

2024-25

# BENEFITS GUIDE

for Spring Branch ISD employees



SPRING BRANCH INDEPENDENT SCHOOL DISTRICT

Live Life Well!

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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](mailto:benefits@springbranchisd.com).

## General Inquiries

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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, 2024), your benefits become effective **September 1, 2024**.

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, 2024 through August 31, 2025) 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](http://www.mybenefitshub.com/springbranchisd) and click the **Employee Login** link. This will take you to the login screen. Enter your Information:

- Last Name
- Date of Birth
- Last Four (4) of Social Security Number

Once confirmed, the Additional Security Verifications page will list the contact options from your profile. Select either **Text, Email, Call, or Ask Admin** options to receive a code to complete the final verification step.

Enter the code that you receive and click **Verify**. You can now complete your benefits enrollment!

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.
- **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](mailto:benefits@springbranchisd.com).

# Employee Menu

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



**Employee Information:** Access and edit information by selecting the menu items under Personal Information.



**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.



**Benefit 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 **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**.)

# 2024-2025 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
<b>Annual Deductible</b> • Employee Only • Family	\$2,500 \$5,000	\$3,200 \$6,400	\$6,400 \$12,800
<b>Coinsurance (You Pay)</b>	30% after deductible	30% after deductible	50% after deductible
<b>Annual Out-of-Pocket Maximum</b> • Employee Only • Family	\$8,050 \$16,100	\$8,050 \$16,100	\$20,250 \$40,500
<b>Preventive Care</b>	Plan pays 100%	Plan pays 100%	
<b>Primary Care Provider (PCP) Required</b>	Yes	No	
<b>Primary Care Provider (PCP)</b>	\$30 copay	30% after deductible	50% after deductible
<b>Specialist</b>	\$70 copay	30% after deductible	50% after deductible
<b>TRS Virtual Health-RediMD</b>	\$0 per consultation	\$30 per consultation	
<b>Urgent Care</b>	\$50 copay	30% after deductible	50% after deductible
<b>Emergency Room</b>	30% after deductible	30% after deductible	
<b>PRESCRIPTION DRUG</b>			
<b>Drug Deductible</b>	Integrated with medical	Integrated with medical	
<b>Generic</b> • 31-day supply • 90-day supply	(\$0 for certain generics) \$15 copay \$45 copay	(\$0 for certain generics) 20% after deductible 20% after deductible	
<b>Preferred Brand</b>	30% after deductible	25% after deductible	
<b>Non-Preferred Brand</b>	50% after deductible	50% after deductible	
<b>Specialty (31-Day Max)</b>	\$0 if SaveOnSp eligible; 30% after deductible	20% after deductible	
<b>EMPLOYEE RATES – PER PAYCHECK</b>			
<b>Employee Only</b>	\$51.00	\$51.50	
<b>Employee + Spouse</b>	\$331.00	\$348.00	
<b>Employee + Child(ren)</b>	\$216.00	\$227.00	
<b>Employee + Family</b>	\$469.00	\$487.00	
<b>Employee + Family (both SBISD)</b>	\$379.00	\$398.00	

**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
<b>Annual Deductible</b> • Employee Only • Family	\$1,200 \$2,400	\$1,000 \$3,000	\$2,000 \$6,000
<b>Coinsurance (You Pay)</b>	20% after deductible	20% after deductible	40% after deductible
<b>Annual Out-of-Pocket Maximum</b> • Employee Only • Family	\$6,900 \$13,800	\$7,900 \$15,800	\$23,700 \$47,400
<b>Preventive Care</b>	Plan pays 100%	Plan pays 100%	
<b>Primary Care Provider (PCP) Required</b>	Yes	No	
<b>Primary Care Provider (PCP)</b>	\$15 copay	\$30 copay	40% after deductible
<b>Specialist</b>	\$70 copay	\$70 copay	40% after deductible
<b>TRS Virtual Health-RediMD</b>	\$0 per consultation	\$0 per consultation	
<b>Urgent Care</b>	\$50 copay	\$50 copay	40% after deductible
<b>Emergency Room</b>	20% after deductible	\$250 copay + 20% after deductible	
<b>PRESCRIPTION DRUG</b>			
<b>Drug Deductible</b>	\$200 brand deductible	\$200 brand deductible	
<b>Generic (You Pay)</b> • 31-day supply • 90-day supply	\$15 copay \$45 copay	\$20 copay \$45 copay	
<b>Preferred Brand (You Pay)</b>	25% after deductible	25% after deductible (\$40 min./\$80 max.) 25% after deductible (\$105 min./\$210 max.)	
<b>Non-Preferred Brand</b>	50% after deductible	50% after deductible (\$100 min./\$200 max.) 50% after deductible (\$215 min./\$430 max.)	
<b>Specialty (31-Day Max)</b>	\$0 if SaveOnSp eligible; 30% after deductible	\$0 if SaveOnSp eligible; 30% after deductible (\$200 min./\$900 max.) No 90-day supply	
<b>EMPLOYEE RATES - PER PAYCHECK</b>			
<b>Employee Only</b>	\$129.00	\$345.00	
<b>Employee + Spouse</b>	\$516.00	\$948.00	
<b>Employee + Child(ren)</b>	\$314.00	\$614.00	
<b>Employee + Family</b>	\$646.00	\$1,202.00	
<b>Employee + Family (both SBISD)</b>	\$570.00	\$1,167.00	

**\* 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 9/1/23 thru 8/31/24)	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
<b>EMPLOYEE RATES – PER PAYCHECK</b>			
Employee Only	\$7.40	\$24.41	\$29.02
Employee + Spouse	\$13.08	\$47.73	\$56.70
Employee + Child(ren)	\$14.16	\$45.82	\$54.41
Employee + Family	\$20.94	\$65.93	\$78.35

\* 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](https://www.mycigna.com).

# Vision – VSP (Vision Service Plan)

## 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 VSP 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 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	VSP (VISION SERVICE PLAN)	
	In-Network Only	Out-of-Network Only
Examination	\$10 copay	Up to \$40
Lenses* <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul>	\$10 copay, then 100% covered \$10 copay, then 100% covered \$10 copay, then 100% covered \$10 copay, then 100% covered	Up to \$40 Up to \$60 Up to \$80 Up to \$80
Retail Frame Allowance	Up to \$150 allowance	Up to \$50
Contact Lenses** (Instead of glasses)	<b>Elective:</b> \$150 allowance; copay does not apply Exam (fitting and evaluation) - Up to \$60 copay  <b>Medically Necessary:</b> Covered in full after copay	Up to \$150 (elective) Up to \$210 (if medically necessary)
<b>EMPLOYEE RATES – PER PAYCHECK</b>		
Employee Only		\$4.13
Employee and Spouse		\$8.80
Employee and Child(ren)		\$7.05
Employee and Family		\$13.49

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

\*\* The contact lens allowance is \$150 or 6-month supply of top 20 contact lens brands (if an in-network provider is used).

For additional information, visit:

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



# 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 2024-2025 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 **\$3,200**. 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 **\$640** of unused funds from the 2024-2025 plan year into the next plan year (2025-2026) for expenses incurred September 1, 2024 through August 31, 2025. You must file your reimbursement claims by September 30, 2025. Any unused balance over **\$640** will be forfeited.

## TYPES OF FLEXIBLE SPENDING ACCOUNTS

HEALTHCARE FSA	DEPENDENT CARE FSA
<p>The <b>Healthcare (Full-Purpose) FSA</b> can be used to pay for all medical, dental, and vision care expenses.</p> <p><b>How the Plan Works</b></p> <ul style="list-style-type: none"> <li>• Estimate medical, dental, and vision expenses</li> <li>• Contribute up to <b>\$3,200</b> with pre-tax money</li> <li>• Pay healthcare provider(s) and submit a claim for reimbursement or use your FSA debit card</li> </ul>	<p>The <b>Dependent Care FSA</b> 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><b>How the Plan Works</b></p> <ul style="list-style-type: none"> <li>• Estimate daycare provider expenses</li> <li>• Contribute up to <b>\$5,000</b> (if single or married, filing taxes jointly) or <b>\$2,500</b> (if married filing separately) with pre-tax money</li> <li>• Pay daycare provider and submit a claim for reimbursement</li> </ul>

**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.

*Note: The 2024 Healthcare FSA maximum amount has increased by \$150.*

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](mailto: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 \$4,150	Up to \$8,300
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.*

## Don't have a smartphone?

Go to [www.wexinc.com](http://www.wexinc.com), hover over Solutions and select Participants/Employees. This page provides login buttons for accessing your online account, along with helpful resources like a benefits knowledge base, a link to current eligible expenses, and chat.

Download the mobile app



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

# 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, \$10,000 or \$20,000 of coverage for your dependent child(ren). Life insurance rates are shown on the chart to the right.

- 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

Any increase in coverage that exceeds the GI amounts shown would require Evidence of Insurability (EOI) for employees and/or spouses. Child coverage never requires EOI. Employees must be enrolled in supplemental life coverage to enroll dependents. If your spouse or child is eligible as an employee, they cannot be covered as your dependent. A child may be covered by only one employee if both employee and spouse work for the district.

## How Much Does Your Life Insurance Cost Per Paycheck?

Employee/Spouse Age	Rate per \$20,000
<34	\$0.46
35-39	\$0.50
40-44	\$1.00
45-49	\$1.22
50-54	\$1.84
55-59	\$2.84
60-64	\$5.30
65-69*	\$8.26*
70-74*	\$15.58*
75+*	\$22.24*
<b>Dependent Child(ren)</b>	<b>\$0.12 for \$5,000 \$0.23 for \$10,000 \$0.46 for \$20,000</b>

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

**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 – The Hartford

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 **The Hartford** 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?

	Plan A	Plan B
<b>Maximum Benefit Amount</b> (For Accident and Sickness)	Pays <b>UPTO</b> age 65	Pays <b>TWO</b> year
<b>Benefit Amount</b>	Monthly \$100 increments	Monthly \$100 increments
<b>Benefit Waiting Periods</b>		
<ul style="list-style-type: none"> <li>• 14 days</li> <li>• 30 days</li> <li>• 90 days</li> <li>• 180 days</li> </ul>	\$3.67 per \$100 up to 66-2/3% of your income \$3.47 per \$100 up to 66-2/3% of your income \$2.85 per \$100 up to 66-2/3% of your income \$2.54 per \$100 up to 66-2/3% of your income	\$1.61 per \$100 up to 66-2/3% of your income \$1.42 per \$100 up to 66-2/3% of your income \$1.07 per \$100 up to 66-2/3% of your income \$0.76 per \$100 up to 66-2/3% of your income
<b>First Day Hospital Benefit</b>		
<ul style="list-style-type: none"> <li>• 14 days</li> <li>• 30 days</li> <li>• 90 days</li> <li>• 180 days</li> </ul>	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, The Hartford 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 24 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. In some cases, a pre-existing condition maybe temporarily covered. Please refer to the plan document on the SBISD Employee Benefits Website for more details.

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 – Cigna

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. Cigna 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	
<29	\$3.90	\$6.26
30–39	\$5.22	\$8.54
40–49	\$7.42	\$12.12
50–59	\$9.60	\$15.68
60+	\$16.60	\$27.10
Low Plan		
<29	\$1.95	\$3.13
30–39	\$2.61	\$4.27
40–49	\$3.71	\$6.06
50–59	\$4.80	\$7.84
60+	\$8.30	\$13.55

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>.

# Employee Assistance Program (EAP) – The Hartford

**THIS BENEFIT IS PROVIDED AT NO COST TO YOU AND YOUR FAMILY MEMBERS.** SBISD has contracted with **The Hartford (via Ability Assist)** to provide a Employee Assistance Program (EAP) for you, your spouse and eligible dependents. The Hartford's EAP 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

## Getting Support Is Easy!

**EAP services are always confidential.** Contact the Ability Assist program 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 access over the telephone, call toll-free **1-800-95-HELPS (1-800-964-3577).**

Visit [www.guidanceresources.com](http://www.guidanceresources.com) to access hundreds of personal health topics and resources for child care, elder care, attorneys or financial planners.

**If you're a first-time user, click on the Register tab**

1. In the Organization Web ID field, enter: **HLF902**
2. In the Company Name field at the bottom of the personalization page enter: **ABILI**
3. After selecting "Ability Assist program" create your confidential user name and password.

For additional information, visit:

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

# 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 **\$23,000** for 2024
- Roth 403(b) available
- Catch-up contribution of **\$7,500** 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 **\$23,000** for 2024
- Catch-up contribution of **\$7,500** 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](http://tcgservices.com) or call 800-943-9179.**

For additional information, visit:

<https://tcgservices.com/documents/#/searchforms/sprbbraisd>.

## 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 – The Hartford

**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 **The Hartford** 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	\$4.10	\$2.45
Employee + Spouse	\$6.48	\$3.88
Employee + Child(ren)	\$7.23	\$4.30
Employee + Family	\$11.24	\$6.68

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

**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 LegalEASE. LegalEASE, is a Houston based national employee benefits company that specializes in legal benefits and an 20,000+ 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:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that will meet your needs
- In and out-of-network coverage
- Concierge help navigating common individual or family legal issues
- Home and consumer (Buying, selling, foreclosure and tenant disputes)
- Financial (Debt collection, collections, contracts)
- Auto and traffic (Traffic matters and license suspensions)
- Family (Adoption, name change)
- Estate planning and wills (Will, living will, health care power of attorney)

### COST – PER PAYCHECK

Coverage	LegalEASE Plan Only
Family LegalEASE Plan	\$7.70

For additional information, visit:

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

## Identity Monitoring – LegalEASE

**Protect your family with Identity Monitoring.**

Identity Monitoring offers valuable services to shield your family from unexpected identity theft issues.

**This extra protection offers additional resources** to help protect personal identity and information, as well as services to help deal with identity theft in case it happens. **When you enroll in the LegalEASE plan, you are eligible to purchase Identity Monitoring.**

You will have access to and include the following benefits:

- Credit Monitoring
- CyberAgent®
- Full Service Identity Restoration
- Lost Wallet
- \$1,000,000 Identity Theft Insurance
- Child Identity Monitoring

### COST – PER PAYCHECK

Coverage	LegalEASE with Identity Monitoring
Family LegalEASE with Identity Monitoring	\$8.95

*Note: You must purchase the LegalEASE Plan to access Identity Monitoring.*

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](https://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](mailto: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"> <li>Medical                             <ul style="list-style-type: none"> <li>TRs-ActiveCare</li> <li>Nurseline</li> <li>Rx Benefits</li> </ul> </li> </ul>	BCBSTX BCBSTX Express Scripts	<b>Medical:</b> 866-355-5999  <b>Prescriptions:</b> 844-367-6108	<a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a> <b>RX:</b> <a href="https://esrx.com/trsactivecare">https://esrx.com/trsactivecare</a>
<ul style="list-style-type: none"> <li>Dental</li> </ul>	Cigna	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
<ul style="list-style-type: none"> <li>Vision</li> </ul>	VSP (Vision Service Plan)	<b>Vision Customer Service:</b> 800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<ul style="list-style-type: none"> <li>Flexible Spending Accounts (FSA)</li> <li>Health Savings Account (HSA)</li> </ul>	WEX	866-451-3399 Fax: 866-451-3245	<a href="http://www.wexinc.com">www.wexinc.com</a> <b>Email:</b> <a href="mailto:customerservice@wexhealth.com">customerservice@wexhealth.com</a>
<ul style="list-style-type: none"> <li>Life Insurance and Accidental Death &amp; Dismemberment</li> </ul>	Minnesota Life/Securian	<b>Customer Care</b> 866-293-6047  <b>File a Claim</b> 888-658-0193	<a href="http://www.securian.com">www.securian.com</a>
<ul style="list-style-type: none"> <li>Disability Insurance (Policy #715286)</li> </ul>	The Hartford	866-547-9124  <b>File a Claim</b> 866-547-9124	<a href="http://www.TheHartford.com/mybenefits">www.TheHartford.com/mybenefits</a>
<ul style="list-style-type: none"> <li>Employee Assistance Program (EAP)</li> </ul>	The Hartford (via Ability Assist)	800-964-3577  <b>First Time User ID/PW:</b> HLF902/ABILI	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
<ul style="list-style-type: none"> <li>Hospital Indemnity</li> </ul>	Allstate	<b>Claims:</b> 800-937-7039  <b>Customer Care:</b> 800-521-3535	<a href="http://www.allstatebenefits.com/mybenefits">www.allstatebenefits.com/mybenefits</a>
<ul style="list-style-type: none"> <li>Accident Insurance</li> </ul>	The Hartford	866-547-4205	<a href="http://www.TheHartford.com/benefits/myclaim">www.TheHartford.com/benefits/myclaim</a>
<ul style="list-style-type: none"> <li>LegalEASE &amp; InfoArmor/ Credit Monitor</li> </ul>	LegalEASE	800-249-9000 Reference Spring Branch ISD	<a href="http://www.legaleaseplan.com/springbranch">www.legaleaseplan.com/springbranch</a>
<ul style="list-style-type: none"> <li>Group Cancer &amp; Specified Disease</li> </ul>	MetLife	800-845-7519	<b>Email:</b> <a href="mailto:claims@bbadmin.com">claims@bbadmin.com</a>
<ul style="list-style-type: none"> <li>Critical Illness</li> </ul>	Cigna	800-754-3207	<a href="http://www.SuppHealthClaims.com">www.SuppHealthClaims.com</a>
<ul style="list-style-type: none"> <li>403(b) &amp; 457(b) Retirement</li> </ul>	TCG Administrators	800-943-9179	<a href="http://www.tcgservices.com">www.tcgservices.com</a> <b>Email:</b> <a href="mailto:403b@tcgservices.com">403b@tcgservices.com</a> or <a href="mailto:457@tcgservices.com">457@tcgservices.com</a>
<ul style="list-style-type: none"> <li>COBRA (Medical)</li> </ul>	BCBSTX	833-682-8972	
<ul style="list-style-type: none"> <li>COBRA (Supplemental Insurance)</li> </ul>	WEX	866-451-3399	<b>Email:</b> <a href="mailto:cobraadmin@wexhealth.com">cobraadmin@wexhealth.com</a>
Spring Branch Benefits Department		713-464-1511	<b>Email:</b> <a href="mailto:benefits@springbranchisd.com">benefits@springbranchisd.com</a>

