complete your benefit enrollment from 07/17/2023 - 08/13/2023**
- Enrollment assistance is available by calling Financial Benefit Services at (866) 914-5202, Monday- Friday 8am-6pm.
- Update your profile information: home address, phone numbers, email, beneficiaries
- 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
<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 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](http://www.mybenefitshub.com/friendswoodisd). 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 Friendswood ISD benefit website: [www.mybenefitshub.com/friendswoodisd](http://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 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.

PLAN	MAXIMUM AGE
Medical	Through 26
Dental	Through 26
Vision	Through 26
Life	Through 26
Cancer	Through 26
Critical Illness	Through 26
AD&D	Through 26
Permanent Life	Through 23

## 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.

*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.

## 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 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) \$7,500 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. However, your employer offers a 60 day grace 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

PG. 19

FLIP TO  
FOR FSA INFORMATION

PG. 33

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



	Monthly Premium	District Contribution	Employee Cost
<b>TRS ActiveCare HD</b>			
Employee Only	\$444.00	\$245.00	199.00
Employee & Spouse	\$1,199.00	\$245.00	954.00
Employee & Child(ren)	\$755.00	\$245.00	510.00
Employee & Family	\$1,510.00	\$245.00	1,265.00
<b>TRS ActiveCare Primary</b>			
Employee Only	\$432.00	\$245.00	187.00
Employee & Spouse	\$1,167.00	\$245.00	922.00
Employee & Child(ren)	\$735.00	\$245.00	490.00
Employee & Family	\$1,469.00	\$245.00	1,224.00
<b>TRS ActiveCare Primary+</b>			
Employee Only	\$507.00	\$245.00	\$262.00
Employee & Spouse	\$1,319.00	\$245.00	\$1,074.00
Employee & Child(ren)	\$862.00	\$245.00	\$617.00
Employee & Family	\$1,674.00	\$245.00	\$1,429.00
<b>TRS ActiveCare 2</b>			
Employee Only	\$1,013.00	\$245.00	768.00
Employee & Spouse	\$2,402.00	\$245.00	2,157.00
Employee & Child(ren)	\$1,507.00	\$245.00	1,262.00
Employee & Family	\$2,841.00	\$245.00	2,596.00

*Go ahead and sign up for the Houston rodeo – 90% of Texas emergency rooms are covered with TRS-ActiveCare.*



## 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

Total Monthly Premium

– Your District and State Contributions

= **Your Premium**

*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-ActiveCare Select
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 than Primary</li> <li>• Copays for many services</li> <li>• Higher premium</li> <li>• Statewide network</li> <li>• 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>

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$432	\$	\$507
Employee and Spouse	\$1,167	\$	\$1,319
Employee and Children	\$735	\$	\$862
Employee and Family	\$1,469	\$	\$1,674

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

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

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

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



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>

um	Your Premium	Total Premium	Your Premium
	\$	\$444	\$
	\$	\$1,199	\$
	\$	\$755	\$
	\$	\$1,510	\$

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	

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

ible 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
\$1-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

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>

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

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

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

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

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$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	\$395	\$432	<b>\$37</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	\$1,113	\$1,167	<b>\$54</b>	
	Employee and Children	\$709	\$735	<b>\$26</b>	
	Employee and Family	\$1,332	\$1,469	<b>\$137</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$407	\$444	<b>\$37</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	\$1,145	\$1,199	<b>\$54</b>	
	Employee and Children	\$731	\$755	<b>\$24</b>	
	Employee and Family	\$1,370	\$1,510	<b>\$140</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$496	\$507	<b>\$11</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	\$1,212	\$1,319	<b>\$107</b>	
	Employee and Children	\$798	\$862	<b>\$64</b>	
	Employee and Family	\$1,523	\$1,674	<b>\$151</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.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	<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	<b>You can choose this plan if you live in one of these counties:</b> Cameron, Hidalgo, Starr, Willacy	<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

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$553.45	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,390.74	\$	N/A	\$	N/A	\$
Employee and Children	\$889.98	\$	N/A	\$	N/A	\$
Employee and Family	\$1,600.72	\$	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)

# Health Savings Account (HSA)

## Gulf Coast Educators Credit Union

EMPLOYEE  
BENEFITS

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



### HOW YOUR HSA WORKS

Every pay period, you will have a small portion of your check deposited to your HSA pre-tax for qualified medical expenses. The maximum contribution limit to your HSA for 2023 is \$3,850 for an individual and \$7,750 for a family. The money that is contributed to your HSA continually rolls over every year and any dividends earned are also tax free. You can find more information regarding qualified medical contributions and FAQ by visiting the IRS's website and read Publication 969 and Publication 502.

### HSA VISA DEBIT CARD

Once your HSA has been opened, you are eligible to receive a debit card to use your funds for qualified medical expenses. If you did not place your debit card order when your account was initially opened, you may call us at 281-487-9333 and we will be happy to have one shipped to your address on file.

### WHAT STEPS TO TAKE NEXT

Now that you have registered for your HSA, you should also register for online banking. This will allow you to keep track of your balance and expenses. To register for online banking, you may visit our website at [www.gcefcu.org](http://www.gcefcu.org) and select "First Time Users Click Here" under "Online Banking Login". To complete your registration, follow the prompts to create a username, security questions, and password. If you experience any difficulty, please feel free to contact us at (281) 487-9333.

### Questions

We are happy to help with any questions you may have regarding your new Health Savings Account. Feel free to give us a call at 281.487.9333 or visit us online at [www.gcefcu.org](http://www.gcefcu.org).

### FREQUENTLY ASKED QUESTIONS

#### Where can I use my HSA debit card?

Gulf Coast Educators is the trustee of your HSA, which means that we are not responsible for blocking charges that are not qualified medical expenses. It is very important to view the IRS's Publication 969 if you have questions of what may or may not qualify.

#### What happens when I make a purchase with my HSA card that is not a qualified medical expense?

HSA distributions not used for qualified medical expenses are subject to ordinary income tax and, if taken before age 65, a 20 percent IRS penalty tax (unless the distribution is because of death or disability).

Be sure to consult with a competent tax advisor regarding your HSA deductions and how to claim tax-free HSA distributions.

#### How can I check my HSA balance?

You can check your balance by logging in to your online banking or by calling us at 281-487-9333.

#### How much can I contribute?

You can make pretax contributions (or tax-deductible contributions, if you're on your own) in 2023 of up to \$3,850 a year if you have individual coverage, or up to \$7,750 if you have family coverage.

# Hospital Indemnity

## American Public Life

## EMPLOYEE BENEFITS

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



Monthly Premiums* HSA Compatible		
Ages 18+	Plan 1	Plan 2
Employee Only	\$15.98	\$22.40
Employee and Spouse	\$37.06	\$46.60
Employee and Child(ren)	\$20.56	\$25.40
Employee and Family	\$38.46	\$49.86

Summary of Benefits	Plan 1	Plan 2
Hospital Admission Benefit	\$1,500 per day; maximum of 1 day	\$2,500 per day; maximum of 1 day
Hospital Confinement Benefit	\$200 per day; maximum of 30 days	\$200 per day; maximum of 30 days
Intensive Care Unit Benefit	\$200 per day; maximum of 30 days	\$200 per day; maximum of 30 days
Rehabilitation Benefit	\$200 per day; maximum of 5 days	\$200 per day; maximum of 5 days
Additional Rider		
Portability Rider	Included	Included

# Dental Insurance

## Cigna

## EMPLOYEE BENEFITS

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



### Dental Coverage

Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through **Cigna**.

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

### DPPO Plan

Two levels of benefits are available with the DPPO plan: in-network and out-of-network. You may select the dental provider of your choice, but your level of coverage may vary based on the provider you see for services. You could pay more if you use an out-of-network provider.

### Dental schedule of benefits

Plan	Low Plan		High Plan	
Deductible	Annually on a Plan Year Basis			
	Contracted Dentist	Non Contracted Dentist	Contracted Dentist	Non Contracted Dentist
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Deductible applies to:	Type 2 & 3	Type 2 & 3	Type 2 & 3	Type 2 & 3
Benefit Levels				
Type 1 – Diagnostic & Preventative	100%	100%	100%	100%
Type 2 – Basic Services	70%	70%	80%	80%
Type 3 – Major Services	50%	50%	50%	50%
Type 4 – Orthodontic Services for Dependent Children to age 19	-	-	50%	50%
Benefits Based On	Negotiated Fees	90th Percentile U&C	Negotiated Fees	90th Percentile U&C

#### Maximum Benefit (per covered person):

Types 1, 2 & 3 combined	\$750 Per Plan Year	\$750 Per Plan Year	\$1,250 Per Plan Year	\$1,250 Per Plan Year
Type 4, while covered by the plan	Not Covered	Not Covered	\$1,000 Lifetime	\$1,000 Lifetime

### DHMO Plan

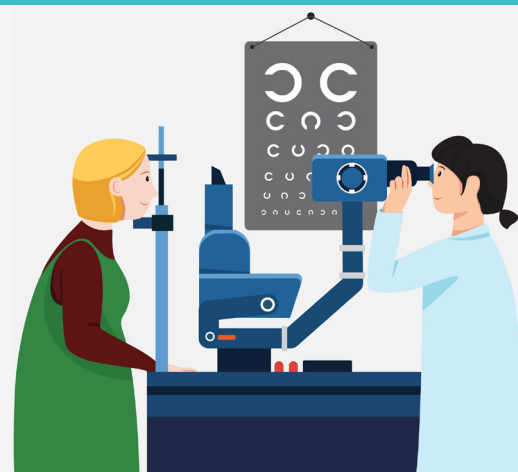
- You choose your primary-care dentist when you enroll. To find a participating dentist, visit <http://ldc.lfg.com> and select Find a Dentist. (You can also print your dental ID card from this site once your coverage begins.)
- This dental plan offers a detailed list of covered procedures, each with a dollar copayment (see the Summary of Benefits on Benefits Portal for details). You pay for services provided during your visit.
- Emergency care away from home is covered up to a set dollar limit.
- You can change your primary-care dentist at any time by calling the customer service number listed on your dental ID card.
- Covers most preventive and diagnostic care services at no charge
- Also covers a wide variety of specialty services- lowering your out-of-pocket costs with no deductibles or maximums

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



Vision		In-network benefits	Frequency
Employee Only	\$8.04	There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.	
Employee and Spouse	\$17.33		
Employee and Child(ren)	\$16.37		
Employee and Family	\$22.58		
<b>With your Vision Preferred Provider Organization Plan, you can:</b> <ul style="list-style-type: none"> <li>Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.</li> <li>Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical and Vision works.</li> <li>Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out of network.</li> </ul>		<b>Eye exam</b>	Once every 12 months
		<ul style="list-style-type: none"> <li>Eye health exam, dilation, prescription and refraction for glasses: Covered in full after <b>\$10</b> copay.</li> <li>Retinal imaging:<sup>1</sup> Up to a <b>\$39</b> copay on routine retinal screening when performed by a private practice provider.</li> </ul>	
		<b>Frame</b>	Once every 12 months
		<ul style="list-style-type: none"> <li>Allowance: <b>\$150</b> after <b>\$25</b> eyewear copay.</li> <li>Costco: <b>\$85</b> allowance after <b>\$25</b> eyewear copay. You will receive an additional <b>20%</b> savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.<sup>1</sup></li> </ul>	
		<b>Standard corrective lenses</b>	Once every 12 months
<b>In-network value added features:</b> <ul style="list-style-type: none"> <li><b>Additional lens enhancements:<sup>1</sup></b> Average 20-25% savings on all other lens enhancements.</li> <li><b>Savings on glasses and sunglasses:</b> Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.</li> <li><b>Laser vision correction:<sup>2</sup></b> Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.</li> </ul>		<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after <b>\$25</b> eyewear copay</li> </ul>	Once every 12 months
		<b>Standard lens enhancements<sup>1</sup></b>	Once every 12 months
		<ul style="list-style-type: none"> <li>Polycarbonate (child up to age 18), Ultraviolet (UV) coating and Scratch-resistant coatings: Covered in full after <b>\$25</b> eyewear copay.</li> <li>Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>.</li> </ul>	
		<b>Contact lenses instead of eye glasses</b>	Once every 12 months
		<ul style="list-style-type: none"> <li>Contact fitting and evaluation:<sup>1</sup> Covered in full with a maximum copay of <b>\$0</b>.</li> <li>Elective lenses: <b>\$150</b></li> <li>Necessary lenses: Covered in full after eyewear copay.</li> </ul>	
		<b>Out-of-network reimbursement</b>	
		You pay for services and then submit a claim for reimbursement. The same benefit frequencies for In-network benefits apply. Once you enroll, visit <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> for detailed out-of-network benefits information.	
		<ul style="list-style-type: none"> <li>Eye exam: up to <b>\$45</b></li> <li>Frames: up to <b>\$70</b></li> <li>Contact lenses: <ul style="list-style-type: none"> <li>Elective up to <b>\$105</b></li> <li>Necessary up to <b>\$210</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Single vision lenses: up to <b>\$30</b></li> <li>Lined bifocal lenses: up to <b>\$50</b></li> <li>Lenticular lenses: up to <b>\$100</b></li> </ul>
			<ul style="list-style-type: none"> <li>Lined trifocal lenses: up to <b>\$65</b></li> <li>Progressive lenses: up to <b>\$50</b></li> </ul>
		<b>We're here to help</b>	
		Find a participating vision specialist:	
		<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> or call [1-855-MET-EYE1 (1-855-638-3931)]	
		Get a claim form:	
		<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	
		General questions:	
		<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> or call [1-855-MET-EYE1 (1-855-638-3931)]	



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



Voluntary Group Life - per \$10,000 in coverage	
Age	Employee & Spouse
< 25	\$0.50
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

EEmployee and Spouse premiums are based on your age as of 09/01 and amount of coverage chosen.

Voluntary Group Life - Child(ren)	
\$5,000	\$0.50
\$10,000	\$1.00

AD&D per \$10,000		
EE Only	Spouse	Child
\$0.20	\$0.20	\$0.10

### Basic Employee Life and AD&D Coverage

Your Life and AD&D insurance coverage amount is \$20,000.

Coverage is provided at no cost to you.

#### What you need to know about your Basic Life and AD&D Benefits

<b>Guaranteed Issue:</b>	Employee: \$20,000
<b>Accidental Death and Dismemberment (AD&amp;D):</b>	Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract. Additional AD&D benefits include seat belt, air bag, repatriation, child higher education, child care, paralysis/loss of use, severe burns, disappearance, and exposure.
<b>Accelerated Life Benefit:</b>	If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.
<b>Reductions:</b>	Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule. Age: 70 Reduces To: 50%

What you need to know about your Voluntary Term Life and AD&D Benefits	
<b>Flexible Life Options:</b>	Employee: \$10,000 to \$500,000, in \$10,000 increments Spouse: \$10,000 to \$500,000, in \$10,000 increments, not to exceed 100% of the employee's amount
<b>Life Guaranteed Issue:</b>	Employee: \$250,000      Spouse: \$50,000      Child: \$10,000
<b>Dependent Life Coverage:</b>	Optional dependent life coverage is available to eligible employees. You must select employee coverage in order to cover your spouse and/or child(ren).
<b>Accidental Death and Dismemberment (AD&amp;D):</b>	If AD&D is selected, additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract. Additional AD&D benefits include seat belt, air bag, repatriation, child higher education, child care, paralysis/loss of use, severe burns, disappearance, and exposure.
<b>Flexible AD&amp;D Options:</b>	Employee: Up to \$500,000, in \$10,000 increments. Spouse: Up to \$250,000, in \$10,000 increments, not to exceed 50% of the employee's amount. Child(ren) \$5,000 or \$10,000. All amounts of AD&D are guaranteed issue.
<b>Dependent AD&amp;D Coverage:</b>	If employee AD&D is declined, no dependent AD&D will be included.
<b>Accelerated Life Benefit:</b>	If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.
<b>Reductions:</b>	Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule. The amounts of dependent life insurance and dependent AD&D principal sum will reduce according to the employee's reduction schedule. Age:                      70 Reduces To: 50%



# Disability Insurance

## New York Life

## EMPLOYEE BENEFITS

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



#### Short Term Disability

##### Schedule of Benefits Summary

<b>Eligibility</b>	All active, Full-Time Employees of the Employer regularly working a minimum of 18.75 hours per week in the United States, who are citizens or permanent resident aliens of the United States.	
<b>Weekly Benefit</b>	Units of \$100 to \$1,700 (not to exceed 60% of weekly earnings)	
<b>Benefit Waiting Period</b>	7 Days for Accident 7 Days for Sickness	<b>OR</b> 14 Days for Accident 14 Days for Sickness
<b>Definition of Covered Earnings</b>	Employee's annual wage or salary excluding bonuses, commissions, overtime pay, and extra compensation.	
<b>Maximum Duration from Date of Disability</b>	13 Weeks (Includes Benefit Waiting Period)	
<b>Maximum Weekly Payments</b>	12 Weeks Accident and 12 Weeks Sickness	
<b>Minimum Benefit</b>	\$100 per week	
<b>Employer Contribution</b>	0%	
<b>Pre-Existing Condition Limitation</b>	3 months Prior/12 months Insured	

#### Long Term Disability

##### Schedule of Benefits Summary

<b>Eligibility</b>	All active, Full-Time Employees of the Employer regularly working a minimum of 18.75 hours per week in the United States, who are citizens or permanent resident aliens of the United States.	
<b>Monthly Benefit</b>	60% to \$10,000	
<b>Benefit Waiting Period</b>	90 days	
<b>Continuation of Insurance</b>	Family Medical Leave (leave period permitted by state or federal law) Leave of Absence (3 months)	
<b>Pre-Existing Condition Limitation</b>	3 months Prior/12 months Insured	
<b>Mental Illness Limitation</b>	24 Month Lifetime Limitation	
<b>Substance Abuse Limitation</b>	24 Month Lifetime Limitation	

#### Long Term Disability per \$100 in benefit

Age band	Rate
<20	\$0.065
20-24	\$0.065
25-29	\$0.083
30-34	\$0.159
35-39	\$0.248
40-44	\$0.371
45-49	\$0.499
50-54	\$0.691
55-59	\$0.733
60-64	\$0.774
65-69	\$0.804
70-74	\$0.824
75-79	\$0.824
80-84	\$0.824
85-89	\$0.824
90-94	\$0.824
95-99	\$0.824

#### Short Term Disability

##### Per \$10 of weekly gross benefit:

7 day- \$.868  
14 day- \$.628

# Cancer Insurance

## American Public Life

## EMPLOYEE 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/friendswoodisd](http://www.mybenefitshub.com/friendswoodisd)



SUMMARY OF BENEFITS	Low Option	High Option
Cancer Treatment Policy Benefits	Level 1	Level 4
Radiation Therapy, Chemotherapy, Immunotherapy- Maximum per 12-month period	\$10,000	\$20,000
Hormone Therapy- Maximum of 12 treatments per calendar year	\$50 per treatment	\$50 per treatment
Experimental Treatment	paid in same manner and under the same maximums as any other benefit	
Cancer Screening Rider Benefits	Level 1	Level 1
Diagnostic Testing- 1 test per calendar year	\$50 per test	\$50 per test
Follow-Up Diagnostic Testing- 1 test per calendar year	\$100 per test	\$100 per test
Medical Imaging- per calendar year	\$500 per test / 1 per calendar year	\$500 per test / 1 per calendar year
Internal Cancer First Occurrence Rider Benefits	Level 2	Level 4
Lump Sum Benefit- Maximum 1 per Covered Person per lifetime	\$5,000	\$10,000
Lump Sum for Eligible Dependent Children- Maximum 1 per Covered Person per lifetime	\$7,500	\$15,000

TOTAL MONTHLY PREMIUMS BY PLAN**		
	Low	High
Employee Only	\$12.48	\$21.62
Employee and Spouse	\$26.30	\$45.44
Employee and Child(ren)	\$14.64	\$25.44
Employee and Family	\$28.44	\$49.28

\*\*Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

### Cancer Screening Benefits

#### Limitations and Exclusions

No benefits will be paid for any of the following: treatment by any program engaged in research that does not meet the definition of experimental treatment; losses or medical expenses incurred prior to the covered person's effective date of this rider; or loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as a result of a pre-existing condition. For the purpose of benefits under this rider, the waiting period will begin on the covered person's effective date of this rider.

### Termination of Cancer Screening Benefit Rider

The above listed rider(s) will terminate and coverage will end for all covered persons on the earliest of: the end of the grace period if the

premium for the rider remains unpaid; the date the policy or certificate to which the rider is attached terminates; the end of the certificate month in which APL receives a request from the policyholder to terminate the rider; or the date of your death. Coverage on an eligible dependent terminates under the rider when such person ceases to meet the definition of eligible dependent.

### Internal Cancer First Occurrence Benefits

Pays a lump sum benefit amount when a covered person receives a first diagnosis of internal cancer and the date of diagnosis occurs after the waiting period. Only one benefit per covered person, per lifetime is payable under this benefit and the lump sum benefit amount will reduce by 50% at age 70.

#### Limitations and Exclusions

We will not pay benefits for a diagnosis of internal cancer received outside the territorial limits of the United States or a metastasis to a new site of any cancer diagnosed prior to the covered person's effective date, as this is not considered a first diagnosis of an internal cancer.

#### Pre-Existing Condition Exclusion

No benefits are payable for any loss incurred during the pre-existing condition exclusion period following the covered person's effective date of this rider as the result of a pre-existing condition.

# Accident Insurance

## The Hartford

## EMPLOYEE BENEFITS

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



With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

### COVERAGE INFORMATION

You have a choice of three accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		PLAN 2	PLAN 3
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
BENEFITS		PLAN 2	PLAN 3
EMERGENCY, HOSPITAL & TREATMENT CARE			
Accident Follow-Up	Up to 3 visits per accident	\$25	\$50
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25	\$50
Ambulance – Air	Once per accident	\$750	\$1,000
Ambulance – Ground	Once per accident	\$200	\$300
Blood/Plasma/Platelets	Once per accident	\$200	\$400
Child Care	Up to 30 days per accident while insured is confined	\$25	\$30
CHIROPRACTIC CARE	Up to 10 visits each per accident	\$15	\$30
Daily Hospital Confinement	Up to 365 days per lifetime	\$150	\$200
Daily ICU Confinement	Up to 30 days per accident	\$200	\$400
Diagnostic Exam	Once per accident	\$100	\$200
Emergency Dental	Once per accident	Up to \$100	Up to \$200
Emergency Room	Once per accident	\$50	\$200
Hospital Admission	Once per accident	\$625	\$1,250
Initial Physician Office Visit	Once per accident	\$75	\$100
Lodging	Up to 30 nights per lifetime	\$100	\$200
Medical Appliance	Once per accident	\$100	\$150
Rehabilitation Facility	Up to 15 days per lifetime	\$50	\$100
Transportation	Up to 3 trips per accident	\$250	\$500
Urgent Care	Once per accident	\$50	\$150
X-ray	Once per accident	\$50	\$75

# Accident Insurance

## The Hartford

## EMPLOYEE BENEFITS

BENEFITS CONT'D.		PLAN 2	PLAN 3
<b>SPECIFIED INJURY &amp; SURGERY</b>			
Abdominal/Thoracic Surgery	Once per accident	\$1,500	\$2,000
Arthroscopic Surgery	Once per accident	\$300	\$400
Burn	Once per accident	Up to \$5,000	Up to \$10,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit	25% of burn benefit
Concussion	Up to 3 per year	\$200	\$400
Dislocation	Once per joint per lifetime	Up to \$4,000	Up to \$8,000
Eye Injury	Once per accident	Up to \$400	Up to \$600
Fracture	Once per bone per accident	Up to \$6,000	Up to \$9,000
Hernia Repair	Once per accident	\$150	\$200
Joint Replacement	Once per accident	\$2,000	\$3,000
Knee Cartilage	Once per accident	Up to \$750	Up to \$1,000
Laceration	Once per accident	\$200	\$400
Ruptured Disc	Once per accident	\$750	\$1,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$1,000	Up to \$1,500
<b>CATASTROPHIC</b>			
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$25,000	\$50,000
Common Carrier Death	Within 90 days	3 times death benefit	3 times death benefit
Coma	Once per accident	\$5,000	\$10,000
Dismemberment	Once per accident	Up to \$30,000	Up to \$50,000
Home Health Care	Up to 30 days per accident	\$50	\$50
Paralysis	Once per accident	Up to \$5,000	Up to \$10,000
Prosthesis	Up to 2 per accident	Up to \$1,500	Up to \$2,000
<b>FEATURES</b>			
Ability Assist® EAP <sup>2</sup> – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampion <sup>SM3</sup> – Administrative & clinical support following serious illness or injury		Included	Included

## PREMIUMS

The amounts shown are MONTHLY amounts (12 payments/deductions per year):<sup>4</sup>

COVERAGE TIER	PLAN 2	PLAN 3
Employee Only	\$9.10 (\$0.30 per day)	\$15.68 (\$0.52 per day)
Employee & Spouse	\$14.28 (\$0.47 per day)	\$24.57 (\$0.81 per day)
Employee & Child(ren)	\$14.92 (\$0.49 per day)	\$25.78 (\$0.85 per day)
Employee & Family	\$23.54 (\$0.77 per day)	\$40.62 (\$1.34 per day)

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



Critical Illness

	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

**Critical Illness insurance provides financial protection by paying a lump sum benefit if you are diagnosed with a covered critical illness.**

<b>Who is eligible for this coverage?</b>	All employees in active employment in the United States working at least 20 hours per week and their eligible spouses and children (up to age 26 regardless of student or marital status).
<b>What are the Critical Illness coverage amounts?</b>	<p>The following coverage amounts are available.</p> <p>For you: <i>Select one of the following</i> Choice \$10,000, \$20,000 or \$30,000</p> <p>For your Spouse and Children: 100% of employee coverage amount</p>
<b>Can I be denied coverage?</b>	Coverage is guarantee issue.
<b>When is coverage effective?</b>	<p>Please see your Plan Administrator for your effective date of coverage.</p> <p>Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.</p>

What critical illness conditions are covered?	Covered Conditions*	Percentage of Coverage Amount
	<b>Critical Illnesses</b>	
	Coronary Artery Disease (major)	50%
	Coronary Artery Disease (minor)	10%
	End Stage Renal (Kidney) Failure	100%
	Heart Attack (Myocardial Infarction)	100%
	Major Organ Failure Requiring Transplant	100%
	Stroke	100%
	<b>Supplemental Critical Illnesses</b>	
	Benign Brain Tumor	100%
	Coma	100%
	Loss of Hearing	100%
	Loss of Sight	100%
	Loss of Speech	100%
	Infectious Disease	25%
	Occupational Human Immunodeficiency Virus (HIV) or Hepatitis	100%
	Permanent Paralysis	100%
	<b>Progressive Diseases</b>	
	Amyotrophic Lateral Sclerosis (ALS)	100%
	Dementia (including Alzheimer's Disease)	100%
	Functional Loss	100%
	Multiple Sclerosis (MS)	100%
	Parkinson's Disease	100%
	<b>Additional Critical Illnesses for your Children</b>	
	Cerebral Palsy	100%
	Cleft Lip or Palate	100%
	Cystic Fibrosis	100%
	Down Syndrome	100%
	Spina Bifida	100%
	<i>*Please refer to the policy for complete definitions of covered conditions.</i>	
	<b>Covered Condition Benefit</b>	
	The covered condition benefit is payable once per covered condition per insured.	
	Unum will pay a covered condition benefit for a different covered condition if:	
	<ul style="list-style-type: none"> <li>the new covered condition is medically unrelated to the first covered condition; or</li> <li>the dates of diagnosis are separated by more than 180 days.</li> </ul>	
	<b>Reoccurring Condition Benefit</b>	
	We will pay the reoccurring condition benefit for the diagnosis of the same covered condition if the covered condition benefit was previously paid and the new date of diagnosis is more than 180 days after the prior date of diagnosis.	
	The benefit amount for any reoccurring condition benefit is 100% of the percentage of coverage amount for that condition.	
	The following Covered Conditions are eligible for a reoccurring condition benefit:	
	Benign Brain Tumor	Heart Attack (Myocardial Infarction)
	Coma	Invasive Cancer (includes all Breast Cancer)
	Coronary Artery Disease (Major)	Major Organ Failure Requiring Transplant
	Coronary Artery Disease (Minor)	Non-Invasive Cancer
	End Stage Renal (Kidney) Failure	Stroke
<b>Are wellness screenings covered?</b>	Each insured is eligible to receive one Be Well Benefit per calendar year..	
	<b>Be Well Benefit For you, your spouse and your children: \$50</b>	
	<b>If the employee's Critical Illness Coverage Amount is:</b>	<b>The Be Well Benefit Amount for you, your spouse and your children is:</b>
	\$10,000	\$50
	\$20,000	\$50
	\$30,000	\$50
	<b>Be Well Screenings</b> include tests for the following:	
	cholesterol and diabetes, cancer and cardiovascular function. They also include imaging studies, immunizations and annual examinations by a Physician. See certificate for details.	

# Individual Life Insurance

## 5Star Life Insurance Company

## EMPLOYEE BENEFITS

### 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](http://www.mybenefitshub.com/friendswoodisd)**



The 5Star Life Insurance Company's Family Protection Plan offers both Individual and Group products with Terminal Illness coverage to age 121, making it easy to provide the right benefit for you and your employees.

### CUSTOMIZABLE

With several options to choose from, employees select the coverage that best meets the needs of their families.

### TERMINAL ILLNESS ACCELERATION OF BENEFITS

Coverage that pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

### PORTABLE

Coverage continues with no loss of benefits or increase in cost if employment terminates after the first premium is paid. We simply bill the employee directly.

### CONVENIENCE

Easy payments through payroll deduction..

### FAMILY PROTECTION

Coverage is available for spouses and financially dependent children, even if the employee doesn't elect coverage on themselves.

\* Financially dependent children 14 days to 23 years old.

### PROTECTION TO COUNT ON

Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

### QUALITY OF LIFE

Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.



### 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](http://www.mybenefitshub.com/friendswoodisd)**



A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network. If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

**Emergent Air Transportation** In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

**Emergent Ground Transportation** In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

**Non-Emergency Inter-Facility Transportation** In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

**Repatriation/Recuperation** Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

Should you need assistance with a claim contact MASA at 800-643-9023. You can find full benefit details at <http://www.mybenefitshub.com/friendswoodisd>.

#### Emergency Transportation

Employee and Family

\$14.00



# Flexible Spending Account (FSA)

## Higginbotham

## EMPLOYEE BENEFITS

### 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 plan also allows employees to pay for qualifying daycare expenses tax-free. This money is use it or lose it within the plan year (your plan contains a 60-day grace period provision).

For full plan details, please visit your benefit website:

**[www.mybenefitshub.com/friendswoodisd](http://www.mybenefitshub.com/friendswoodisd)**



### 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).

### Limited Purpose Health Care FSA

A Limited Purpose Health Care FSA is available if you enrolled in the HDHP medical plan and contribute to an HSA. You can use a Limited Purpose Health Care FSA to pay for eligible out-of-pocket dental and vision expenses only, such as:

- Dental and orthodontia care (i.e., fillings, X-rays and braces)
- Vision care (e.g., eyeglasses, contact lenses and LASIK surgery)

### How the Health Care and Limited Purpose FSAs Work

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

- Use your Higginbotham Benefits Debit Card to pay for qualified expenses, doctor visits and prescription copays.
- Pay out-of-pocket and submit your receipts for reimbursement:
  - \* Fax – 866-419-3516
  - \* Email – [flexclaims@higginbotham.net](mailto:flexclaims@higginbotham.net)
  - \* Online – <https://flexservices.higginbotham.net>

### Higginbotham Benefits Debit Card

The Higginbotham Benefits Debit Card gives you immediate access to funds in your Health Care or Limited Purpose FSA when you make a purchase without needing to file a claim for reimbursement. If you use the debit card to pay anything other than a copay amount, you will need to submit an itemized receipt or an Explanation of Benefits (EOB). If you do not submit your receipts, you will receive a request for substantiation. You will have 60 days to submit your receipts after receiving the request for substantiation before your debit card is suspended. Check the expiration date on your card to see when you should order a replacement card(s).

### Important FSA Rules

- The maximum per plan year you can contribute to a Health Care or Limited Purpose FSA is \$3,050. The maximum per plan year you can contribute to a Dependent Care FSA is \$5,000 when filing jointly or head of household and \$2,500 when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.
- Your Health Care or Limited Purpose FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.

- Health Care FSA into the next plan year. The carry-over rule does not apply to your Dependent Care FSA.

### Over-the-Counter Item Rule Reminder

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.

### Higginbotham Portal

The Higginbotham Portal provides information and resources to help you manage your FSAs.

- Access plan documents, letters and notices, forms, account balances, contributions and other plan information
- Update your personal information
- Utilize Section 125 tax calculators
- Look up qualified expenses
- Submit claims
- Request a new or replacement Benefits Debit Card

### Register on the Higginbotham Portal

Visit <https://flexservices.higginbotham.net> and click Register. Follow the instructions and scroll down to enter your information.

- Enter your Employee ID, which is your Social Security number with no dashes or spaces.
- Follow the prompts to navigate the site.
- If you have any questions or concerns, contact Higginbotham:
  - \* Phone – 866-419-3519
  - \* Email – [flexclaims@higginbotham.net](mailto:flexclaims@higginbotham.net)
  - \* Fax – 866-419-3516

# Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## 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 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 the 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.

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

