



PEARLAND ISD  
INSURANCE PLAN YEAR 2024-25

# EMPLOYEE BENEFITS GUIDE



## HUMAN RESOURCE SERVICES

1928 N MAIN ST  
PEARLAND, TX 77581  
281-485-3203

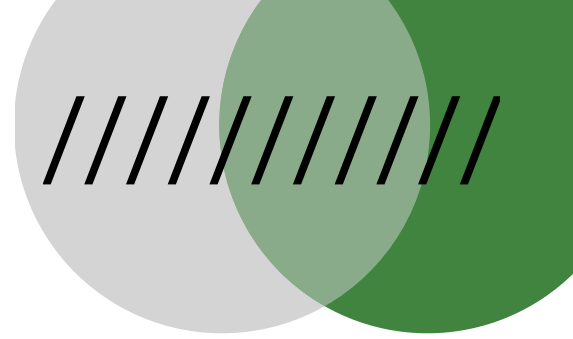


# TABLE OF CONTENTS



Welcome	3
What's New & Eligibility	4
Enrollment Schedule	5
Section 125 Cafeteria Plan & Family Status Changes	6
How to Enroll in The Beacon	7
<b><u>Medical Plans</u></b>	<b>8-12</b>
TRS ActiveCare Medical Rates	10
TRS ActiveCare Medical Highlights	11-12
<b><u>Voluntary Employee Benefits</u></b>	<b>13-28</b>
• Dental	14
• Vision	15
• Hospital Indemnity	16
• GAP	16
• HSA	17,19
• FSA	18,19
• Disability	20
• Cancer	20
• Critical Illness	21
• Accident	21
• Voluntary Life & Voluntary AD&D	22
• Permanent Life	22
• Virtual Care	23
• Medical Transport	24
• Legal Plan	24
• Identity Guard	25
• Employee Assistance Program	26
• 403b/457 & Roth 403b	27-28
<b><u>U.S. Employee Benefit Services Group</u></b>	<b>29</b>
<b><u>Insurance Carrier Contact Information</u></b>	<b>30</b>





# WELCOME

Our District is proud to have the most dedicated, passionate, and valuable employees, which is why we offer a variety of quality benefit programs to best fit you and your family's needs. On behalf of the entire Human Resource Services team, we would like to welcome you to begin your benefits enrollment.

This booklet is designed to highlight your benefit options. It is not a Summary Plan Description (SPD). Official Plan and insurance documents actually govern your rights and benefits under each plan. For more details including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions, which are located on the district website, under Benefits. If any discrepancy exists between this booklet and the official documents, the Summary Plan Descriptions will prevail.

If you have any questions concerning this employee guide, please contact a Benefits Team Member in Human Resource Services.



## PEARLAND ISD HUMAN RESOURCE SERVICES

1928 N Main St  
Pearland, TX 77581

PHONE: 281-485-3203

FAX: 281-412-1540

[Benefits@pearlandisd.org](mailto:Benefits@pearlandisd.org)

### OFFICE HOURS

8:00AM - 4:45PM

Monday - Friday

Our offices are closed on

Fridays between June 14-July 26



## WHAT'S NEW FOR 2024-25

01

### **!NEW! VOLUNTARY PLAN OFFER**

1.800MD offers 2 voluntary plan options for employees to choose from. Unlimited virtual urgent care services or virtual urgent care plus virtual behavioral health services for employees & their eligible dependents.

02

### **!NEW! ROTH 403(B)**

A Roth 403b option has been added to options for employees' retirement savings programs!

03

### **SLIGHT RATE INCREASE**

Humana Dental will have a slight increase to premiums for the 2024-25 plan year.

04

### **DISTRICT HOSTS PRESENTATIONS**

View in-person and online presentations (medical, dental, vision) on the enrollment schedule.

05

### **Finance Week! 8.12 - 8.16**

Drop by or setup an appointment to speak with a financial advisor. See enrollment schedule for details.

06

### **TRS Offers Webinars on Medical**

TRS and Blue Cross Blue Shield of Texas will host webinars to review the medical and pharmacy plans for the new plan year from June 25 – July 30.

## ANNUAL ENROLLMENT DATES:

MONDAY, JULY 22 - FRIDAY, AUGUST 16



This icon alerts you of tips and new changes on a particular topic.

## ELIGIBILITY AND EFFECTIVE DATES

All full-time Pearland ISD employees, who are TRS contributing members, are eligible for all benefit offerings through the district.

The district provides those eligible employees a **Basic Group Life Insurance** policy and an **Employee Assistance Plan (EAP)**, at no cost.

All newly eligible employees will have 30 days from date of employment (start date) to enroll in benefits.

Depending upon your election, TRS ActiveCare medical coverage is effective either on your employment start date, or first of the month following.

Supplemental insurance coverage is effective the first day of the month following the employment start date.

Changes made to all insurance plans during annual open enrollment are deducted from the first payroll check in September, and insurance coverage is effective September 1, 2024



- Please ensure you enter or update a beneficiary within the enrollment portal for the Basic Group Life Insurance policy.
- Don't forget to update your contact information in both Employee Self Service on the district website, as well as, The Beacon, benefits enrollment system.

MANDATORY INSURANCE  
ENROLLMENT SCHEDULE

Annual Enrollment Period:  
July 22 - August 16

Insurance Enrollment Presentations

Tuesday, June 18:	TRS ActiveCare Medical/Express Scripts, ESC Conf. Rm. C, 10AM-12PM
Wed, July 10:	Webinar: TRS ActiveCare Medical/Express Scripts 10 AM-12 PM <a href="#">Click here to join</a>
Wed, July 10:	Webinar: Humana Dental & Vision Presentation, 12-1PM <a href="#">Click here to join</a>
Wednesday July 24:	Webinar 2024-2025 Employee Guide Overview, 11 AM: <a href="#">Click here to join</a>
Tuesday, August 6:	TRS ActiveCare Medical & Express Scripts, ESC - Conf. Rm. C, 3:30-4:30 PM
Tuesday, August 6:	Humana Dental & Vision Presentation, ESC-Conf. Rm. C, 4:30-5PM
August 12-16:	Finance Week - Meet w/Advisor, ESC-HR Services (walk-in or appointment)
August 13-15:	Finance Week Webinar Schedule, Click <a href="#">Here</a>

JULY

Monday, 7/22:	ESC – Human Resources Training Room: 8:30AM – 4PM
Tuesday, 7/23:	Pearland HS: 8:30AM – 4PM (Searcy Library Computer Lab)
Wednesday, 7/24:	Rogers Middle School: 8:30AM – 4PM (Computer Lab – Rooms 217 & 221)
Thursday, 7/25:	Rustic Oak Elementary: 8:30AM – 4PM (Computer Lab – Room 207)
Monday, 7/29:	Pearland Junior High South: 8:30AM – 4PM (Computer Lab – Room 1002)
Tuesday, 7/30:	Massey Ranch Elementary: 8:30AM – 4PM (Computer Lab – Room 704)
Wednesday, 7/31:	Silvercrest Elementary: 8:30AM – 4PM (Computer Lab – Rooms 306 & 202)

AUGUST

Thursday, 8/1:	Maintenance & Operations Offices: 8:30AM – 4PM
Friday, 8/2:	Maintenance & Operations Offices: 8:30AM – 4PM
Monday, 8/5:	Alexander Middle School: 8:30AM – 4PM (Computer Lab – Room 217)
Tuesday, 8/6:	Transportation Office: 1PM – 5PM
Wednesday, 8/7:	PACE Center: 8:30AM – 4PM (Computer Lab – MRP)
Thursday, 8/8:	Carleston Elementary: 8:30AM – 4PM (Computer Lab – MP-02)
Friday, 8/9:	Dawson High School: 8:30AM – 4PM (Library Computer Lab – Room 120D)
Monday, 8/12:	ESC – Human Resources Training Room: 8:30AM – 4PM
Tuesday, 8/13:	ESC – Human Resources Training Room: 8:30AM – 4PM
Wednesday, 8/14:	Challenger Elementary: 8:30AM – 4PM (Library Computer Lab-Room 1240D)
Thursday, 8/15:	Pearland Junior High West: 8:30AM – 4PM (Library Computer Lab-Room 111)
Friday, 8/16:	ESC – Human Resources Training Room: 11AM – 6PM <b>FINAL DAY TO ENROLL!</b>

WAYS TO ENROLL

- Online via Benefits Enrollment Portal – [THE BEACON](#)
- In-Person at the ESC in HRS Employee Center or District Sites Listed above. All district employees are welcome to meet with an enroller at any of the locations listed above.
- By Phone – Call an Enrollment Representative at **(888) 591 - 0899**



# SECTION 125 CAFETERIA PLAN

## PURPOSE

Pearland ISD has adopted this Plan to allow you to pay for benefit options (called Qualified Benefit Plans) for yourself, your spouse, and your dependents via pre-taxed salary reduction contributions. You may choose from these "tax free" Qualified Benefit Plans in lieu of receiving taxable compensation. The Plan is intended to qualify as a "Cafeteria Plan" within the meaning of Section 125(d) of the Internal Revenue Code. This Plan allows you to reduce your taxable income in direct proportion to (a) your contribution to the cost of your elected Qualified Benefit Plans and (b) your contribution to any Account Plan.

## HOW IT WORKS

Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. This plan is available to you at no cost, no action is needed from you except to enroll in benefits!

## QUALIFYING LIFE EVENTS: FAMILY STATUS CHANGES

Cafeteria plans, also known as Section 125 plans (the IRS code that covers them), allow you to deduct certain amounts for benefits from your gross earnings before federal withholding taxes are figured.

Benefit elections will remain in effect for the plan year and cannot be revoked or changed unless you experience one of the following qualifying family status changes:

- Birth & adoption
- Marriage
- Change in spouses employment
- Divorce
- Death
- Change in dependent eligibility
- Exhausted COBRA coverage
- Loss of coverage

All required documentation must be submitted to the Benefits office within 30 days from the event date.

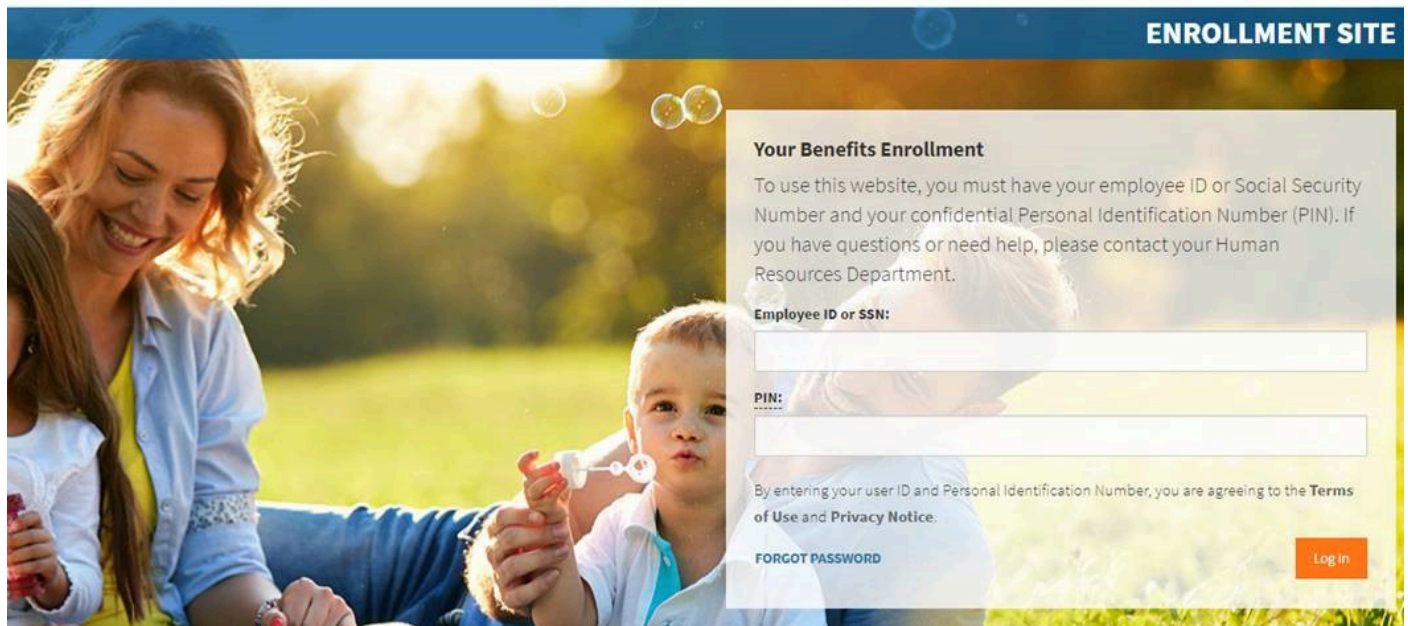
Information on Family Status Changes is available on the Benefits page of the Pearland ISD website.

### ELIGIBLE BENEFITS UNDER SECTION 125:

- Accident
- Cancer
- Critical Illness
- Dental
- FSA
- GAP
- Hospital Indemnity
- Medical
- Vision

# HOW TO ENROLL

## BENEFITS ENROLLMENT PORTAL - THE BEACON



### Step 1 - LOGIN PORTAL

- Go to: <https://app.thebenefitsbeacon.com/PearlandISD>
- Under User ID: Enter your Employee ID or SSN
- Under PIN: Enter last 4 of SSN and the last two of your birth year



For assistance, please  
contact BEACON at  
888 - 591 - 0899

### Step 2 - REVIEW PERSONAL INFORMATION

- Review and update your personal and dependent information.

### Step 3 - REVIEW PLAN OPTIONS AND MAKE ELECTIONS

- Complete the "Decision Support Tool," a support tool that provides recommendations based on unique needs of you and your family.
- Elect or decline each offer of coverage for you and your family.

### Step 4 - SIGN AND APPROVE ELECTIONS

- Sign and approve benefit elections.
- review ALL elections within the Confirmation Statement for accuracy.

# MEDICAL PLANS

Plan Coverage Year:  
September 1, 2024 - August 31, 2025



## PLAN CHANGES & UPDATES

### TRS ActiveCare

- TRS ActiveCare - pgs. 8 - 11
- 2024-25 Changes to Note:
  - Monthly Employer Contribution increases to \$337!
  - Copays remain the same across all plans.
  - Primary and Primary+ deductibles remain the same.
  - HD Plan deductible increased from \$3,000/\$6,000 to \$3,200/\$6,400.
  - HD maximum-out-pocket increased from \$7,500/\$15,000 to \$8,050/\$16,000.
  - Primary maximum-out-of-pocket increased from \$7,500/\$15,000 to \$8,050/\$16,100.
- Plan details for each TRS ActiveCare medical plan and pharmacy benefits can be found in the TRS Enrollment Guide for participants. This guide can be found on the medical plans page of the district website.



# TRS ACTIVECARE MEDICAL



Navigating Medical Insurance for You & Your Family

## Start at the Beginning

- You can explore your BCBSTX medical plan and your Express Scripts pharmacy plan.
- Sign up for TRS' health newsletter, The Pulse which has benefit details, health and wellness tips, and updates from TRS-ActiveCare.
- A Personal Health Guides (PHGs) is your 24/7 customer support. They can answer billing questions, help you find providers, get you cost-estimates – anything TRS-ActiveCare! Their number is 1-866-355-5999.
- Download the BCBSTX app. You can review your spending, claims, and status of authorizations and referrals. The app also offers another way to reach out to PHGs through a chat function.
- Check out BCBSTX's "How To" video series - short videos that give you how-tos for different aspects of TRS-ActiveCare.
- Know common health care terms so you make the most informed decision when picking a health plan.
- Want to understand how the plan you're enrolled in works? Visit TRS' webpage, [How is TRS-ActiveCare Funded?](#) This lays out how rates are set for employers.

## What You Get With TRS-ActiveCare

- **24/7 customer support:** Personal Health Guides (PHGs) can make health care simpler for you by answering any and all questions about TRS-ActiveCare. They're available 24/7 at 1-866-355-5999 or through the chat function in the BCBSTX app.
- **Fitness programs:** You can choose from hundreds of gym memberships at a discount! Memberships start as low as \$19/month and there are digital only options. Learn more about the [fitness program](#).
- **Robust mental health resources:** You have coverage for in-person and virtual mental health visits. If you sign up for TRS-ActiveCare Primary or Primary+, this includes a \$0 copay for virtual mental health visits! But in any plan, you have access to anxiety and stress management programs, a digital mental health program called Learn to Live, and more. [Explore your mental health benefits.](#)
- **One-on-One Coaching:** If you want a little extra help, TRS-ActiveCare includes one-on-one support from a wellness coach. Programs range from stress management to weight loss and nutrition to cholesterol improvement. [See all coaching options.](#)
- **Women's health:** Ovia Health is a benefit that is all things women's health no matter what stage of life you're in. You can get help with everything from family planning to postpartum depression to menopause. [Learn about your women's health coverage.](#)



# 2024-25 TRS ACTIVECARE MONTHLY MEDICAL PLAN RATES

Employer  
Contribution  
Increased

## TRS ACTIVECARE PRIMARY

	<u>Monthly Premium</u>	<u>District Contribution</u>	<u>Employee Monthly Premium</u>	<u>Semi - Monthly</u>
Employee Only:	\$471	\$337	\$134	\$67
Employee& Spouse:	\$1,272	\$337	\$935	\$467.50
Employee & Child(ren):	\$801	\$337	\$464	\$232
Employee & Family:	\$1,602	\$337	\$1,265	\$632.50

## TRS ACTIVECARE PRIMARY +

	<u>Monthly Premium</u>	<u>District Contribution</u>	<u>Employee Monthly Premium</u>	<u>Semi- Monthly</u>
Employee Only:	\$553	\$337	\$216	\$108
Employee& Spouse:	\$1,438	\$337	\$1,101	\$550.50
Employee & Child(ren):	\$941	\$337	\$604	\$302
Employee & Family:	\$1,825	\$337	\$1,488	\$744

## TRS ACTIVECARE HD

	<u>Monthly Premium</u>	<u>District Contribution</u>	<u>Employee Monthly Premium</u>	<u>Semi- Monthly</u>
Employee Only:	\$484	\$337	\$147	\$73.50
Employee& Spouse:	\$1,307	\$337	\$970	\$485
Employee & Child(ren):	\$823	\$337	\$486	\$243
Employee & Family:	\$1,646	\$337	\$1,309	\$654.50

## TRS ACTIVECARE 2

	<u>Monthly Premium</u>	<u>District Contribution</u>	<u>Employee Monthly Premium</u>	<u>Semi- Monthly</u>
Employee Only:	\$ 1,013	\$ 337	\$ 676	\$ 338
Employee& Spouse:	\$ 2,402	\$ 337	\$ 2,065	\$ 1,032.50
Employee & Child(ren):	\$ 1,507	\$ 337	\$ 1,170	\$ 585
Employee & Family:	\$ 2,841	\$ 337	\$ 2,504	\$ 1,252



Please contact HRS for additional rate options available if you and your spouse both work for Pearland ISD, or if your spouse works for another Texas school district that offers TRS ActiveCare.

# 2024-25 TRS ACTIVECARE MEDICAL PLAN HIGHLIGHTS

 Carrier is Blue Cross Blue Shield of TX

	TRS ACTIVECARE PRIMARY	TRS ACTIVECARE HD	
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>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>	
Plan Features			
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500 / \$5,000	\$3,200 / \$6,400	\$6,400 / \$12,800
Coinsurance	30% after deductible	30% after deductible	50% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,050 / \$16,100	\$8,050 / \$16,100	\$20,250/\$40,500
Network	Statewide Network	Nationwide Network	
Primary Care Provider (PCP) Required	Yes	No	
Doctor Visits			
Primary Care	\$30 copay	30% after deductible	50% after deductible
Specialist	\$70 copay	30% after deductible	50% after deductible
Immediate Care			
UrgentCare	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	30% after deductible	30% after deductible	
TRS Virtual Health-RediMD	\$0 per consultation	\$30 per consultation	
TRS Virtual Health-TelaDoc	\$12 per medical consultation	\$42 per consultation	
Prescription Drugs			
Drug Deductible	Integrated with medical	Integrated with medical	
Generics (30 day supply/90 day supply)	\$15/\$45 copay; \$0 copay for certain generics	20% after deductible; \$0 coinsurance for certain generics	
Preferred Brand	You pay 30% after deductible	25% after deductible	
Non-preferred Brand	You pay 50% after deductible	50% after deductible	
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	20% after deductible	
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible	



## 2024-25 TRS ACTIVECARE MEDICAL PLAN HIGHLIGHTS CONTINUED:

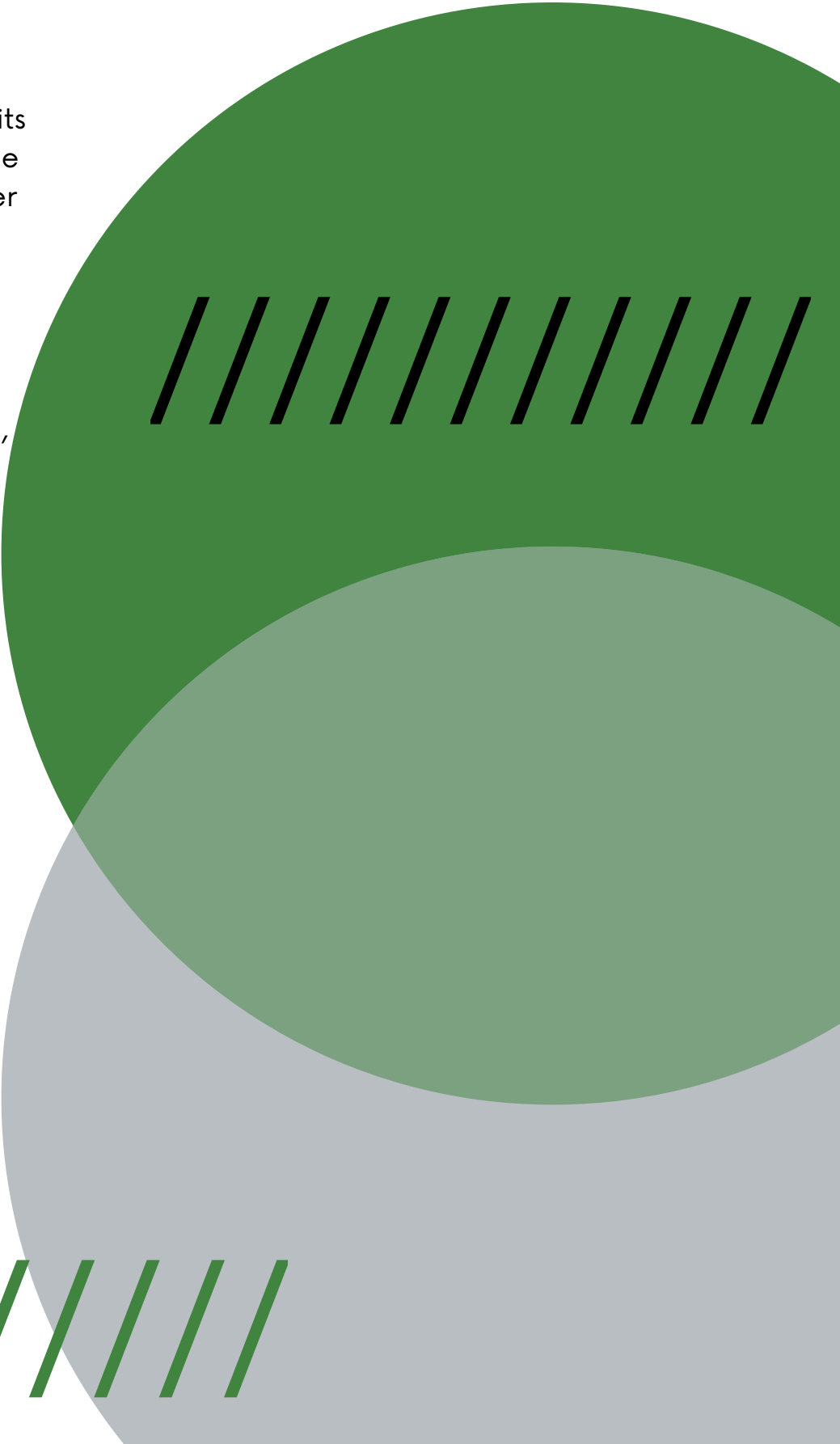
	TRS ACTIVECARE PRIMARY +	TRS ACTIVECARE 2	
Plan Summary	<ul style="list-style-type: none"><li>Lower deductible than the HD and Primary plans</li><li>Copays for many services and drugs</li><li>Higher premium</li><li>Statewide network</li><li>PCP referrals required to see specialists</li><li>Not compatible with a Health Savings Account (HSA)</li><li>No out-of-network coverage</li></ul>	<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> <p><b>This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.</b></p>	
Plan Features			
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$1,200 / \$2,400	\$1,000 / \$3,000	\$2,000 / \$6,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$6,900/ \$13,800	\$7,900 / \$15,800	\$23,700/ \$47,400
Network	Statewide Network	Nationwide Network	
Primary Care Provider (PCP) Required	Yes	No	
Doctor Visits			
Primary Care	\$15 copay	\$30 copay	You pay 40% after deductible
Specialist	\$70 copay	\$70 copay	You pay 40% after deductible
Immediate Care			
UrgentCare	\$50 copay	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 20% after deductible	You pay \$250 plus 20% 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	\$200 deductible per participant (brand drugs only)	\$200 brand deductible	
Generics(30 day supply / 90 day supply)	\$15/\$45 copay	\$20/\$45 copay	
Preferred Brand	You pay 25% after deductible	You pay 25% after deductible(\$40min/\$80max) You pay 25% after deductible (\$105min/\$210max)	
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible (\$100min/\$200max) You pay 50% after deductible (\$215min/\$430max)	
Specialty	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/No 90-day supply of specialty medications	
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	





# VOLUNTARY EMPLOYEE BENEFITS

Voluntary plans provide benefits exclusively funded by employee premiums with limited employer involvement. The plans allow employees to choose benefits that best fit their needs. Voluntary plans range from dental to life insurance, financial counseling, and more!



2024-25 VOLUNTARY BENEFITS

DENTAL INSURANCE - HUMANA

Slight  
rate  
increase

- Three plan options: DHMO, Low Plan, and a High Plan
- Both the High and Low plans offer 3 annual exams and cleanings, as well as, 4 periodontal cleaning per year!
- Both High and Low plans have an extended maximum of 30%. This means once you have met your annual maximum, the plan continues to pay a 30% coinsurance.
  - Extended annual maximum is available immediately after the annual maximum for a plan is reached, and there's no cap on the dollars paid in a year. That's an attractive advantage over traditional rollover options.
  - Extended annual maximum helps employees save money by ensuring they have access to network discounts and 30% coinsurance, even after they have reached their annual maximum.
- All plans have tele-dentistry included with a \$0 copay!

HIGH PPO	Monthly Premium
Employee Only	\$36.08
Employee +1	\$71.02
Employee +2 or more	\$122.26

LOW PPO	Monthly Premium
Employee Only	\$19.04
Employee +1	\$37.24
Employee +2 or more	\$64.10

DHMO	Monthly Premium
Employee Only	\$10.68
Employee +1	\$21.18
Employee +2 or more	\$37.68

	HIGH PPO	LOW PPO	DHMO
CALENDAR YEAR DEDUCTIBLE	INDIVIDUAL: \$50 FAMILY: \$150	INDIVIDUAL: \$50 FAMILY: \$150	NO DEDUCTIBLE
ANNUAL MAXIMUM	\$1,250.00	\$500.00	NO ANNUAL MAXIMUM*
PREVENTATIVE SERVICES	PLAN PAYS 100%	PLAN PAYS 100%	PLAN PAYS 100% AFTER COPAYMENT*
BASIC SERVICES	PLAN PAYS 80% AFTER DEDUCTIBLE	PLAN PAYS 80% AFTER DEDUCTIBLE	PLAN PAYS 100% AFTER COPAYMENT*
MAJOR SERVICES	PLAN PAYS 50% AFTER DEDUCTIBLE	NOT COVERED	PLAN PAYS 100% AFTER COPAYMENT*
LIFETIME ORTHODONTIC MAX	\$1,000	NOT COVERED	\$1,900





2024-25 VOLUNTARY BENEFITS

VISION INSURANCE - HUMANA

Two different vision plans (Low and High) are available to cover your individual and family needs:

- Additional covered diabetic eye exam at a \$0 copay
- Simple copays for services and fixed cost on premium lenses and coatings. This equals a huge savings at the cash register for glasses.
- Nationwide vision network with over 109,000 access points.

High PPO	Monthly Premium
Employee Only	\$8.82
Employee & Spouse	\$17.64
Employee & Children	\$19.40
Employee & Family	\$28.22

Low PPO	Monthly Premium
Employee Only	\$7.28
Employee & Spouse	\$14.56
Employee & Children	\$16.00
Employee & Family	\$23.28

High PPO Plan Highlights

\$10/\$10 COPAY \$130 FRAME ALLOW \$150 CONTACT ALLOW

If you use an IN-NETWORK Provider (member cost):

- Exam/Lens/Contact Lens Frequency (Every 12 months)
- Exam with Dilation \$10
- Retinol Imaging Up to \$39
- Contact lens exam options:
  - Standard contact lens fit and follow-up Up to \$40
  - Premium contact lens fit and follow-up 10% off retail
- Frames \$130 allowance; 20% off balance over \$130
- Standard plastic lenses (single, bifocal/trifocal/lenticular \$10
- Covered lens options:
  - UV coating, Tint (solid and gradient), Standard scratch-resistance \$15
  - Standard polycarbonate - adults, children <19 \$40
  - Standard anti-reflective coating \$25
  - Premium anti-reflective coating: Tiers 1 \$37, 2 \$48, & 3 80% of charge less \$20 allowance
  - Standard progressive (add-on to bifocal) \$10
  - Premium progressive: Tiers 1 \$75, 2 \$85, 3 \$100, & 4 \$55 copay, 80% of charge less \$120 allowance
  - Photochromatic/plastic transitions \$75/Polarized 80% of charge
- Contact Lens (applies to materials only):
- Conventional \$150 allowance, 15% off balance over \$150
- Disposable \$150 allowance
- Medically necessary \$0
- Diabetic Eye Care \$0:
  - Examination - Up to (2) services per year
  - Retinal Imaging - Up to (2) services per year
  - Extended Ophthalmoscopy - Up to (2) services per year
  - Gonioscopy - Up to (2) services per year
  - Scanning Laser - Up to (2) services per year

(See Plan Summary for Out-of-Network Costs).

Low PPO Plan Highlights

\$10/\$25 COPAY \$100 FRAME ALLOW \$120 CONTACT ALLOW

If you use an IN-NETWORK Provider (member cost):

- Exam/Lens/Contact Lens Frequency (Every 12 months)
- Exam with Dilation \$10
- Retinol Imaging Up to \$39
- Contact lens exam options:
  - Standard contact lens fit and follow-up Up to \$40
  - Premium contact lens fit and follow-up 10% off retail
- Frames \$100 allowance; 20% off balance over \$100
- Standard plastic lenses (single, bifocal/trifocal/lenticular \$25
- Covered lens options:
  - UV coating, Tint (solid and gradient), Standard scratch-resistance \$15
  - Standard polycarbonate - adults, children <19 \$40
  - Standard anti-reflective coating \$45
  - Premium anti-reflective coating: Tiers 1 \$57, 2 \$68, & 3 80% of charge
  - Standard progressive (add-on to bifocal) \$25
  - Premium progressive: Tiers 1 \$110, 2 \$120, 3 \$135, & 4 \$90 copay, 80% of charge less \$120 allowance
  - Photochromatic/plastic transitions \$75/Polarized 20% off retail
- Contact Lens (applies to materials only):
- Conventional \$120 allowance, 15% off balance over \$120
- Disposable \$120 allowance
- Medically necessary \$0
- Diabetic Eye Care \$0:
  - Examination - Up to (2) services per year
  - Retinal Imaging - Up to (2) services per year
  - Extended Ophthalmoscopy - Up to (2) services per year
  - Gonioscopy - Up to (2) services per year
  - Scanning Laser - Up to (2) services per year

(See Plan Summary for Out-of-Network Costs).



## 2024-25 VOLUNTARY BENEFITS

### HOSPITAL INDEMNITY (HI) - THE STANDARD

This benefit is available without enrolling in any other benefits!  
HI insurance provides a direct benefit in the event of hospitalization, regardless of treatment cost or other insurance coverage.

#### Plan 1

Critical Care Confinement Benefit - \$50/day  
Daily Hospital Confinement Benefit - \$150/day  
Hospital Admission Benefit - \$500/calendar yr

#### Plan 1

#### Monthly Premium

Employee Only	\$10.05
Employee & Spouse	\$17.13
Employee and Child(ren)	\$14.34
Employee and Family	\$25.29

#### Plan 2

Critical Care Confinement Benefit - \$50/day  
Daily Hospital Confinement Benefit - \$250/day  
Hospital Admission Benefit - \$1,000/ calendar yr

#### Plan 2

#### Monthly Premium

Employee Only	\$17.50
Employee & Spouse	\$29.75
Employee and Child(ren)	\$24.80
Employee and Family	\$43.90

#### Plan 3

Critical Care Confinement Benefit - \$50/day  
Daily Hospital Confinement Benefit - \$350/day  
Hospital Admission Benefit - \$1,500/ calendar yr

#### Plan 3

#### Monthly Premium

Employee Only	\$24.99
Employee & Spouse	\$42.28
Employee and Child(ren)	\$35.21
Employee and Family	\$62.58

### MEDICAL GAP INSURANCE - CHUBB LIFE

GAP TIER	AGE 39 & UNDER	AGE 40-49	AGE 50 & OVER
Employee Only	\$25.14	\$32.45	\$68.06
Employee & Spouse	\$46.20	\$59.63	\$125.02
Employee & Child(ren)	\$61.60	\$77.37	\$119.95
Employee & Family	\$82.10	\$100.52	\$175.45

This plan is designed to reduce your out-of-pocket expenses for hospitalization and listed outpatient services such as surgery.

- Plan pays up to \$2,000 towards inpatient charges per covered individual, per plan year.
- Plan pays up to \$1,000 towards outpatient charges up to 3 times per plan year.

The GAP plan is not available if you are contributing to an HSA.

## 2024-25 VOLUNTARY BENEFITS

### HEALTH SAVINGS ACCOUNT (HSA)

#### Gulf Coast Educator's Credit Union

- The maximum annual contributionAmount for **calendar year 2024** is **\$4,150** individually, and **\$8,300** for family.
- The maximum annual contributionAmount for calendar year 2025 is \$4,300 individually, and **\$8,550** for family.
- **Did you know:** If you're **55 or older** at the end of the year, you can put in an extra \$1,000 in "catch up" contributions.
- You do not need a qualifying event to make changes to your HSA account outside of the annual enrollment period. You can start, change or stop contributions at anytime throughout the plan year, by notifying the Benefits Team at [benefits@pearlandisd.org](mailto:benefits@pearlandisd.org).

### EMPLOYEE FAQ - HEALTH SAVINGS ACCOUNTS

#### What is a Health Savings Account (HSA)?

An HSA is a tax exempt savings account that you can use to pay for qualified medical expenses, such as your deductible, co-payments for medical care and prescription drugs, or vision and dental care bills. To qualify for an HSA, you must be enrolled in a High Deductible Health Plan (HDHP).

#### How does an HSA work?

Every pay period, you will have a small portion of your check deposited into your HSA pre-tax. You can use your HSA debit card to purchase and pay for any qualified expenses.

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

You can use your HSA debit card anywhere that accepts VISA. You are responsible for ensuring that your purchase is a qualified medical expense.



GULF COAST EDUCATORS FCU  
HSA VISA® DEBIT CARD

#### What happens if I make a purchase with my HSA debit 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% IRS penalty tax (unless the distribution is because of death or disability).

#### What are qualified medical expenses?

Health plan deductibles, co-payments for medical care and prescription drugs, or vision and dental care bills. You can view the full list of qualified medical expenses by visiting the IRS' website and viewing Publication 502.

#### What happens to the funds I don't use in my HSA at the end of the year?

The money that is contributed to your HSA continually rolls over every year and any dividends earned are also tax free.

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

You can check your balance by logging in to your online banking portal, through your GCEFCU mobile app, or by calling us at 281-487-9333.

#### Am I eligible for an HSA?

You are eligible for an HSA if you meet all of the following criteria:

1. You are covered under a High Deductible Health Plan
2. You are not covered under a secondary health plan that is not an HDHP
3. You are not enrolled in Medicare and have not received VA medical benefits within the last three months
4. You are not eligible to be claimed as a dependent on another person's tax return.

#### How much can I contribute to my HSA?

You can make as many pre-tax contributions to your HSA as you'd like, as long as you don't exceed the annual limit set by the IRS. The current year's limits are displayed in the table below.

### LIMITS & CONTRIBUTIONS

These limits are subject to cost of living adjustments.

#### Minimum Annual HDHP Deductible

	2024	2025
Individual Coverage	\$1,600	\$1,650
Family Coverage	\$3,200	\$3,300

#### Maximum HDHP Out of Pocket Expenses

	2024	2025
Individual Coverage	\$8,050	\$8,300
Family Coverage	\$16,100	\$16,600

#### Maximum HSA Contribution Limits

	2024	2025
Individual Coverage	\$4,150	\$4,300
Family Coverage	\$8,300	\$8,550
For individuals 55+ years old, add \$1,000.		

For more information, please call

**281-487-9333**



**Gulf Coast Educators**  
FEDERAL CREDIT UNION

281.487.9333 | [www.texaseducatorshsa.com](http://www.texaseducatorshsa.com)

Limits shown above are from the IRS' contribution limits and are subject to annual cost-of-living & pro-rated adjustments. Gulf Coast Educators Federal Credit Union is federally insured by the NCUA. Funds transferred from GCEFCU to myHSA investments are not federally insured by the NCUA. GCEFCU does not charge any monthly fees, but myHSA investments may charge a fee on funds that are invested. Please consult with a licensed investment advisor for any investment related questions. 5/24



## 2024-25 VOLUNTARY BENEFITS

### FLEXIBLE SPENDING ACCOUNT (FSA) OPTUM/CONNECT YOUR CARE

Flexible Spending Accounts are pre-tax, payroll deductions for healthcare reimbursement and/or Dependent Care reimbursement plans, which do NOT rollover from year to year. Learn more about FSAs: [www.connectyourcare.com](http://www.connectyourcare.com)

#### **FSA - MEDICAL**

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Non-covered expenses apply to all dependent family members even if not covered by a particular insurance plan. The maximum contribution amount for calendar year 2024 is **\$3,200** - this amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside for the employee in a special account. A MasterCard debit card will be issued to you to pay for most expenses incurred. Please visit [www.connectyourcare.com](http://www.connectyourcare.com) for a list of eligible expenses.

**FSA Rules & Regulations** • The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, we will request itemized receipts.  **Always save your itemized receipts!** 

#### **FSA - DEPENDENT CARE**

This account is an alternative to the Dependent Care Tax Credit and covers dependent and certain elder care expenses while you are at work (special requirements apply). If you work and have children, a disabled spouse, or qualifying dependent parents, you know how important it is to have reliable and affordable care for them while you are at work. A Dependent Care Account allows you to pay for these expenses and get a tax break at the same time. Expenses must be for qualifying dependents. See IRS Publication 503 child and dependent Care Expenses. Typical expenses under this account include charges for day care, nursery school, and certain elder care (unless it is for medical care) for your legal dependents. See the list of Eligible Expenses included in this guide for more details on the district website.

The annual election amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside in a special account for the employee. As expenses are incurred, the employee submits a claim and the money is reimbursed to the employee from the employee's account as the monies come in from each paycheck. The IRS does not allow the Dependent Care Account (DCA) to be pre-funded. Where accepted, the debit card may be used for payment of dependent care expenses. The maximum annual election amount is **\$5,000** per household.

Please visit [www.connectyourcare.com](http://www.connectyourcare.com) for a list of eligible expenses or the district webpage for additional FSA details. **\*There is no debit card with this account and it is not front-loaded like the FSA medical plan.**





2024-25 VOLUNTARY BENEFITS

Comparing HSAs and FSAs

Comparing HSAs and FSAs

Health Savings Account	VS	Flex Spending Account
Eligibility Requirements		
Must be enrolled in HDHP. Cannot be enrolled in additional non-HDHPs or Medicare.	Qualifications	None
High Deductible Health Plan (HDHP)	Health Plan	Any
Contributions		
Individual Coverage: \$4,150 Family Coverage: \$8,300	Contribution Limit	\$3,200
Individuals age 55 or older may make an additional \$1,000 in contributions each year.	Catch-Up Contributions	Not allowed
Contribution amounts can be changed at any time.	Changing Contributions	Contribution amounts can only be adjusted during open enrollment or due to a qualifying life event.
You can make additional contributions at any time, up to your yearly contribution limit.	Additional Contributions	Not allowed
Contributions are tax-free.	Effect on Taxes	Contributions are tax-free.
Yes	Do I earn dividends?	No
You can make invest your HSA dollars to earn even more money on your tax-free contributions.	Investment Options	No investment options allowed.
Account Flexibility		
Yes! Any unused funds in your HSA rolls over each year.	Does my money rollover?	FSAs have a "use it or lose it" policy. Any funds not used by the end of your plan year are forfeited.
You own your HSA. If you ever leave the district, your HSA funds & dividends accrued are yours to take with you.	Account Ownership	Your FSA is owned by the district. If you change employment you will forfeit your FSA & the funds contributed.
Funds are available as contributions are made.	Availability of Funds	Your full election amount is available on the first day of the plan year.
Unused HSA funds that you have saved, as well as dividends earned & invested, may be withdrawn after age 65.	Retirement	Your FSA is owned by the district. Once you retire, your FSA is closed.
Using Your Funds		
HSA funds may be used for deductibles, medical co-payments, prescription drugs, vision & dental bills.	Qualified Expenses	FSA funds may be used for deductibles, medical co-payments, prescription drugs, vision & dental bills.
Non-medical expenses before age 65 are subject to a 20% penalty & must be reported on your taxes.	Non Medical Expenses	No access to funds for non-medical reasons.
HSA Debit Card	Paying Expenses	FSA Debit Card or Claim Form

## 2024-25 VOLUNTARY BENEFITS

### DISABILITY – THE STANDARD

Disability insurance helps to supplement your salary if you become disabled.

Disability insurance is designed to protect your salary, up to 66%, should you become disabled as a result of a covered accident or illness. The plan has various waiting periods depending on your own personal needs. Coverage is guaranteed issue and requires no medical underwriting.

- Coverage is available in increments of \$100 from \$200 to \$8,000.
- Benefits are paid year round, regardless of employees summer or holiday breaks,
- Maternity is covered the same as illness.
- Benefits are payable regardless if the employee continues to receive paychecks from the district.

Benefit Waiting Period	Monthly Premium Per/\$200
14	\$2.34
30	\$2.10
90	\$1.22
180	\$0.94

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

**1ST DAY HOSPITAL BENEFIT:** If you are hospitalized on the first date of disability for at least 4 hours, charged room & board, and have elected 14 or 30 day period, benefits are payable on the first day of hospitalization.

**PRE EXISTING CONDITION WAIVER:** Benefits may be paid up to 90 days even if you have a preexisting condition on elections of \$300 or more, and have elected the 14 or 30 day period. See preexisting condition exclusion and waiver for more information.

#### Changes In Insurance

If you are insured and elect to make a change in your insurance, you may apply for a change only during the Annual Enrollment Period. You must apply in writing for any elective increase or decrease in your insurance.

**1. Increases** - Insurance Increases mean an elective increase in the amount your LTD Benefit, decrease in the length of your Benefit Waiting Period and increase in your Maximum Benefit Period.

The Preexisting Condition Limitation will apply to your elected Insurance Increases described below:

**A. Your LTD Benefit will be subject to the Preexisting Condition Limitation if you elect:**

1. An increase of more than \$300 in the amount of your LTD Benefit;
2. A decrease of more than one level in the length of your Benefit Waiting Period; or
3. An increase in the length of your Maximum Benefit Period.

**B. Your eligibility for First Day Hospital Benefit will be subject to the Preexisting Condition Limitation if you elect a decrease of more than one level in your Benefit Waiting Period and that change adds First Day Hospital Benefit to your insurance.**

**2. Decreases** - Insurance Decreases mean an elective decrease in the amount your LTD Benefit, increase in the length of your Benefit Waiting Period, or decrease in your Maximum Benefit Period.

### CANCER – COLONIAL

Two different coverage levels (Low and High) are available to cover your individual and family needs.

Cancer insurance is designed to provide supplemental insurance that pays for many of the costs not covered by your major medical plan and it pays in addition to other coverage you may have.

Benefits are payable for:

- Cancer Screening/Wellness Test Benefit
- Inpatient Benefits
- Treatment Benefits
- Transportation/Lodging Benefit

Low Cancer	Monthly Premium
Employee Only	\$10.70
Employee & Spouse	\$17.85
Employee and Child(ren)	\$17.85
Employee and Family	\$17.85

High Cancer	Monthly Premium
Employee Only	\$22.55
Employee & Spouse	\$37.50
Employee and Child(ren)	\$37.50
Employee and Family	\$37.50

## 2024-25 VOLUNTARY BENEFITS

### CRITICAL ILLNESS – LINCOLN

Critical Illness insurance provides cash benefits if you or a covered family member are diagnosed with a critical illness or event while insured under this plan.

Premiums shown are non-tobacco rates.

#### Critical Illness helps cover expenses for:

- Heart Attack
- Stroke
- Invasive Cancer
- Major Organ Failure
- Arterial/Vascular Disease
- Transplant
- End Stage Renal Failure
- Benign Brain Tumor
- ALS/Alzheimer
- Advanced MS
- Advanced Parkinsons
- Traumatic Brain Injury
- Severe Burns
- Permanent Paralysis
- Additional Childhood Conditions

Employee Age Range	\$10,000	\$20,000	\$30,000
17-19	\$3.85	\$7.70	\$11.55
20-29	\$3.85	\$7.70	\$11.55
30-39	\$6.21	\$12.42	\$18.63
40-49	\$12.69	\$25.38	\$38.07
50-59	\$25.26	\$50.52	\$75.78
60-69	\$46.34	\$92.68	\$139.02
70-99	\$111.10	\$222.20	\$333.30

Spouse Age Range	\$5,000	\$10,000	\$15,000
17-19	\$1.93	\$3.85	\$5.78
20-29	\$1.93	\$3.85	\$5.78
30-39	\$3.11	\$6.21	\$9.32
40-49	\$6.35	\$12.69	\$19.04
50-59	\$12.63	\$25.26	\$37.89
60-69	\$23.17	\$46.34	\$69.51
70-99	\$55.55	\$111.10	\$166.65

Critical Illness benefits are paid out in a lump sum.

- No waiting periods
- Coverage is guaranteed issue
- Premium will not increase due to aging up

Child(ren) Age Range	\$2,500	\$5,000	\$10,000
0-26	\$1.33	\$2.66	\$5.32

Please click [HERE](#) for tobacco-user rates.

### ACCIDENT – LINCOLN

Accident insurance provides cash benefits if you or a covered family member is accidentally injured.

ACCIDENT	MONTHLY PREMIUM
EMPLOYEE ONLY	\$14.57
EMPLOYEE & SPOUSE	\$24.25
EMPLOYEE AND CHILD(REN)	\$26.65
EMPLOYEE AND FAMILY	\$36.12

Accident Insurance helps cover expenses for:

- Emergency Treatment
- Fractures and Dislocations
- Hospital and Ongoing Care
- New Child Sports Injury Benefit & many more expenses!

Accident benefits are paid out per the schedule of benefits. See plan summary for additional details.

## 2024-2025 VOLUNTARY BENEFITS

### Voluntary Term Life Insurance and Accidental Death & Dismemberment (AD&D) - Lincoln Financial

Pearland ISD provides \$20,000 Basic Group Term Life Insurance to all full-time, active employees at no cost.

Voluntary Term Life is also available to all full-time, active employees in increments of \$10,000 with a maximum of \$500,000 for employee (up to 5X employee salary), \$250,000 for spouse, and \$10,000 for children.

Guarantee Issue is offered to all new employees and eligible dependents (no health questions.) However, if you choose not to enroll in coverage the first year of eligibility, or request to increase coverage more than 2 increment levels, you will need to medically qualify during subsequent enrollments.

- New employees have a guaranteed issue amount up to \$200,000, or 5 times their salary.
- Spouses have a guaranteed issue amount of \$50,000, not to exceed half the employee's coverage amount

Employee Age Range	Monthly Premium Per/\$1,000
<25	\$0.052
25-29	\$0.078
30-34	\$0.104
35-39	\$0.104
40-44	\$0.104
45-49	\$0.156
50-54	\$0.286
55-59	\$0.546
60-64	\$0.780
65-69	\$1.352

Spouse Age Range	Monthly Premium Per/\$1,000
<25	\$0.052
25-29	\$0.078
30-34	\$0.104
35-39	\$0.104
40-44	\$0.130
45-49	\$0.234
50-54	\$0.416
55-59	\$0.728
60-64	\$1.092
65-69	\$1.794

Child(ren) AgeRange	\$2,500	\$5,000	\$10,000
0-26	\$1.33	\$2.66	\$5.32

**Accidental Death & Dismemberment (AD&D)** coverage can be added to term life coverage, or elected separately, for employee and any dependents. Monthly premiums are \$0.026/per \$1,000 of coverage for each covered individual.

- During annual enrollment, employees may increase coverage by \$20,000 and spouses by \$10,000, without answering the EOI health questions, and not to exceed plan maximums.

### PERMANENT LIFE WITH LONG TERM CARE - CHUBB LIFE

Permanent life insurance offers coverage with locked in premiums guaranteed for life.

Employees have the opportunity to purchase individual permanent life insurance with long term care coverage for employee, spouse, and children.

- If you were grandfathered in the Texas Life plan, please reach out to Texas Life. You will continue to be deducted unless you cancel or change your policy(ies) with them directly.

- Plan is portable with locked rates.
- Guaranteed acceptance for Life Insurance and Long Term Care insurance.
- Long term coverage worth 3X your death benefit
- Automatically restores 50% of death benefit if you use the Long Term Care benefits
- Earns Paid-Up Insurance
- Death benefit and Long Term Care benefit is fully paid prior to age 100.

- Please review the plan summaries at [www.pearlandisd.org](http://www.pearlandisd.org) for additional information.

NEW PLAN  
OFFERINGS

## 2024-25 VOLUNTARY BENEFITS

### VIRTUAL CARE – 1.800MD

**1.800MD** offers 24/7 access to Board-Certified physicians either on a phone call or video. Physicians can diagnose many common non-emergency condition symptoms, recommend treatment options and prescribe medication when medically appropriate for you and your dependents. Tele-behavioral clinicians can provide assessment, diagnosis, consultation, and psychotherapy to address behavioral health needs via live interactive videoconferencing.

**\*This is not, nor is it in lieu of, health insurance.\***

#### Common Urgent Care Conditions

- Cold & Flu Symptoms
- Allergies
- Respiratory Infection
- Sinus Problems
- Bronchitis
- Pink Eye
- Skin Problems
- Earaches
- Urinary Tract Infections

#### Common Behavior Health Conditions

- Depression
- Relationship Issues
- Stress & Anxiety
- Parenting Issues
- Grief and Loss
- Substance Abuse

\*This is not a complete list of treated conditions\*

#### Virtual Urgent Care Services Only

Employee & Dependents  
Monthly Premium: \$5

Includes unlimited visits  
and a \$0 copay!

#### Virtual Urgent/Behavioral Health Care Services

Employee & Dependents  
Monthly Premium: \$12

Includes unlimited visits &  
\$0 copay!

Please review the plan summaries at [www.pearlandisd.org](http://www.pearlandisd.org) for additional information.

# 2024-25 VOLUNTARY BENEFITS

## MEDICAL TRANSPORT SERVICES - MASA

Two different medical emergency transport plans are available to cover you and your family.

The Medical Transport Services plan provides access to vital emergency medical transportation for a low monthly cost.

- One low fee for peace of mind for emergent transport costs
- No deductibles
- Easy claim process
- No health questions
- Coverage available for spouses/domestic partners and dependents up to age 26.

### EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DONOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



### HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.

MASA Medical Transport Solutions  
Any Ground. Any Air.  
Anywhere.™

### OUR BENEFITS

Benefit*	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Morial Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

EVERY FAMILY DESERVES A MASA MEMBERSHIP

## LEGAL PLAN - LEGAL ACCESS

This coverage offers you and your family access to a network of legal services and attorneys.

Covers every member of the household for \$14 a month!

This plans covers such as:

- adoption
- bankruptcy
- living will
- consumer fraud
- contracts
- small claims assistance
- trusts
- criminal misdemeanor
- contested divorce
- traffic tickets

Please review the plan summaries at [www.pearlandisd.org](http://www.pearlandisd.org) for additional information.



# 2024-2025 VOLUNTARY BENEFITS



## IDENTITY GUARD – AURA

For a low monthly cost, Identity Guard benefit plan provides privacy and identity protection to keep you and your family safe from online harm.

### Features included in ALL Aura Identity Guard Plans:

#### COMPREHENSIVE IDENTITY PROTECTION PROACTIVE DEVICE & PRIVACY PROTECTION

- Safe browsing: Anti-ransomware & anti-malware
- SIM insurance with stolen funds reimbursement
- 401k & HSA reimbursement
- Compromised credentials
- Auto-on monitoring
- High-risk transaction monitoring
- Bank account transaction monitoring
- Address monitoring
- Criminal record monitoring
- Fictitious identity monitoring
- Home title monitoring
- Sex offender monitoring
- Dark web monitoring
- Human-sourced intelligence
- Lost Wallet protection
- Risk Management score
- 1-Bureau credit monitoring
- Monthly credit score
- Credit score tracker
- Security freeze assistance
- Near real-time alerts
- Student loan activity alerts.
- BEST-IN-CLASS CUSTOMER CARE
- U.S.-based customer care
- End-to-end remediation
- Online identity dashboard
- Mobile App

### Additional features in Aura's Identity Guard Ultimate Plan:

- PROACTIVE DEVICE & PRIVACY PROTECTION
  - Device/cookie tracking protection
  - E-mail solicitation/junk mail prevention
  - Data broker list monitoring/removal
  - Social insight report
- COMPREHENSIVE IDENTITY PROTECTION
  - Credit card monitoring
  - Debit card monitoring
- POWERFUL FINANCIAL TOOLS
  - Up to 3-Bureau Credit monitoring
  - Up to 3-Bureau annual credit report

### MONTHLY PREMIUMS

PLAN	INDIVIDUAL	FAMILY
TOTAL	\$7.90	\$13.90
PREMIER	\$9.85	\$17.85
ULTIMATE	\$10.85	\$19.85



Please review the plan summaries at [www.pearlandisd.org](http://www.pearlandisd.org) for additional information.





## 2024-25 DISTRICT-PAID BENEFIT

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

### WHAT IS EAP?

At some point, we all need help coping or making difficult decisions.

The Employee Assistance Program makes it easy to access support, guidance, and resources.

Health Advocate provides the EAP services. Their professionals can help with referrals to support groups, a network counselor, community resources or your health plan. If necessary, their professionals can connect you to emergency services.

**You and your dependents (including children up to age 25) and all household members can contact clinician's 24/7 by phone, online, live chat, e-mail, and text. There's even a mobile EAP app.**

The EAP plan includes up to six face-to-face assessment and counseling sessions.

**EAP services can help with:**

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will and other legal document preparation

**WorkLife Services** provides expert, multilingual telephonic and internet-based consultations and referrals for:

- Child care services
- Elder care services
- Health and wellness
- Emotional and well-being
- Daily living resources, relocation and community volunteering

**CONTACT EAP/  
THE HEALTH ADVOCATE:**

24 hours a day, 7 days a week

**877.851.1631**

[WWW.HEALTHADVOCATE.COM/STANDARD6](http://WWW.HEALTHADVOCATE.COM/STANDARD6)



**Services  
are  
100%  
confidential.**

PLAN AHEAD: YOUR FUTURE DEPENDS ON IT!  
RETIREMENT & INVESTING

403(B) ROTH, 403(B) & 457 RETIREMENT PLANS



**What is the #1 Biggest Regret from Retirees:  
They didn't start saving sooner!**



These voluntary retirement plans  
help supplement your TRS and/or  
Social Security retirement.

**What is a 403(b) Retirement Account?**

A 403(b) plan is a voluntary plan offered by public education organizations to their employees to help support retirement savings. It has tax treatment similar to a 401(k) plan. Employee salary deferrals into a 403(b) plan are made before income tax is paid and allowed to grow tax-deferred until the money is taxed as income when withdrawn from the plan. 403(b) plans are also referred to as tax-sheltered annuity.

**What is a Roth 403(b) Retirement Account?**

A Roth 403(b) plan is a tax-advantaged retirement savings account that blends features of a Roth IRA and a traditional 403(b). Offered by employers, this plan allows employees to contribute with after-tax dollars. In retirement, withdrawals from a Roth 403(b) are tax-free. Additionally, older employees can take advantage of catch-up contributions.

**What is a 457 Retirement Account?**

The 457 plan is a type of deferred compensation retirement plan that is available for governmental employers. For the most part the plan operates similar to a 401k & 403b, the key difference is that there is no penalty for withdrawal before the age of 59½ (but subject to income tax) and separation of service.

Sample of Future Retirement Savings Value Assuming 6% Yield on Investment			
Monthly Contributions	5 Years	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

**Maximum Allowable Contribution Limit Calendar Year 2024:**

- The normal calendar year limit for 403(b), Roth 403(b) and 457(b) plans increased by \$500 to \$23,000 for 2024.
- The age-based additional Amount (age 50 by 12/31/2024) will remain \$7,500, which will permit employees aged 50 or older in 2024 to contribute up to \$30,500.



403(B), ROTH 403(B) & 457 RETIREMENT PLANS

Who is OMNI?

OMNI is a third-party administrator (TPA) of 403(b), Roth 403(b) & 457(b) plans. We work with the district to help ensure compliance with IRS regulations governing the operation of 403(b) Roth 403(b) 457(b) plans. OMNI also helps the district remit 403(b) Roth 403(b) 457(b) contributions to participating investment providers. OMNI is NOT an investment company/investment provider- we do not offer and cannot recommend any specific investment vehicle.

Where to start:

- 1) Contact a participating 403(b) Roth 403(b) 457(b) investment provider to establish your investment account.
- 2) After working with your investment provider to establish your account and select investment vehicles, you will then need to complete an OMNI Salary Reduction Agreement (SRA) to initiate your deductions.
- 3) After your account has been setup, your contributions will be deducted via payroll, pre- taxed.
- 4) Plan details can be found on the 403(b), Roth 403(b) & 457 Retirement Savings Plans page, of the district's website or at [www.omni403b.com](http://www.omni403b.com).
- 5) To speak or meet with a district representative, contact either:  
**Brian Hart** at (817) 745-4597 or [bhart@inspirefg.com](mailto:bhart@inspirefg.com)  
**Edgar Torres** at (512) 229-6700 or [edgar@bloomfinservices.com](mailto:edgar@bloomfinservices.com)

The Take-Home Advantage

	Without 403(b)	With 403(b)
ANNUALIZED GROSS PAY	\$35,000	\$35,000
403(b)	0.00	-1,750
Taxable Pay	35,000	33,250
Federal Income Tax (27%)	-9,450	-8,978
Medicare Tax (1.45%)	-508	-508
Conventional Saving Account	-1,750	0.00
NET TAKE-HOME PAY	\$23,292	\$23,764



ANNUALIZED SAVINGS: \$472



U.S. EMPLOYEE BENEFITS SERVICES GROUP - USEBSG



U.S. Employee Benefits Service Group (USEBSG) is the nation’s leading independent provider and administrator of employer-sponsored benefits and retirement plans in the school district marketplace. We serve over 400 ISDs in Texas and are endorsed by TACS.

Our focus is on developing comprehensive programs providing affordable solutions for benefits, online enrollment and retirement plan needs. We have 25 years of experience and over 1,000,000 clients across the nation.



Please visit the Human Resource Services Benefits Page for plan summaries and additional information on all benefit plans at [www.pearlandisd.org](http://www.pearlandisd.org)





# INSURANCE CARRIER CONTACT INFORMATION

BENEFIT	VENDOR	PHONE	WEBSITE
Medical	TRS Active Care - BCBS	1.866.355.5999	<a href="http://www.bcbstx.com/trsactive">www.bcbstx.com/trsactive</a>
Dental	HUMANA	1.800.448.6262	<a href="http://www.humana.com">www.humana.com</a>
Vision	HUMANA	1.800.448.6262	<a href="http://www.humana.com">www.humana.com</a>
Accident	Lincoln Financial	1.800.423.2765	<a href="http://www.lfg.com">www.lfg.com</a>
Cancer	Colonial Life	1.800.325.4368	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Critical Illness	Lincoln Financial	1.800.423.2765	<a href="http://www.lfg.com">www.lfg.com</a>
Disability	The Standard	1.800.368.1135	<a href="http://www.standard.com">www.standard.com</a>
Emergency Medical Transport - MASA	MASA	1.877.503.0585	<a href="http://www.masamts.com">www.masamts.com</a>
Employee Assistance Program - EAP	The Health Advocates	1.877.851.1631	<a href="http://www.healthadvocate.com/standard6">www.healthadvocate.com/standard6</a>
Flexible Spending Account	Optum/Connect Your Care	1.877.292.4040	<a href="http://www.connectyourcare.com">www.connectyourcare.com</a>
GAP	Chubb	1.800.241.9891	<a href="http://www.chubb.com/us-en">www.chubb.com/us-en</a>
Health Savings Account	Gulf Coast Educators Credit Union	281.487.9333	<a href="http://www.gcefcu.org">www.gcefcu.org</a>
Hospital Indemnity	The Standard	1.800.368.1135	<a href="http://www.standard.com">www.standard.com</a>
Legal	Legal Access Plan	713.785.7400	<a href="http://www.legaleaseplan.com">www.legaleaseplan.com</a>
Permanent Life	Chubb	1.800.241.9891	<a href="http://www.chubb.com/us-en">www.chubb.com/us-en</a>
Voluntary Life and AD&D	Lincoln Financial	1.800.423.2765	<a href="http://www.lfg.com">www.lfg.com</a>
403(b) & 457	OMNI Financial	1.877.544.6664	<a href="http://www.omni403b.com">www.omni403b.com</a>
Identity Guard	AURA	1.855.443.7748	<a href="http://www.identityguard.com">www.identityguard.com</a>
Virtual Urgent/Behavioral Care	1.800 MD	1.800.530.8666	<a href="http://www.1800MD.com">www.1800MD.com</a>