



2022-23

BENEFITS GUIDE

for Spring Branch ISD employees

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT

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SBISD Benefits Department

We are committed to providing you excellent customer service year-round. After reviewing this guide, if you have additional questions about your benefits or need enrollment assistance, contact your applicable Benefits Department Representative below or email them at benefits@springbranchisd.com.

General Inquiries

BRIANA MEDRANO, Account Representative
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Employees A-L

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About This Guide

This benefits enrollment guide describes only the highlights of the Spring Branch Independent School District (SBISD) benefits program. For details and specific plan provisions, refer to the SBISD Employee Benefits website. In the case of any discrepancy between this brochure and the plan documents, the plan documents will govern in all cases.

SBISD understands the importance of providing a competitive benefits package for its employees and intends to continue the benefits described in this enrollment guide. However, SBISD reserves the right to amend, modify, or terminate any of the plans or benefits, in whole or in part, at any time and for any group of participants.

Participation in these plans does not create, imply or amend any contract of employment between you and SBISD.

By participating in these benefit plans you authorize the necessary payroll deductions by SBISD to cover the cost of your coverage. In the event that you do not receive a paycheck due to leave of absence or for any other reason, you are responsible for making payments for your benefit premiums. If payment is not made the outstanding premiums will be deducted from the first paycheck you receive upon your return to active duty. Continued failure to make timely payments for benefit premiums owed may result in termination of benefits.

Eligibility

Who can enroll for benefits?

TRS-ActiveCare Health Plan

To be eligible for TRS-ActiveCare, you must be

- An active contributing TRS member or
- Employed 10 or more regularly scheduled hours each week (see the TRS-ActiveCare enrollment guide for details).

Contributing TRS members will receive a state and district contribution toward health insurance premiums.

Employees, substitutes and temporary workers who work a minimum of 10 hours per week (but are not paying members of TRS) are eligible for TRS-ActiveCare, but will not be eligible for the state and district contribution toward health insurance. These type of employees will pay the full monthly health premium. To find out the actual monthly rate, see the TRS-ActiveCare enrollment guide or contact the Benefits Department at **713-464-1511**.

All Other Insurance Products

To be eligible for insurance products other than TRS-ActiveCare you must be:

- An active contributing TRS member or
- A TRS retiree who works 50% or more of the time required of the standard workload for a full-time position.

When does my insurance become effective?

If you are employed with the District prior to the beginning of the plan year (September 1, 2022), your benefits become effective September 1, 2022.

If you are hired after the beginning of the plan year, your benefits will become effective as follows:

TRS-ActiveCare Health Plan

Your effective date of insurance is either your first day at work or the first of the month following your start date. **Note:** If you elect to have your insurance become effective your first day of work, premium payment for the entire month is required.

All Other Insurance Products

Your effective date of coverage is the first of the month following your first day of work.

What if I want to change my benefits?

The elections you make during open enrollment will be effective for the full plan year (September 1, 2022 through August 31, 2023) unless you experience a qualifying life event or change in status as defined by federal law.

Qualifying Life Events

Generally, you may change your benefit elections only during the open enrollment period. However, you may change your benefit elections during the year if you experience a qualifying life event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

Once you experience a qualifying life event, you have 31 days from the event date to change your benefit elections.

To find out if you qualify for a benefits status change contact the Benefits Department at 713-464-1511.



Enroll Online Using – THEbenefitsHUB

Using THEbenefitsHub to enroll for your benefits is easy!

The information below offers you easy instructions on how to enroll when you use THEbenefitsHUB.

Before logging-in, be sure to have the following information available:

- Both yours and your dependents social security numbers.
- Dates of birth for all your dependents.
- Beneficiaries' name, addresses and social security numbers.
- If you are new hire, you will make your benefit elections online via THEbenefitsHUB. See the following instructions. **Note**, if you would like your medical insurance to be effective on your date of hire you must submit a TRS enrollment application and change form to the benefits department within **31** days of your hire date.
- If you are a mid-year new hire, you will make your benefit elections online via THEbenefitsHUB. See the following instructions. **Note**, if you would like your medical insurance to be effective on your date of hire you must submit a TRS enrollment application and change form to the benefits department within **31** days of your start date.

How to Enroll (The Process)

Go to www.mybenefitshub.com/springbranchisd and click the **Employee Login** link. This will take you to the login screen. (Enter your username; your username is the same username you use to log in to the Spring Branch ISD network. It is also the same as your Windows and Outlook username.)

Note: Your password is your full last name (excluding punctuation), followed by the last four (4) digits of your social security number. Example: John Doe 987-65-4321; your password would then be doe4321.

THEbenefitsHUB will guide you through the entire enrollment process page-by-page including:

- System Acknowledgments: The “System Acknowledgments” page is displayed when you login to the system as an employee. Please read this section to ensure that you understand the terms of your “electronic

signature” within THEbenefitsHUB. When you have checked all applicable boxes, click “I Acknowledge” at the bottom of the page to proceed. **Note:** By clicking this button, you are agreeing to the terms.

- Company Acknowledgments: The Company Acknowledgments page is specific to your company. Read through each section, checking each applicable box to signify acceptance of acknowledgment. Click “I Acknowledge” to continue. **Please note**, there may be documents presented containing additional information for both your System and Company Acknowledgments pages. If you have already given your electronic signature you will not be asked to sign again, but you can view your previous acknowledgments in the File Cabinet.
- Change Password: Update your password following your organization’s password policy. Once your new password has been set, click the “Save & Continue” button.
- Enter all required personal and dependent information in the Employee Data Entry Sections: Review current information for accuracy. Enter any new or missing information and click on the “Save & Continue” button when you are ready to proceed to the next step. (Note all fields indicated in **BOLD** must be answered).
- Affordable Care Act Reporting Forms: This section allows you to confirm that you are willing to receive your form 1095-C electronically via district email. (This is the same format in which you already receive your form W-2.)
- Now you can select the benefits information: Once all personal and dependent data has been entered, you will have access to enroll online in the benefits for which you are eligible. Each benefit plan type will appear individually for you to review. Click the “Sign & Continue” button to proceed to the next benefit plan type.
- Choose your beneficiaries: Beneficiaries are required; choose your beneficiary for each applicable plan.
- Review the Consolidated Enrollment Form: This form will display all data from each of the sections listed above, including personal and enrollment information. Once you are finished with the enrollment process, you will be sent to the “Employee Menu” where you may make changes (see Employee Menu section on Page 6).

Need additional help?

- Contact employee benefits at **713-464-1511** or email benefits@springbranchisd.com.

Employee Menu

Once the enrollment is completed in the system, you will see the following Employee Menu icons:



Personal Information: Access and edit information by selecting the menu items under Personal Information. You can also change your password in the section.



Dependent Information: Access and edit information for dependents in the section. Make sure the HR Department is aware of any changes made as this may change eligibility status or give an opportunity to change enrollment in certain benefits.



Benefits Plan Information: Access and view benefits in this section. You will not be able to change benefits elections unless it is an Open Enrollment period. See a quick review of all information on the consolidate enrollment form.

Navigation and Data Entry Tips

- **Help!** If you need assistance while working in THEbenefitsHUB, click HELP located at the upper right corner of the screen.
- **Back and Forth:** Do not use the web browser's "back" and "forward" arrows while in the system. Use the BACK and SIGN & CONTINUE navigation buttons instead.
- **Required Data:** As noted on each screen, the bold items are required to allow continuation to the next page. The more information entered, the better the system will work for you; but you may skip non-bold items if they don't apply.
- **Moving On:** When each page is complete, go to the bottom of the page and click the "SIGN & CONTINUE" button.
- **Unable to Finish?** If for any reason you are unable to complete the enrollment process you may LOGOUT and login at a later time. When you login again, you will walk through the same process. The data you previously entered will still remain.

Post-Enrollment Tips

- **What are those symbols?** If you "toggle" the cursor/arrow on the icons, the definition of each icon will be revealed.
- **Links...** Are words, names or phrases that become underlined when you put the cursor/arrow on them, they are actual links that take you to a certain section.
- **Screen Navigator...** This line is at the top of your screen. You may click on the links to quickly jump back to those previous screens.



Medical – BCBSTX

Do you need medical coverage?

To make the right decisions you should consider the following:

- What are your current or expected medical expenses going to be for the year?
- Are you planning to add a child?
- Have you been putting off a surgery or procedure?
- Are you in good condition, both physically and mentally?

The answers to these questions and more will have a big influence on your decision. Then there is always planning for the unexpected such as what is the probability of major illness or an accident in my family this year?

After you've considered those questions and made your best estimate, compare it with the employee medical rates on pages 8-9, taking into account deductibles, copays, and coinsurance.

Preventive Care Services are covered 100%

The plans pay 100% for in-network preventive care services; for example:

- Routine physicals (annually beginning at age 12+)
- Annual mammograms (age 40+)
- Smoking Cessation counseling
- Colonoscopy (every 10 years, age 50+)
- Healthy diet/obesity counseling (Unlimited to age 22; age 22+ are allowed 26 visits annually)
- Well Women exams (age 18+)
- Annual prostate cancer screening (age 45+)
- Breastfeeding Support (6 lactation counseling session per year)

Important Note: Covered services under this benefit must be billed by the provider as preventive care. **Non-network preventive care is not paid at 100%.** If you receive preventive services from a non-network provider, you are responsible for any applicable deductible and coinsurance under the ActiveCare HD and ActiveCare 2. There is no coverage for non-network services for the ActiveCare Primary and ActiveCare Primary+. Review the Benefits Booklet at <https://www.bcbstx.com/trsactivecare>.



Affordable Care Act

The Affordable Care Act requires most U.S. citizens to have medical insurance as part of the "Individual Mandate" portion of the law.

Are you declining benefits?

If you elect to decline TRS-ActiveCare coverage when you first become eligible, and later decide to enroll, you will need to show proof of a change in status defined by federal law which will allow you to make plan changes mid-year. (See qualifying life events on Page 4.)

2022-2023 TRS-ActiveCare Benefits Summary – BCBSTX

The medical summary below and to the right illustrate the in-network and out-of-network (if applicable) provider services. Review your TRS Enrollment Guide for more detail on your health benefits.

PLAN FEATURES	ActiveCare Primary	ActiveCare HD	
	In-Network Only	In-Network	Out-of-Network
Annual Deductible <ul style="list-style-type: none">Employee OnlyFamily	\$2,500 \$5,000	\$3,000 \$6,000	\$5,500 \$11,000
Coinsurance (You Pay)	30% after deductible	30% after deductible	50% after deductible
Annual Out-of-Pocket Maximum <ul style="list-style-type: none">Employee OnlyFamily	\$8,150 \$16,300	\$7,000 \$14,000	\$20,250 \$40,500
Preventive Care	Plan pays 100%	Plan pays 100%	
Primary Care Provider (PCP) Required	Yes	No	
Primary Care Provider (PCP)	\$30 copay	30% after deductible	50% after deductible
Specialist	\$70 copay	30% after deductible	50% after deductible
TRS Virtual Health Care	\$0 per consultation	\$30 per consultation	
Urgent Care	\$50 copay	30% after deductible	50% after deductible
Emergency Room	30% after deductible	30% after deductible	
PRESCRIPTION DRUG			
Drug Deductible	Integrated with medical	Integrated with medical	
Generic <ul style="list-style-type: none">30 day supply90 day supply	(\$0 for certain generics) \$15 copay \$45 copay	(\$0 for certain generics) 20% after deductible 20% after deductible	
Preferred Brand	30% after deductible	25% after deductible	
Non-Preferred Brand	50% after deductible	50% after deductible	
Specialty	30% after deductible	20% after deductible	
EMPLOYEE RATES – PER PAYCHECK			
Employee Only	\$45.00	\$46.00	
Employee + Spouse	\$291.50	\$307.00	
Employee + Child(ren)	\$193.00	\$204.00	
Employee + Family	\$400.00	\$418.00	
Employee + Family (both SBISD)	\$310.00	\$329.00	

Important Note: You will always save money when you elect to use an in-network service provider.

PLAN FEATURES	ActiveCare Primary+	ActiveCare 2*	
	In-Network Only	In-Network	Out-of-Network
Annual Deductible <ul style="list-style-type: none">Employee OnlyFamily	\$1,200 \$3,600	\$1,000 \$3,000	\$2,000 \$6,000
Coinsurance (You Pay)	20% after deductible	20% after deductible	40% after deductible
Annual Out-of-Pocket Maximum <ul style="list-style-type: none">Employee OnlyFamily	\$6,900 \$13,800	\$7,900 \$15,800	\$23,700 \$47,400
Preventive Care	Plan pays 100%	Plan pays 100%	
Primary Care Provider (PCP) Required	Yes	No	
Primary Care Provider (PCP)	\$30 copay	\$30 copay	40% after deductible
Specialist	\$70 copay	\$70 copay	40% after deductible
TRS Virtual Health Care	\$0 per consultation	\$0 per consultation	
Urgent Care	\$50 copay	\$50 copay	40% after deductible
Emergency Room	20% after deductible	\$250 copay + 20% after deductible	
PRESCRIPTION DRUG			
Drug Deductible	\$200 brand deductible	\$200 brand deductible	
Generic (You Pay) <ul style="list-style-type: none">30 day supply90 day supply	\$15 copay \$45 copay	\$20 copay \$45 copay	
Preferred Brand (You Pay)	25% after deductible	25% after deductible (\$40 min./\$80 max.) 25% after deductible (\$105 min. / \$210 max.)	
Non-Preferred Brand	50% after deductible	50% after deductible (\$100 min./\$200 max.) 50% after deductible (\$215 min. / \$430 max.)	
Specialty	20% after deductible	20% after deductible (\$200 min./\$900 max.) No 90-day supply	
EMPLOYEE RATES – PER PAYCHECK			
Employee Only	\$114.00	\$294.50	
Employee + Spouse	\$459.00	\$865.50	
Employee + Child(ren)	\$278.00	\$561.50	
Employee + Family	\$570.00	\$1,100.00	
Employee + Family (both SBISD)	\$494.50	\$1,075.00	

***THIS PLAN IS CLOSED AND NOT ACCEPTING NEW ENROLLEES.**

If you are currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

Important Note: You will always save money when you elect to use an in-network service provider.

Dental – Cigna

Did you know?

Dental health is directly linked to our overall health and wellbeing. Your wellness routine should include regular dental check-ups.

You have three dental program options

You have a choice of three dental plans (DHMO, Low DPPO and High DPPO). Choose the plan that best meets your needs. Our dental plans are designed to encourage preventive treatment, allowing you to achieve oral health while striving to minimize dental costs. Dental coverage is provided through Cigna.

PLAN FEATURES (IMPORTANT NOTE: Dental Benefit Plan Year is 9/1/21 thru 8/31/22)	DHMO**	LOW DPPO**	HIGH DPPO***
	In-Network Only	In-Network Only	In-Network Only
Plan Year Deductible • Employee Only • Family	\$0 \$0	\$50 per individual \$150 per family	\$25 per individual \$75 per family
Preventive and Diagnostic Treatment	Plan pays 100% after copay*	Plan pays 100%	Plan pays 80%
Basic Treatment	Plan pays 100% after copay*	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Treatment	Plan pays 100% after copay*	Plan pays 50% after deductible	Plan pays 80% after deductible
Orthodontic Treatment	Plan pays 100% after copay*	Plan pays 50%	Plan pays 50%
Annual Benefit Maximum per Covered Person per Plan Year	N/A	Plan pays up to \$1,500	Plan pays up to \$1,500
Orthodontia Lifetime Maximum	N/A	Plan pays up to \$750	Plan pays up to \$750
Out-of-Network Benefit	No	Yes	Yes

EMPLOYEE RATES – PER PAYCHECK

Employee Only	\$6.66	\$21.02	\$24.99
Employee + Spouse	\$11.77	\$41.10	\$48.82
Employee + Child(ren)	\$12.75	\$39.45	\$46.85
Employee + Family	\$18.85	\$56.77	\$67.46

* See the DHMO Dental Benefit summary for covered services and copays.

** If you elect the DHMO, you must select a primary care dentist before you can use dental benefits. Select a dentist by calling the Cigna Dental number at 800-244-6224 or visiting [mycigna.com](https://www.mycigna.com), then click "find a Dentist". If you do not choose a dentist when you enroll, Cigna Dental will automatically choose one for you. You can change your dentist at any time by contacting Cigna Dental at 800-244-6224.

*** If you are searching for a DPPO dentist, you will be prompted to choose a network. Choose Cigna Dental PPO network.

For additional information, visit: <https://www.springbranchisd.com/about/departments/talent-operations/benefits/dental>.



Keep in mind, when you are shopping for your dental professional, you are encouraged to use the Cigna in-network dentist. Cigna network dentists have agreed to charge lower fees and file your claims. If you choose to use a dentist who does not participate in your plan's network, your out-of-pocket costs will be higher and you will be responsible for any charges beyond the Reasonable and Customary (R&C) fees. To find a network dentist, visit Cigna at www.mycigna.com.

Vision – UnitedHealthcare (UHC)

Did you know?

Your eyes are the second most complex organ after the brain. If that's not reason enough for you to get an eye exam you should also know that annual eye exams are key to healthy eyes and provide the following benefits:

- Correct nearsightedness, farsightedness and astigmatism with prescription lenses as needed
- Check for the presence of eye diseases and conditions such as glaucoma, macular degeneration, cataracts and diabetic retinopathy
- Make sure your eyes are working well together, while also evaluating your eyes as part of your overall health

SBISD has partnered with UnitedHealthcare (UHC) for our vision insurance. This benefit is designed to provide a basic level of coverage, subject to exclusions and limitations, for eye examinations, lenses, frames, or contacts.

Note: Individual insurance cards are not provided, and are not necessary for office visits. Services must be obtained from a participating provider in order to receive in-network benefits. The plan will cover an exam, frames and lenses or contact lenses (in lieu of glasses) once per plan year (September 1 to August 31).

PLAN FEATURES	UNITEDHEALTHCARE VISION PLAN	
	In-Network Only	Out-of-Network Only
Examination	\$10 copay	Up to \$40
Lenses*		
• Single Vision	\$10 copay, then 100% covered	Up to \$40
• Bifocal	\$10 copay, then 100% covered	Up to \$60
• Trifocal	\$10 copay, then 100% covered	Up to \$80
• Lenticular	\$10 copay, then 100% covered	Up to \$80
Retail Frame Allowance	Up to \$130 allowance	Up to \$45
Contact Lenses**	Selection: Copay, then 100% covered + evaluation/fitting fees +2 follow up visits Non-Selection: Copay, then \$150 allowance	Up to \$150 (elective) Up to \$210 (if medically necessary)

EMPLOYEE RATES – PER PAYCHECK

Employee Only	\$4.26
Employee and Spouse	\$9.09
Employee and Child(ren)	\$7.28
Employee and Family	\$13.93

* Standard scratch-resistant coating, polycarbonate lenses, and standard/premium anti-reflective coating.

** The contact lens allowance is \$150 for in-network and out-of-network, up to 6 boxes (if an in-network provider is used).

For additional information, visit:

<https://www.springbranchisd.com/about/departments/talent-operations/benefits/vision>.

Good news!

Our vision network includes **Warby Parker (WP)**. This National vision provider offers participants two options:

- Visit a local retail store, or
- Go online and select up to 5 different frame types to try on.

At no cost to you, sample frames are shipped directly to your home. Select the frames you like best and then return the others to WP. Let WP know which frames you selected. If you don't like any of the first 5 pairs of glasses, you can choose another 5 pair and they too will be shipped to your home.

WP does not offer designer glasses, but all of their frames are priced within your retail frame allowance, you will only pay your copay for eyeglasses.



Flexible Spending Accounts – WEX

A great way to plan ahead and save money over the course of the year is to participate in either of the Flexible Spending Account (FSA) programs. Our 2022-2023 FSA partner is **WEX**. Participation in the Healthcare or Dependent Care FSA program must be elected each year. Full-time employees may maximize their pre-tax savings by using both the Healthcare FSA and the Dependent Care FSA. Pre-tax means the dollars used for eligible expenses are not subject to Social Security tax, federal income tax, and in most cases, state and local income tax.

Healthcare FSA

The Healthcare FSA enables you to be reimbursed with pre-tax dollars for many expenses not paid by your medical, dental or vision plans. You can be reimbursed for eligible healthcare expenses for yourself and family members you claim as dependents on your federal tax return. Family members' expenses can be reimbursed even if you do not cover these individuals under your Healthcare plan. The maximum annual amount you may elect to have deposited is **\$2,850**. Because your medical, dental, and vision premiums are paid on a pre-tax basis, they cannot be reimbursed by your Healthcare FSA.

Dependent Care FSA

The Dependent Care FSA allows you to be reimbursed with pre-tax dollars related to child care services for children under age 13 or dependents of any age who are unable to care for themselves because of a mental or physical disability. Eligible dependents are those for whom you can claim a tax exemption. Services must be necessary to allow you, or you and your spouse, to work or attend school full time. The maximum annual amount you may elect to have deposited is **\$5,000** (\$2,500 if you are married and file separate tax returns).

USE IT OR LOSE IT RULE:

The FSA plan allows you to carryover \$570 of unused funds from the 2022–2023 plan year into the next plan year (2022–2023) for expenses incurred September 1, 2022 through August 31, 2023. You must file your reimbursement claims by September 30, 2023. Any unused balance over \$570 will be forfeited.

TYPES OF FLEXIBLE SPENDING ACCOUNTS	
HEALTHCARE FSA	DEPENDENT CARE FSA
<p>The Healthcare (Full-Purpose) FSA can be used to pay for all medical, dental, and vision care expenses.</p> <p>How the Plan Works</p> <ul style="list-style-type: none">• Estimate medical, dental, and vision expenses• Contribute up to \$2,850 with pre-tax money• Pay healthcare provider(s) and submit a claim for reimbursement or use your FSA debit card	<p>The Dependent Care FSA can be used to pay for daycare expenses for eligible dependents under age 13, as well as adults who are physically or mentally incapable of caring for themselves.</p> <p>How the Plan Works</p> <ul style="list-style-type: none">• Estimate daycare provider expenses• Contribute up to \$5,000 (if single or married, filing taxes jointly) or \$2,500 (if married filing separately) with pre-tax money• Pay daycare provider and submit a claim for reimbursement
<p>Eligible and Ineligible Expenses: The IRS determines what expenses are eligible. Be aware, from time-to-time the IRS does update the list. You can view eligible and ineligible expenses, for both healthcare and dependent care accounts on our SBISD benefits website. If you are unsure about whether an expense is eligible or not, contact WEX at 866-451-3399.</p>	

Note: The 2022 Healthcare FSA maximum amount has increased by \$100.

For additional information, visit:
<https://www.springbranchisd.com/about/departments/talent-operations/benefits/flexible-spending-health-savings>.

Health Savings Account (HSA) – WEX

When you're enrolled the ActiveCare HD medical plan and are not covered by another non-HDHP you are eligible to contribute to an HSA. This type of savings account allows you to pay for out-of-pocket expenses with pre-tax dollars. Open your personal HSA through **WEX**.

IMPORTANT NOTE: If you're a participant in an HSA, you are not eligible to participate in a traditional Flexible Spending Account (FSA) reimbursement account for medical expenses.

An HSA offers many advantages you don't get in a Health Care FSA. An HSA gives you more flexibility and control over how you manage and spend your health care dollars. The HSA, administered by **WEX**, is one of the best ways to pay for eligible health care expenses and save for the future on a tax-free basis.

Use your HSA: To pay for eligible medical, prescription drug, dental and vision expenses for yourself and your qualified tax dependents.

Save your HSA: Accumulate money to use later – for the following year, after you leave the company or retire. You will take the money with you . . . the money is yours.

To participate in the HSA, you must elect the BlueCross Blueshield (BCBSTX) ActiveCare HD medical Plan with optional HSA offered by SBISD. You will need to complete all HSA enrollment materials and designate the amount you wish to contribute on a pre-tax basis.

Contact WEX
866-451-3399 or via email:
customerservice@wexhealth.com

HOW THE HSA WORKS		
Who's covered under the plan?	Employee Only	Family
You can change your pre-tax contribution at any time during the plan year at the beginning of the new month	Up to \$3,650	Up to \$7,300
Age 55 or older	You can make an additional \$1,000 pre-tax contribution	
Tax-free health care payments	Use an HSA Bank debit card to pay for eligible out-of-pocket health care expenses	

Note: You should monitor your contribution limits throughout the tax (calendar) year to avoid excess contributions that could result in tax penalties. Be sure to coordinate with your spouse to ensure that you do not exceed the combined maximum contribution limit for families.

Life Insurance and Accidental Death & Dismemberment (AD&D) – Minnesota Life/Securian

If something were to happen to you, how financially secure would your loved ones be? Would your spouse be able to keep your home or would your children be able to afford college? How would all the bills get paid?

To help alleviate some of the worry, the District, with **Minnesota Life/Securian**, offers life insurance and AD&D coverage. Options for life insurance coverage are available for you, your spouse and child(ren). All benefit eligible employees automatically receive \$10,000 in basic term life insurance provided for you by the District.

Because accidents happen, the employee AD&D insurance is also included in your policy.

Supplemental Life Insurance and AD&D

In addition to District provided life insurance, you are able to purchase additional life insurance for yourself. You are also able to purchase life insurance for your spouse, and/or your child(ren). Elect to buy additional life insurance for yourself in \$20,000 increments up to a maximum of \$500,000, not to exceed 7 times your annual earnings.

You may also buy life insurance coverage for your spouse in \$20,000 increments up to \$300,000, not to exceed 100% of your coverage amount, at the same rate as your life insurance. You may also buy \$5,000 or \$10,000 of coverage for your dependent child(ren). Life insurance rates are shown below:

- **Employee Guaranteed Issue (GI) Amount without EOI:**
Increments of \$20,000 up to \$300,000 not to exceed 7 times your annual earnings
- **Spouse Guaranteed Issue (GI) Amount without EOI:**
Increments of \$20,000 up to \$60,000

Employees and/or spouses who currently have life insurance or are coming onto the plan for the first time (late entrant) can increase or elect new coverage by \$100,000 (employees) or \$60,000 (spouses) up to the Guaranteed Issue (GI) amount during open enrollment without providing **Evidence of Insurability (EOI)**.

EOI is required for new Hires if you have elected coverage greater than the GI amounts shown. During annual open enrollment, EOI is required if you are electing new coverage or increasing existing coverage in excess of \$100,000 for employee life coverage or \$60,000 for spouse life coverage. Any increase in coverage that exceeds the GI amount shown would also require EOI.

How Much Does Your Life Insurance Cost Per Paycheck?

Employee / Spouse Age	Rate per \$20,000
<40	\$0.58
40-44	\$1.14
45-49	\$1.28
50-54	\$1.82
55-59	\$2.78
60-64	\$5.06
65-69*	\$5.07*
70-74*	\$6.56*
75-79*	\$6.22*
80+*	\$4.14**
Dependent Child(ren)	\$0.12 for \$5,000 \$0.23 for \$10,000

*Coverage amounts for ages 65 and over reduce due to age reduction (See age reduction table on the SBISD Benefits Website).

**Premium is based on age reduced policy amount.

IMPORTANT: Coverage amounts exceeding the stated GI amount(s) will require EOI. Benefits will not be in effect until Minnesota Life/Securian approves your EOI.

ATTENTION NEW HIRES:

When you apply for coverage within 31 days of your hire date you're eligible for coverage up to a maximum of \$300,000/Employee only, \$60,000/Spouse and \$10,000 for eligible dependents without EOI.

For additional information, visit:

<https://www.springbranchisd.com/about/departments/talent-operations/benefits/life>.

Disability – New York Life (formerly Cigna)

Being employed plays an important role in everyone's life. What would happen if a disabling injury or sickness kept you from the workplace? How long would your savings hold out? How would you maintain your independence? Certainly, there's a lot depending on your income. That is why SBISD has teamed up with **New York Life** to offer disability income protection insurance. Should a disability prevent you from working and earning a living, this insurance can help. It's valuable insurance designed to help protect against the unexpected.

Disability insurance will:

- Replace a portion of your income when you are disabled as the result of a covered sickness or injury
- Pay benefits year-around regardless of whether school is in session
- Cover maternity (covered the same as illness)
- Offer you affordable group rates
- Will pay premiums via payroll deductions

How Much Does Your Disability Insurance Cost on a Monthly Basis?

	Option A	Option B
Maximum Benefit Amount (For Accident and Sickness)	Pays UP TO age 65	Pays ONE year
Benefit Amount	Monthly \$100 increments	Monthly \$100 increments
Benefit Waiting Periods <ul style="list-style-type: none"> • 14 days • 30 days • 90 days • 180 days 	\$3.14 per \$100 up to 66-2/3% of your income \$2.98 per \$100 up to 66-2/3% of your income \$2.44 per \$100 up to 66-2/3% of your income \$2.18 per \$100 up to 66-2/3% of your income	\$1.38 per \$100 up to 66-2/3% of your income \$1.22 per \$100 up to 66-2/3% of your income \$0.92 per \$100 up to 66-2/3% of your income \$0.64 per \$100 up to 66-2/3% of your income
First Day Hospital Benefit <ul style="list-style-type: none"> • 14 days • 30 days • 90 days • 180 days 	Paid first day of stay Paid first day of stay Not applicable Not applicable	Paid first day of stay Paid first day of stay Not applicable Not applicable

Definition of terms:

BENEFIT AMOUNT: Select a monthly benefit amount in \$100 increments. (Minimum benefit of \$200, not to exceed 66-2/3 % of your monthly earnings – *Don't worry, New York Life calculates the amount for you.*)

BENEFIT WAITING PERIOD: The period of time that you must be continuously disabled before benefits become payable. There are 14, 30, 90 and 180 day waiting periods are available.

FIRST DAY HOSPITAL BENEFIT: If you are a hospital-confined inpatient for at least 4 hours during the benefit waiting period and you have elected a benefit waiting period of 14 or 30 days, benefits become payable the first day of your confinement.

PRE-EXISTING CONDITION LIMITATION: Benefits are not payable for pre-existing conditions. A "pre-existing condition" means any injury or sickness for which you received medical treatment, care, or services within 3 months before your effective date.

For additional information, visit:

<https://www.springbranchisd.com/about/departments/talent-operations/benefits/disability>.

Group Cancer & Specified Disease Insurance – MetLife

A cancer diagnosis can mean unforeseen expenses that may be difficult to pay, especially if you aren't working. Hospital stays, medical or surgical treatments, and transportation by air or ground ambulance can add up quickly and be very costly.

MetLife cancer insurance helps offset some of the expenses your health insurance may not cover, so you can focus on getting well.

- Benefits paid directly to you unless otherwise assigned
- Coverage can be purchased for you and your family
- Includes coverage for 32 other specified disease including muscular dystrophy, ALS, multiple sclerosis, sickle cell anemia and Lyme disease

Two Plan Options: Both plan options include the following:

- Lodging and non-local transportation benefit for patient and family
- Intensive care benefit of \$325 for each day of hospital ICU confinement for any reason
- Surgery benefit up to \$3,000

Benefit	High Plan	Low Plan
Radiation / Chemotherapy	Up to \$2,500 per month	Up to \$500 per day
Blood, Plasma and Platelets	Up to \$200 per day	Up to \$200 per day
Initial Diagnosis	\$5,000	\$2,500
Hospital Confinement	\$400 per day, (up to 60 days) \$1,200 per day (begins on 61st day)	\$200 per day, (up to 60 days) \$600 per day (begins on 61st day)
Wellness Benefit	\$100 per calendar year	\$75 per calendar year

COST – PER PAYCHECK

Coverage	High Plan	Low Plan
Employee Only	\$16.75	\$10.53
Employee + Spouse	\$27.98	\$17.90
Employee + Child(ren)	\$20.20	\$12.97
Employee + Family	\$31.44	\$20.34

IMPORTANT NOTE: Refer to your Cancer Plan Highlights regarding pre-existing conditions and limitations. *Group Cancer and Specified Disease Insurance* is underwritten by MetLife and administered by Bay Bridge Administrators.

Critical Illness – Aflac

A critical illness can mean unforeseen expenses that may be difficult to pay, especially if you aren't working. Hospital stays, medical treatments and surgeries can add up and become costly. **Aflac** critical illness coverage helps offset some of the expenses your health insurance may not cover.

- Benefits paid directly to you
- Coverage can be purchased for you and your family
- Coverage is **NOT** intended to replace your health insurance
- Includes coverage for heart attacks, strokes, renal failure and a number of other illnesses specifically identified in the policy (see benefits website for full plan details)
- Cancer coverage is **NOT** included in the policy
- Plan pays 100% of coverage amount on covered critical illness unless otherwise noted (see benefit website for full plan details)
- No pre-existing condition limitations
- This policy is Guaranteed Issue

TWO PLAN OPTIONS

Coverage	High Plan	Low Plan
Employee Coverage Amount	\$20,000	\$10,000
Spouse Coverage Amount	\$10,000	\$5,000
Child Coverage Amount	\$10,000	\$5,000

COST – PER PAYCHECK

Age	Employee Only or Employee + Child	Employee + Spouse or Employee + Family
High Plan		
<30	\$4.51	\$7.62
30-39	\$6.01	\$9.87
40-49	\$8.67	\$13.85
50-59	\$12.95	\$20.27
60+	\$20.01	\$30.86
Low Plan		
<30	\$3.40	\$6.51
30-39	\$4.15	\$7.26
40-49	\$5.48	\$8.59
50-59	\$7.62	\$10.73
60+	\$11.15	\$14.26

For additional information, visit:

<https://www.springbranchisd.com/about/departments/talent-operations/benefits/critical-illness>.

For additional information, visit:

<https://www.springbranchisd.com/about/departments/talent-operations/benefits/cancer-coverage>.

Life Assistance Program (LAP)

(also known as EAP) - New York Life

THIS BENEFIT IS PROVIDED AT NO COST TO YOU AND YOUR FAMILY MEMBERS. SBISD has contracted with **New York Life** to provide a Life Assistance Program (LAP) for you, your spouse and eligible dependents. New York Life's LAP provides free, confidential counseling by experienced licensed counselors. You can easily access a comprehensive network of providers with expertise in the following areas:

- Marriage and Family Issues
- Stress Management
- Depression
- Adolescent Counseling
- Substance Abuse
- Anxiety
- Legal Services
- Financial Consultation
- Monthly Educational Webinars
- Online Resources and Videos

LAP services are always confidential. Contact the LAP to learn more about what other services may be available. Employees and their immediate family members have access to **three free face-to-face counseling sessions** per family, per plan year. For assistance 24/7 and more information call **800-538-3543** or visit the LAP website at www.nylgbs-lap.com.

For additional information, visit:

<https://www.springbranchisd.com/about/departments/talent-operations/benefits/employee-assistance-program>.

My Secure Advantage (MSA)

- A full-service financial wellness program offering solutions to all types of personal financial challenges
- Work with a money coach for 30 days to help handle any financial challenge
- Easy-to-use MSA online portal
- Wish to continue working with your money coach after 30 days – do so on a self-pay basis of \$39.95 per month
- Identity theft protection includes a fraud resolution kit and free 30-minute consultation with a Fraud Resolution Specialist for victims of identity theft
- Create and execute state-specific wills, power of attorney and a variety of other important legal documents online

Call MSA at 888-724-2262 Monday

Friday from 9am to 11pm EST (6am to 8pm PST)

or visit nylgbs.MySecureAdvantage.com.

403(b) & 457(b) Retirement – TCG Administrators

Because we're living longer, healthier lives, we can expect to spend more time in retirement than our parents and grandparents did. To help reach your retirement goals, SBISD has partnered with **TCG Administrators** to offer you the following plans:

403(b) Plan Highlights

- Employee pre-tax contributions
- Contribution limit of \$20,500 for 2022
- Roth 403(b) available
- Catch-up contribution of \$6,500 for those age 50+
- Visit website to see full list of approved companies
- Transfers available from another employer's 403(b) Plan
- Loans are available, subject to availability and certain conditions

457(b) Plan Highlights

- Employee pre-tax contributions
- Contribution limit of \$20,500 for 2022
- Catch-up contribution of \$6,500 for those age 50+
- Rollovers from another qualified retirement plan
- Loans are available, see loan agreement/application form

How to Enroll

All retirement plans are administered by TCG Administrators. Enroll at any time using one of the options below:

- Call TCG Administrators at 800-943-9179 or
- Go to <http://tcgservices.com/documents/#/137/403b> or <http://tcgservices.com/documents/#/137/457b>
- Click on "Register"
- Enter your social security number and the plan password
 - 403(b) password: **SBISD403**
 - 457(b) password: **SBISD457**

For more information, refer to TCG Administrators at tcgservices.com or call 800-943-9179.

For additional information, visit:

http://www.trs.state.tx.us/403b/documents/certified_companies_list.pdf.

Hospital Indemnity Insurance – Allstate

Hospital indemnity insurance can relieve some of the financial worry by helping to cover some out-of-pocket costs associated with a trip to the hospital resulting in in-patient hospital care.

SBISD along with **Allstate** offers two different plan options. Both plan options include the following benefits:

- **First Day Hospital Confinement** – No annual limit
- **No Waiting Period** – Pays every time you are admitted and confined in a hospital
- **No Pre-existing Conditions**
- **Daily Benefit** – 180 day maximum
- **Intensive Care Unit (ICU)** – 180 day maximum
- **Maternity Hospitalization** – Included in coverage

Plan Option Benefit	High Plan	Low Plan
First Day Hospital Confinement	\$800 per day per person, no limit	\$350 per day per person, no limit
Daily Hospital Confinement	\$300 per day, up to 180 days (\$54,000)	\$100 per day, up to 180 days (\$18,000)
Intensive Care Unit (ICU)	\$300 per day, up to 180 days (\$54,000)	\$100 per day, up to 180 days (\$18,000)

COST – PER PAYCHECK

Coverage	High Plan	Low Plan
Employee Only	\$8.91	\$3.38
Employee + Spouse	\$23.21	\$8.84
Employee + Child(ren)	\$15.41	\$5.85
Employee + Family	\$29.71	\$11.31

For additional information, visit:

<https://www.springbranchisd.com/about/departments/talent-operations/benefits/hospital-indemnity>.

24-Hour Accident Insurance – Allstate

RECEIVE LUMP SUM BENEFITS BASED ON THE INJURY YOU RECEIVE AND THE TREATMENT YOU NEED. 24-Hour accident insurance pays a benefit for covered accidental injuries that you can use for whatever you see fit, such as out-of-pocket expenses not covered by your health insurance. SBISD has contracted with **Allstate** to offer you benefit. The policy provides 24-hour coverage for you and your dependents. Common covered benefits include:

INJURIES

- Fractures, dislocations, lacerations, eye injuries, torn knee cartilage, ruptured discs and burns

MEDICAL SERVICES & TREATMENTS

- Ambulance, emergency care, therapy services, medical testing (including X-rays, MRIs, CT Scans), medical appliances and certain types of surgeries

HOSPITALIZATION

- Hospital confinement and urgent care

ADDITIONAL BENEFITS

- Accidental death and dismemberment, paralysis, and provides a supplemental benefit for lodging

COST – PER PAYCHECK

Coverage	High Plan	Low Plan
Employee Only	\$6.76	\$4.08
Employee + Spouse	\$11.69	\$7.05
Employee + Child(ren)	\$14.49	\$8.61
Employee + Family	\$18.69	\$11.20

For additional information, visit:

<https://www.springbranchisd.com/about/departments/talent-operations/benefits/accident-insurance>.

REFER TO YOUR FULL BENEFIT SUMMARY PLAN FOR COMPLETE COVERAGE DETAILS.

Legal Plan – LegalEASE/Nationwide

WHAT IS A LEGAL PLAN? Legal plans are “preventive medicine” to help you avoid legal problems. Plus, you are covered if you or a family member face a situation requiring legal advice or services.

When most people find themselves in challenging life situations, the majority do not seek advice or help from a qualified lawyer. It may cost too much or they may not know where to begin to seek help. Add in the stress, and the entire process simply may be too intimidating!

SBISD has contracted with Nationwide LegalEASE. LegalEASE, is a Houston based national employee benefits company that specializes in legal benefits and an 18,000+ network attorneys and law firm providers to help you obtain professional, experienced quality-care when you face a legal issue. A LegalEASE membership gives you access to a quality law firm 24/7, 365 days a year!

Benefits include:

- Assistance and representation for uncontested divorce, separation, adoption and name change
- Will preparation
- Contract and document review
- Trial defense services
- Basic identity theft services

COST – PER PAYCHECK

Coverage	LegalGUARD Plan Only
Family LegalGUARD Plan	\$7.98

For additional information, visit:

<https://www.springbranchisd.com/about/departments/talent-operations/benefits/legal>.

InfoArmor (Credit Monitoring & Identity Restoration) – LegalEASE/Nationwide

Identity theft is the fastest growing crime. A professional thief can assume your identity in just a few hours. Would you know what to do if it happened to you or a family member? It can take countless hours and an average of \$1,200 in the quest to clear your name.

When you enroll in the LegalEASE/Nationwide plan you are eligible to purchase InfoArmor ID Theft/Credit monitoring. Benefits include:

- Continuous credit monitoring: Suspicious activity will be brought to your attention, providing you with early detection
- Full access and coverage with identity theft attorneys
- Prevention consultations with in-house ID Theft Counselors
- Identify restoration: An expert will take the steps to help restore you and your credit

COST – PER PAYCHECK

Coverage	LegalGUARD with Info Armor
LegalGUARD with InfoArmor	\$11.40
Note: You must purchase the LegalGUARD Plan to access InfoArmor.	

For additional information, visit:

<https://www.springbranchisd.com/about/departments/talent-operations/benefits/legal>.

REFER TO YOUR FULL BENEFIT SUMMARY PLAN FOR COMPLETE COVERAGE DETAILS.

REQUIRED NOTICE

COBRA

CONTINUATION COVERAGE RIGHTS UNDER COBRA

You are receiving this notice because you have recently become covered under a group health plan (the plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;

- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the plan administrator of the qualifying event.

YOU MUST GIVE NOTICE OF SOME QUALIFYING EVENTS

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within **60** days after the qualifying event occurs.

HOW IS COBRA COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's

hours of employment, and the employee became entitled to medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of medicare entitlement. For example, if a covered employee becomes entitled to medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. In order for your extension of benefits to be processed you must notify the Plan Administrator of the determination within 60 days of the determination and before the end of the original 18-month COBRA coverage period. Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the Plan Administrator of the fact within 30 days after the SSA's determination.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

IF YOU HAVE QUESTIONS Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to Aetna, or contact the nearest regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website dol.gov/ebsa. Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

PLAN ADMINISTRATOR:

Spring Branch ISD Benefits Office,
955 Campbell Road
Houston, TX 77024, Phone: 713-464-1511

COBRA ADMINISTRATOR (MEDICAL):

TRS-ActiveCare. BCBS, Phone: 833-682-8972

COBRA ADMINISTRATOR (SUPPLEMENTAL BENEFITS):

WEX, phone: 866-451-3399
email: cobraadmin@wexhealth.com or
go to <https://wexinc.com> to enroll online
and manage your account.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

BASIC LEAVE ENTITLEMENT FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

MILITARY FAMILY LEAVE ENTITLEMENTS

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the national guard or reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

BENEFITS AND PROTECTIONS During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

ELIGIBILITY REQUIREMENTS Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

DEFINITION OF SERIOUS HEALTH CONDITION A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

USE OF LEAVE An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical

treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

SUBSTITUTION OF PAID LEAVE FOR UNPAID LEAVE Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

EMPLOYEE RESPONSIBILITIES Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

EMPLOYER RESPONSIBILITIES Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

UNLAWFUL ACTS BY EMPLOYERS

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

ENFORCEMENT

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any federal or state law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement which provides greater family or medical leave rights.

IMPORTANT CONTACT INFORMATION

BENEFIT	PROVIDER	TELEPHONE	WEBSITE
<ul style="list-style-type: none"> Medical <ul style="list-style-type: none"> TRS-ActiveCare Nurseline Rx Benefits 	BCBSTX BCBSTX Caremark	866-355-5999	www.bcbstx.com/trsactivecare Rx Email: customerservice@caremark.com https://info.caremark.com/trsactivecare
<ul style="list-style-type: none"> Dental 	Cigna	800-244-6224	www.mycigna.com
<ul style="list-style-type: none"> Vision 	UnitedHealthcare	Vision Inquiry: 800-638-3120 Find A Provider: 800-839-3242	www.myuhc.com
<ul style="list-style-type: none"> Flexible Spending Accounts (FSA) Health Savings Account (HSA) 	WEX	866-451-3399 FAX: 866-451-3245	https://www.wexinc.com Email: customerservice@wexhealth.com
<ul style="list-style-type: none"> Life Insurance and Accidental Death & Dismemberment 	Minnesota Life/Securian	Customer Care 866-293-6047 Claims 888-658-0193	www.securian.com
<ul style="list-style-type: none"> Disability Insurance 	New York Life (formerly Cigna)	800-362-4462	www.mynylgbs.com
<ul style="list-style-type: none"> Life Assistance Program (LAP) <i>(also known as EAP)</i> 	New York Life (formerly Cigna)	800-538-3543	www.nylgbs-lap.com
<ul style="list-style-type: none"> My Secure Advantage (MSA) 	New York Life	888-724-2262	mylgbs.MySecureAdvantage.com
<ul style="list-style-type: none"> Hospital Indemnity 24-Hour Accident 	Allstate	Claims: 800-937-7039 Customer Care: 800-521-3535	www.allstatebenefits.com/mybenefits
<ul style="list-style-type: none"> Legal Plan InfoArmor 	LegalEASE/Nationwide	888-416-4313	http://legaleaseplan.com/content/springbranchisd
<ul style="list-style-type: none"> Group Cancer & Specified Disease 	MetLife	800-845-7519	Email: claims@bbadmin.com
<ul style="list-style-type: none"> Critical Illness 	Aflac	800-433-3036	www.aflacgroupinsurance.com
<ul style="list-style-type: none"> 403(b) & 457(b) Retirement 	TCG Administrators	800-943-9179	www.tcgservices.com Email: 403b@tcgservices.com or 457@tcgservices.com
<ul style="list-style-type: none"> COBRA (Medical) 	BCBSTX	833-682-8972	
<ul style="list-style-type: none"> COBRA (Supplemental Insurance) 	WEX	866-451-3399	Email: cobraadmin@wexhealth.com
Spring Branch Benefits Department	713-464-1511		Email: benefits@springbranchisd.com

