



# 2024-2025 PORT NECHES-GROVES ISD BENEFITS GUIDE





# WELCOME TO YOUR EMPLOYEE BENEFITS

**Port Neches-Groves ISD** is partnering with PEC to provide a world-class benefits experience for all employees. PEC's Benefit Counselors will review your benefits with you on an individual, confidential basis, and will provide a detailed explanation of our entire benefits program.

Each year, we strive to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of our benefit plans for the **September 1st, 2024 to August 31st, 2025 Plan Year**. Please read this guidebook carefully as you prepare to make your elections for the upcoming Plan Year.

## About this Benefits Guide

This benefits guidebook describes the highlights of Port Neches-Groves ISD's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of Port Neches-Groves ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Port Neches-Groves ISD.

*Avoid making quick decisions - enroll early!*

Contact one of our Benefits Counselors at the Benefits Service Center to learn more about your benefits and complete your enrollment process by either electing, changing, or waiving benefits.

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

## Benefits Service Center: (800) 933-7565

Monday - Friday:  
8:00 AM - 7:00 PM (CST)  
Saturday:  
9:00 AM - 3:00 PM (CST)

^ See pg.4 for more information regarding your enrollment options.



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Port Neches-Groves ISD encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare. Eligible Full-Time employees have access to Port Neches-Groves ISD's comprehensive Benefit Program. Please note that any time during the plan year, Port Neches-Groves ISD may conduct audit requesting supporting documentation on all eligible dependents.

## What's new this 2024 year?

- Vision
  - New Carrier - EyeMed
- Accident & Critical Illness
  - New Plans - Lincoln Financial Group
- Long-Term Disability
  - New Carrier - New York Life Group Benefit Solutions
- LifeTime Benefit Permanent Life
  - New Carrier - Chubb
- HSA, FSA & COBRA
  - New Carrier - NBS
- ID Protector
  - New Carrier - Allstate
- Telemedicine
  - New Carrier - Recuro





# Eligibility & Enrollment

## Eligibility

If you are a **full-time Port-Neches-Groves ISD employee** who is regularly scheduled to work at least **17.5 hours per week**, you are eligible to enroll in the Port-Neches-Groves ISD's Benefits Program.

## Your Dependents

You may also enroll your dependent for coverage.

### Eligible dependents include your:

- Legal spouse or domestic partner (or common-law spouse in states which recognize common-law marriages).
- Same sex spouses who are legally married.
- Common law partners
- Children up to age 26 (includes birth children, stepchildren, legally-adopted children, common law children, children for whom legal guardianship has been awarded to you or your spouse or domestic partner).

## Making Changes During the Year

Generally, you cannot make any changes to your benefits during the year, unless you experience a Qualifying Life Event (QLE).

### Examples of QLEs include:

- Change in your legal marital status (marriage, divorce or legal separation).
- Change in the number of your dependents (e.g., through birth or adoption, or if a child is no longer an eligible dependent).
- Change in your spouse or domestic partner's employment status (resulting in a loss or gain of coverage).
- Change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility.
- Become Medicare or Medicaid eligible.

Your change in coverage **MUST** be consistent with your change in status and must be made within 30 days of the QLE. Contact Human Resources for more information or if you have a QLE.

## Benefits Effective Date

Generally, you cannot make any changes to your benefits during the year, unless you experience a Qualifying Life Event (QLE).

### Examples of QLEs include:

- **New Hires.** Your coverage begins the first of the month following your date of hire.
- **Current Employees.** Any changes you make during the annual open enrollment period will become effective on September 1st, 2024.

### The Benefits Plan Year is:

**September 1<sup>st</sup>, 2024 through August 31<sup>st</sup>, 2025.**

## Call Center Enrollment

Contact the Benefits Service Center and speak to a Benefit Counselor to learn more about your benefit options and to complete your enrollment.

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

## Benefits Service Center (800) 933-7565

Monday - Friday: 8:00 AM - 7:00 PM (CST)  
Saturday: 9:00 AM - 3:00 PM (CST)



# Medical - BlueCross BlueShield of Texas

The medical program, administered by BlueCross BlueShield of Texas (BCBS), provides the framework for your good health and well-being. In order to better meet the varying needs of our employees, Port Neches-Groves ISD is offering 4 medical plans described below.

## Terms To Know

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

Medical Plan Summary	ActiveCare Primary	ActiveCare Primary+	ActiveCare HD		ActiveCare 2	
	In-Network	In-Network	In-Network	Out of-Network	In-Network	Out of-Network
<b>Annual Deductible</b> Individual Family	\$2,500 \$5,000	\$1,200 \$2,400	\$3,200 \$6,400	\$6,400 \$12,800	\$1,000 \$3,000	\$2,000 \$6,000
<b>Coinsurance</b>	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
<b>Annual Out-of-Pocket Maximum</b> Individual Family	\$8,050 \$16,100	\$6,900 \$13,800	\$8,050 \$16,100	\$20,250 \$40,500	\$7,900 \$15,800	\$23,700 \$47,700
<b>Office Visits</b> Primary Care Specialist	\$30 copay \$70 copay	\$15 copay \$70 copay	30% after deductible 30% after deductible	50% after deductible 50% after deductible	\$30 copay \$70 copay	40% after deductible 40% after deductible
<b>Urgent Care</b>	\$50 copay	\$50 copay	30% after deductible	50% after deductible	\$50 copay	40% after deductible
<b>Emergency Room</b>	30% after deductible	20% after deductible	30% after deductible		\$250 copay + 20%	
<b>Outpatient Costs</b>	30% after deductible	20% after deductible	30% after deductible	50% after deductible	20% after deductible (\$150 facility per day maximum)	40% after deductible (\$150 facility per day maximum)
<b>Inpatient Hospital Costs</b>	30% after deductible	20% after deductible	30% after deductible	50% after deductible (\$500 facility per day maximum)	20% after deductible (\$150 facility per day maximum)	40% after deductible (\$500 facility per day maximum)

	Medical Monthly (12) Rates			
	ActiveCare Primary	ActiveCare HD	ActiveCare Primary+	ActiveCare 2
<b>Employee Only</b>	\$0.00	\$0.00	\$72.00	\$511.00
<b>Employee + Spouse</b>	\$819.00	\$854.00	\$991.00	1,900.00
<b>Employee + Child(ren)</b>	\$330.00	\$352.00	\$474.00	\$1,005.00
<b>Family</b>	\$1,161.00	\$1,205.00	\$1,393.00	\$2,339.00



# Prescription

If you enroll in one of the BlueCross BlueShield of Texas medical plans, you will automatically receive prescription drug coverage through BlueCross BlueShield of Texas. When you need prescriptions, you can purchase them through a local retail pharmacy or, for maintenance medications, through the mail order program.

We encourage you to speak to your physician about the drug that's best for you and to request less expensive prescription drugs (generic drugs). Your pharmacy technician will be able to recommend alternatives that create the same desired effect but may be more cost efficient than a name brand drug.

## Did You Know?

You can a **Personal Health Guide 24/7** to help you find the best price for a medical service.

Reach them at **1-866-355-5999**

## Mail Order Program

By choosing home delivery by Express Scripts® Pharmacy, you can get up to a 3-month supply of your long-term medications shipped right to your door.

To get started with home delivery, ask your doctor to send an electronic prescription to Express Scripts® Pharmacy or call **Express Scripts' TRS-ActiveCare Customer Support** at **(844) 367-6108**.



Prescription Drug Coverage	ActiveCare Primary	ActiveCare Primary+	ActiveCare HD	ActiveCare 2
<b>Prescription Deductible</b>	Integrated with medical	\$200 deductible per participant (brand drugs only)*	Integrated with medical	\$200 brand deductible
<b>Generics</b> (31/90-day supply)	\$15/45 copay; \$0 for certain generics**	\$15/\$45 copay	20% after deductible; \$0 for certain generics	\$20/45 copay
<b>Preferred</b>	30% after deductible	25% after deductible	25% after deductible	25% after deductible (\$40 min/\$80 max)/ 25% after deductible (\$105 min/\$210 max)
<b>Non-Preferred</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible (\$100 min/\$200 max)/ 50% after deductible (\$215 min/\$430 max)
<b>Speciality</b> (31-day max)	\$0 if SaveOnSP eligible; 30% after deductible	\$0 if SaveOnSP eligible; 30% after deductible	20% after deductible	\$0 if SaveOnSP eligible; 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of speciality medications
<b>Insulin Out-of-Pocket Costs</b>	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	25% after deductible	\$25 copay for 31-day supply; \$75 for 61-90 day supply

\* TRS-ActiveCare Primary+ ONLY: Prescription deductible only applies to brand drugs.

\*\* For both TRS-ActiveCare Primary and TRS-ActiveCare HD, there are \$0 copay for certain generic drugs.

Please Note: Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.



# Health Savings Account (HSA) - NBS - *New Carrier!*

Take charge of your health care spending with a Health Savings Account (HSA). When you elect a High Deductible Health Plan (HDHP), you can establish an HSA to help offset your out-of-pocket medical expenses (e.g., deductibles, coinsurance, prescription expenses, etc.) that you, your spouse/domestic partner and/or eligible dependent(s) incur.

## HSA Eligibility

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

- You are enrolled in a High Deductible Health Plan (HDHP);
- You are not covered by your spouse or domestic partner’s non-HDHP health plan;
- You are not eligible to be claimed as a dependent on someone else’s tax return;
- You are not enrolled in Medicare or TRICARE; and You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care (service-related care will not be taken into consideration).

## Triple Tax Savings!

You can take advantage of ‘triple tax savings’ when you open an HSA with NBS. That’s because...

- Your contributions are pre-tax (or tax deductible);
- Your account balance grows tax-free; and
- Withdrawals for qualified medical expenses are also tax-free.

## Opening Your HSA

You must elect either the Base or Buy-Up HSA plan to establish an HSA. You will then need to sign a document during the enrollment process that allows NBS to open the account on your behalf.

Once you open your HSA, you will receive a debit card, which you can use to pay for eligible expenses up to the balance in your account at the time of payment.

## Your HSA: You Own It

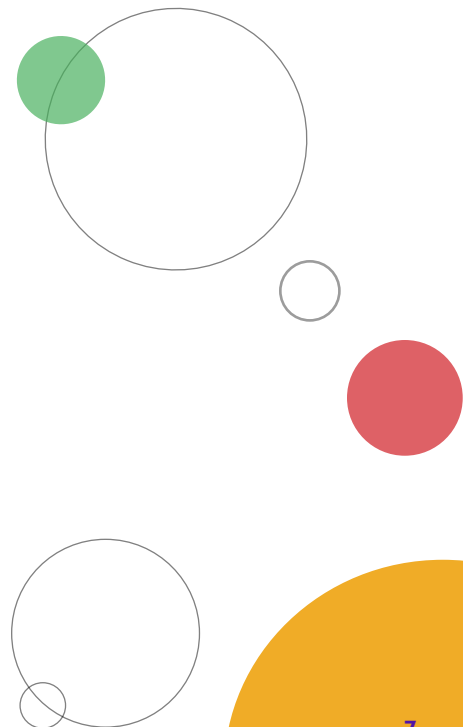
You determine how much you wish to contribute to your HSA, when to use the money to pay for qualified medical expenses, and when to reimburse yourself. An HSA allows you to save for future health care expenses and you do not have to use the balance by year end. The money in your HSA rolls over to the next year and is portable, even if you change plans or jobs.

## HSA Contributions

2024 IRS Maximum Annual Contributions	
Employee Only	\$4,150
Family	\$8,300

If you and your spouse both have HSA accounts, you must coordinate your contributions so that the combined total does not exceed the funding limits. You may be able to roll over funds from another HSA.

For more enrollment information, contact **NBS** or visit [www.nbsbenefits.com](http://www.nbsbenefits.com)





# Flexible Spending Account (FSA) - NBS - *New Carrier!*

The Flexible Spending Accounts (FSA) administered by NBS allow you to set aside pre-tax dollars from your paycheck to pay for many healthcare, dependent care and commuter expenses. By paying for these expenses with pre-tax dollars, you reduce the amount of your taxable income and increase your take-home pay. You may choose to participate in one or all FSAs - whether or not you elect any other benefits.

## Health Care FSA

- This account is available to all eligible employees who are not enrolled in either of the HDHP medical plans for 2024.
- You can contribute up to \$3,200 per calendar year on a before-tax basis.

## Dependent Care FSA

- You can set aside up to \$5,000 per calendar year
- However, if you are married and you and your spouse file separate tax returns, the maximum you can contribute is \$2,500 each.
- You can use your dependent care FSA funds for children under age 13 or for a disabled dependent.

## Exceptions

The exceptions to participate are:

- If you and your spouse file separate tax returns, you may contribute \$2,500 per year.
- If your spouse is employed, your maximum contribution is the lesser of your spouse's taxable income (but no more than \$5,000).
- If your spouse is a full-time student or they are physically or mentally disabled, your maximum contribution is \$2,500 a year if you claim expenses for one dependent and \$5,000 a year if you claim expenses for two or more dependents.

## General Rules and Restrictions

In exchange for the tax advantages FSAs offer, the IRS has imposed the following rules and restrictions for both health care FSA and dependent care FSA:

- You may only use the money in your FSAs to reimburse expenses that you have incurred during the plan year for which the FSA was established.
- IRS requires you to use all of the money in your account by the end of the year or you lose it. This is called the "use it or lose it" rule. However, you are able to carry over \$640 into the next plan year. You cannot transfer monies between Health Care and Dependent Care FSAs.
- You cannot begin, stop, or change the amount of your FSA contributions during the calendar year unless you experience a Qualified Life Event (such as: marriage, divorce or the birth/adoption of a child). Contact your HR Department.
- You cannot claim expenses that are reimbursed through your FSA as a deduction on your income tax return.
- Reimbursement for dependent care FSA claims is only up to the total amount that is in your account at that time.
- The dependent care provider cannot be anyone considered your dependent for income tax purposes (such as one of your older children). In order to be reimbursed, you are required to provide the tax identification number or Social Security number of the party providing care.





# Dental - Cigna

Good oral health is just as important as maintaining your physical health. Port Neches-Groves ISD offers two dental plan options through Cigna — both Dental Preferred Provider Organization (DPPO).

## About the Dental Plan Options

The PPOs offers both in-network and out-of-network benefits. Keep in mind that you **will pay less out-of-pocket** when you use in-network providers. That's because out-of-network benefits are subject to Reasonable & Customary (R&C) limitations.



Dental Plan Features	High PPO Dental Plan		Low PPO Dental Plan	
	In-Network	Out-of-Network	In-Network &	Out-of-Network
<b>Annual Deductible</b>				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
<b>Benefit Levels</b>				
Type 1 - Diagnostic & Preventative	100%	100%	100%	100%
Type 2 - Basic Services	80%	80%	80%	80%
Type 3 - Major Services	50%	50%	50%	50%
Type 4 - Orthodontic Services for dependent children up to age 19	50%	50%	N/A	N/A
<b>Annual Maximum Benefit</b>				
Type 1, 2 & 3 combined	\$1,000 per plan year	\$1,000 per plan year	\$1,000 per plan year	\$1,000 per plan year
Type 4, while covered the plan	Not covered	Not covered	\$1,000 lifetime	\$1,000 lifetime

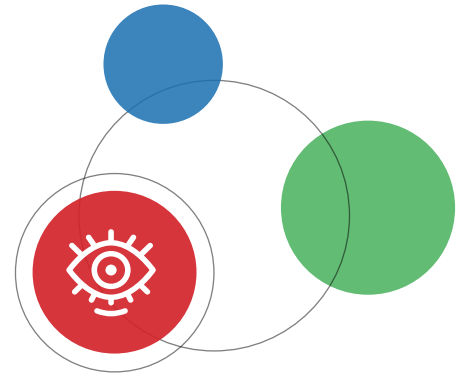
	Dental Monthly (12) Rates	
	High PPO Plan	Low PPO Plan
<b>Employee Only</b>	\$9.74	\$0.00
<b>Employee + Spouse</b>	\$48.22	\$16.80
<b>Employee + Child(ren)</b>	\$60.94	\$23.48
<b>Family</b>	\$91.28	\$46.64



# Vision - EyeMed - New Carrier!

## About the Vision Plan

With the EyeMed Vision Plan, you have access to in-network and out-of-network providers. When you see a network provider, you pay a copay for services or receive coverage up to a certain allowance. For out-of-network providers, you will receive a specific reimbursement amount depending on the service.



Vision Plan Features	Benefit	
	In-Network	Out-of-Network
<b>Exam Services (once every plan year)</b> Exam	\$10 copay	Up to \$40 reimbursement
<b>Frames Services (once every plan year)</b>	\$0 copay; 20% off balance over \$130 allowance	Up to \$65 reimbursement
<b>Frames*</b>		
Single Vision	\$10 copay	Up to \$30 reimbursement
Bifocal	\$10 copay	Up to \$50 reimbursement
Trifocal/Lenticular	\$10 copay	Up to \$70 reimbursement
Progressive - Standard	\$65 copay	Up to \$50 reimbursement
Progressive - Premium Tier I, II or III	\$95, \$105, or \$120 copay	Up to \$50 reimbursement
Progressive - Premium Tier IV	\$225 copay	Up to \$50 reimbursement
<b>Lens Options</b>		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23 reimbursement
Anti Reflective Coating - Premium Tier I, II or III	\$57, \$68, or \$100 copay	Up to \$23 reimbursement
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$20 reimbursement
Scratch Coating - Standard Plastic	\$0 copay	Up to \$8 reimbursement
UV Treatment	\$0 copay	Up to \$8 reimbursement
<b>Contact Lenses**</b>		
Medical Necessary	\$0 copay; paid-in-full	Up to \$300 reimbursement
Disposable	\$0 copay; 100% off balance over \$120 allowance	Up to \$60 reimbursement
Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$60 reimbursement
<b>Contact Lens Fit And Follow-Up</b>		
Fit and Follow-Up - Standard	\$0 copay; contact lens fit and two follow-up visits	Up to \$40 reimbursement
Fit and Follow-Up - Premium	\$0 copay; 10% off retail price, then apply \$40 allowance	Up to \$40 reimbursement

\*Eyeglasses and frames are in lieu of contacts once every plan year.

\*\*Contact lenses are in lieu of eyeglasses and frames once every plan year.

	Vision Monthly (12) Rates
	EyeMed
<b>Employee Only</b>	\$8.16
<b>Employee + Spouse</b>	\$16.18
<b>Employee + Child(ren)</b>	\$15.85
<b>Family</b>	\$24.11

**Please Note:** Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed here in may vary by state.

## Highlighted Additional Discounts

- **40% off** of additional pairs of glasses
- **20% off** any item not covered by the plan, including non-prescription sunglasses.
- **15% off** retail price or **5% promotional price** for Lasik or PRK from US Laser Network.
- **Up to 66% off** hearing aids, with an extended warranty and free batteries through Amplifon Hearing Health Care Network.



# Basic Life and AD&D

## New York Life Group Benefit Solutions

It's not always easy to talk with your family about how they'll be provided for if you weren't around, but it's an important conversation to have. Life and AD&D insurance can provide financial protection in the event of your death or a serious accident. The company provides a benefit, and you have the option to purchase additional coverage for yourself and your dependents through. Below is a summary of coverage available.



# Voluntary Life and AD&D

## New York Life Group Benefit Solutions

It's not always easy to talk with your family about how they'll be provided for if you weren't around, but it's an important conversation to have. Voluntary Life and AD&D insurance can provide financial protection in the event of your death or a serious accident. The company provides a benefit, and you have the option to purchase additional coverage for yourself and your dependents through. Below is a summary of coverage available.

Basic Life and AD&D (Company-Paid) Benefits	
<b>For Yourself</b>	<ul style="list-style-type: none"> <li>• <b>Benefit Amount:</b> \$15,000</li> <li>• <b>Maximum Benefit:</b> \$15,000</li> <li>• <b>Guaranteed Issue Amount:</b> \$15,000</li> </ul>
<b>Benefit Reduction Schedule</b>	<ul style="list-style-type: none"> <li>• If you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70.</li> </ul>
<b>Plan Features</b>	<ul style="list-style-type: none"> <li>• <b>Employee:</b> 50% of your Term Life Insurance coverage amount or \$100,000, whichever is less.</li> <li>• Benefit payable if you die, lose a limb or suffer paralysis in an accident.</li> <li>• If your active service ends due to disability, at the age 60 and over, your life insurance coverage will continue while you are disabled.</li> </ul>
Voluntary Life and AD&D (Employee Paid) Benefits	
<b>Voluntary Life - Benefit Amount and Maximums</b>	<ul style="list-style-type: none"> <li>• <b>Employee:</b> Increments of \$10,000 to lesser of 7 times salary or \$500,000</li> <li>• <b>Spouse:</b> Increments of \$5,000 up to \$100,000</li> <li>• <b>Children:</b> Increments of \$2,000 up to \$10,000; under 6 months old \$500</li> </ul>
<b>Voluntary Life - Guaranteed Issue Amount*</b>	<ul style="list-style-type: none"> <li>• <b>Employee:</b> \$200,000</li> <li>• <b>Spouse:</b> \$50,000</li> <li>• <b>Children:</b> All Amounts</li> </ul>
<b>Accidental Death and Dismemberment (AD&amp;D) - Benefit Amount and Maximums**</b>	<ul style="list-style-type: none"> <li>• <b>Employee:</b> May select from \$10,000 to \$500,000 of coverage in units of \$10,000 at an affordable price.</li> <li>• <b>Spouse:</b> Your Spouse's benefit amount will be 40% of yours or 50% if you have no dependent children, subject to a maximum benefit of \$100,000.</li> <li>• <b>Children:</b> Each of your covered children's benefit amount will be 10% of yours or 15% if you have no eligible spouse, subject to a maximum benefit of \$10,000.</li> </ul>
<b>Additional Feature: Accelerated Benefit - Terminal Illness</b>	<p>If you become terminally ill with a life expectancy, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:</p> <p><b>Employee:</b> 50% of your Term Life Insurance coverage amount or \$100,000, whichever is less.  <b>Spouse:</b> 50% of your Term Life Insurance coverage amount or \$50,000, whichever is less.</p>

\*Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions.

\*\* Each family member's coverage is a percentage of the benefit amount you select. It will depend on who your insured family members are at the time of a covered accidental loss.



# Disability - New York Life Group Benefit Solutions - *New Carrier!*

New York Life Group Benefit Solutions offers disability coverage to protect you against any debilitating illness or injury. This insurance protects a portion of your income until you can return to work, or until you reach retirement age, if you remain disabled.

## Long Term Disability (LTD) Insurance

This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time. Certain exclusions, along with any pre-existing condition limitations, may apply. Please refer to your plan documents for details or contact Human Resources for specific benefits.

LTD Features	Benefit
<b>Monthly Benefit Maximum</b>	Units of \$100 to \$7,500 (not to exceed 66.67% of monthly earnings)
<b>Elimination Period</b>	No waiting period
<b>Maximum Benefit Period</b>	or employee's in each class, one of the following options may be elected: Option 1: 0/7 Option 2: 14/14 Option 3: 30/30 Option 4: 60/60 Option 5: 90/90 Option 6: 180/180
<b>Pre-Existing Condition Limitation</b>	3 months prior/12 months insured
Options	LTD Monthly (12) Rates
0/7	\$4.060
14/14	\$3.240
30/30	\$2.430
60/60	\$1.830
90/90	\$1.580
180/180	\$1.220

**Please speak with a Benefits Counselor for more information.**





# Employee Assistance and Wellness Support.

## Employee support they can count on.

We recognize that employees are often stretched between striving to do more at work while also balancing life responsibilities that can include taking care of their families and loved ones. Our Employee Assistance and Wellness Support<sup>1</sup> program provides a suite of well-being resources designed to help provide support and guidance through lifes' challenges.



### Our suite of value-add resources includes:

- › **Employee Assistance Program** This program offers counseling, work-life assistance, and crisis intervention services to your employees and their household family members.
 

**Reasons employees might use these services:**

  - › Balancing demands of work and family
  - › Experiencing stress, anxiety, or depression
  - › Dealing with grief and loss
  - › Assistance with child or elder care concerns
  - › Concerns about substance abuse for the employee or a family member

All calls are answered by a Master's or PhD-level counselor who will collect some general information and discuss the employee's needs. Employees and their dependents living within the same household have access to a maximum of three sessions, per issue, per year.

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- › **GuidanceResources®** This [online resource](#) offers education, tools, and other features on topics such as health and wellness, law and regulations, family and relationships, work and education, money and investments, consumer and leisure and home and auto. Includes articles, podcasts, videos, on-demand trainings, and "Ask the Expert", which provides personal responses to employee questions.

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- › **Critical Incident Services** Our team of experts responds to critical incidents anywhere in the world, providing guidance and in-person counseling to help employees effectively deal with crises and assisting them with returning to normalcy more quickly.
 

Critical incident services are designed to help your organization effectively handle a traumatic incident anywhere around the globe, 24 hours a day.

**These services feature:**

  - › Custom plans and preparation for emergencies
  - › Immediate response with 24/7 worldwide access to critical incident specialists
  - › On-site counseling sessions both for groups and individuals
  - › Post-event reporting and consultation

See additional information on next page ›





› **Wellbeing Coaching** This coaching program can help your employees find the balance needed to overcome challenges and physical issues which can often combine and can become overwhelming.

A certified coach will work one on one with the individual to reduce personal roadblocks and risks. They can help address health and well-being issues holistically, before they evolve into long-term, costly problems. The services include five sessions per year, are conducted by phone or virtually, and cover a variety of issues, including:

- › Burnout
- › Time management
- › Balancing competing needs
- › Coping with stress
- › Developing self-compassion
- › Finding motivation
- › Goal setting
- › Improving sleep and more
- › Building resiliency

› **Family Source** Program specialists provide family care services, qualified referrals, and resources for just about anything on a to-do list. Customized research tailored educational materials, and pre-screened referrals for childcare, adoption, elder care, education, pet care, and personal convenience services are available.



**Learn more about our value-add offerings.**

To learn more about our value-add offerings, contact your New York Life Group Benefit Solutions representative.

1. These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych® Corporation effective 1/1/2023. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. The partnership is between New York Life Insurance Company and ComPsych® Corporation. ComPsych® is not affiliated with New York Life Insurance Company or any of its affiliates.

All programs are effective to the member/participant on the first day of coverage.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY. Life Insurance Company of North America is not authorized in New York and does not conduct business in NY.

**New York Life Insurance Company**

51 Madison Avenue  
New York, NY 10010

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SMRU 1953926 Exp. Date 9.30.2024



# Enriched value-add offerings. Support for whatever life brings.

Today's employees are often stretched between doing more at work and balancing life's responsibilities, such as taking care of their families and loved ones. That's why New York Life Group Benefit Solutions (NYL GBS) offers a suite of value-add resources designed to help support your employees' financial strategies, well-being, and protection.



## Our suite of value-add resources includes:

### › Employee Assistance & Wellness Support<sup>1</sup>

We know that access to mental health resources is key. Our program offers three face-to-face counseling sessions with certified clinicians as well as up to five telehealth resiliency coaching sessions from a certified counselor. Our program also offers Critical Incidence support for your employees. Additional resources include wellness articles, podcasts, videos, and much more. All services are available 24 hours a day, seven days a week.

### › Financial, Legal & Estate Support<sup>1</sup>

Stressful financial challenges can affect emotional well-being and workplace productivity. We offer professional services that include unlimited financial support on a broad range of issues like debt management, family budgeting, estate planning, law and tax consultations, and much more. Assistance also includes identity-theft support with legal specialists and as well as fraud-resolution services, interactive online tools, calculators, and in-depth financial assistance.

### › Health Advocate<sup>2</sup>

Navigating health information and health care plans can be overwhelming. That's why we provide trained health care advocates to help your employees navigate their health care plans and address their questions and concerns. Our services help employees resolve claims and billing issues, understand the appeals process, and simplify complicated administrative issues.

### › Secure Travel<sup>3</sup>

You and your employees can take trips with greater peace of mind with covered medical evacuations, repatriation, and lost fees due to travel changes or emergencies. Family and friends are also protected through our travel companion benefits. Services also include pre-trip planning and 24/7/365 support when on the road more than 100 miles away.

### › Survivor Assurance<sup>4</sup>

Losing a loved one is difficult. That's why our Survivor Assurance service can help ease the burden on beneficiaries by managing their insurance benefits in free, interest-bearing accounts for claim payments of \$5,000 or more and beneficiary access to our Employee Assistance & Wellness and Financial, Legal & Estate support programs.



## Learn more about our value-add offerings.

Your Account Executive or Account team is available to discuss ways we can help deliver financial security and peace of mind for you and for your employees.





1. These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych® Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some service available at the option of employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY.
2. Health Advocacy services are NOT insurance and this program does not provide reimbursement for financial losses. Health Advocacy services are provided under a contract with Health Advocate, Inc. which is solely responsible for its products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Services available at the option of employer for an additional cost and not available to Health Advocate Inc. existing clients. Program availability may vary by plan type and location and is not available where prohibited by law. This program is not available under policies insured by New York Life Group Insurance Company of NY.
3. Secure Travel is provided under a contract with Generali Global Assistance (GGA). Neither GGA nor New York Life Group Benefit Solutions guarantees the quality of any medical services provider or medical facility. The final selection of a local medical provider or facility is the covered person's right and responsibility. The medical professionals or attorneys suggested or designated by GGA are solely responsible for their services. They are not employees or agents of GGA or New York Life Group Benefit Solutions. Emergency evacuation and repatriation benefits are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. Policy Forms: GA-00-1000 et al.; BA-01-1000 et al. Medical evacuation and repatriation services must be arranged by GGA and customers must call GGA to access the benefits and services of the program. All other services are provided by GGA and are subject to the terms of the service agreement with GGA. Presented here are highlights of the NYL GBS Secure Travel program. See the plan documents for details.
4. The Survivor Assurance Program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from New York Life Group Benefit Solutions Life and Accidental Death and Dismemberment programs. Survivor Assurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error. Counseling, legal, or financial assistance and discount programs are not available for policies issued by New York Life Group Insurance Company of NY.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. Life Insurance Company of North America is not authorized in New York and does not conduct business in NY.

### **New York Life Insurance Company**

51 Madison Avenue  
New York, NY 10010

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SMRU 1947574 Exp. Date 08.08.2024





# Accident

## Lincoln Financial Group

- **New Plan!**

The Lincoln Financial Group accident plan can help you and your family manage the financial impact of an injury. The Group Accident Plan can help reduce the out-of-pocket expenses associated with an accident.

You may be eligible to receive payment for the initial treatment of a covered accidental injury.

**Additionally, you may receive a benefit payment for:**

- Follow-Up Visits
- Hospital Admission
- Hospital Confinement
- Inpatient Surgical
- Dislocations
- Fractures

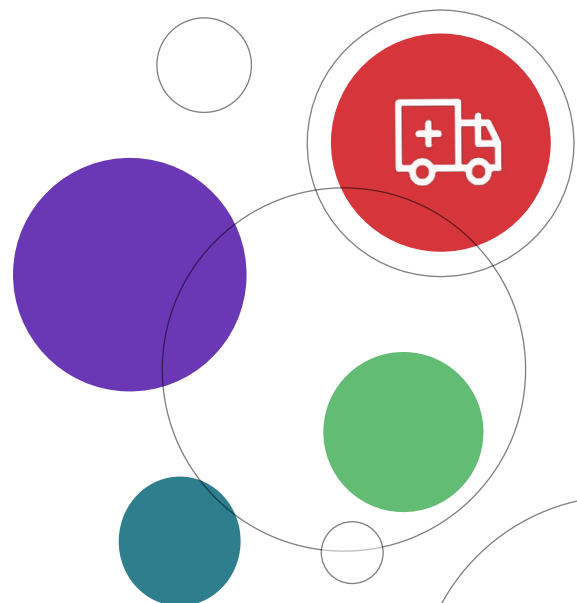
### Key Coverage Highlights

- Premiums remain the same for employees of all ages.
- No medical questions or proof of good health (evidence of insurability) is required for employees to receive coverage.
- Cash benefits paid directly to the insured in addition to any medical benefit received.
- Employees can keep coverage if they ever leave the company.
- Survivor portability for spouse and children of a deceased employee.
- Provide additional protection—benefits are available to help protect children under 18 who experience an accident during an organized sports activity.
- The policy pays multiple cash benefits for each injury and covered treatment when an insured individual sustains more than one injury in the same accident.

Accident Plan Summary	Low Plan	High Plan
<b>Wellness Benefit</b>	\$50 per year	
<b>Coma</b>	\$7,500	\$7,500
<b>Fractures - (close/open)</b>	Up to \$3,250/\$6,500	Up to \$4,000/\$8,000
<b>Dislocations</b>	Up to \$3,000	up to \$4,000
<b>Hospital Admission</b>	\$1,000	\$1,500
<b>Hospital Confinement</b>	\$200 per day up to 365 days	\$300 per day up to 365 days
<b>Intensive Care Admission</b>	\$1,000	\$1,500
<b>Emergency Room</b>	\$150	\$200
<b>Ambulance</b>	\$1,750 air/\$425 ground	\$1,750 air/\$425 ground
<b>Burns</b>	Up to \$15,000	Up to \$15,000
<b>Lacerations</b>	Up to \$1,500	Up to \$1,500
<b>Concussion</b>	\$300	\$300

	Low Plan Monthly (12) Rates	High Plan Monthly (12) Rates
<b>Employee Only</b>	\$11.91	\$13.96
<b>Employee + Spouse</b>	\$20.04	\$23.43
<b>Employee + Child(ren)</b>	\$22.15	\$25.68
<b>Family</b>	\$30.06	\$34.91

**Please speak with a Benefits Counselor for more information.**





# Critical Illness - Lincoln Financial Group - *New Plan!*

Medical insurance alone can't stop a major diagnosis from draining your finances. Unexpected copays, deductibles, and alternative treatment expenses can add up quickly. Critical Illness insurance gives you and your family an affordable option for easing the financial burden that can come with a serious illness.

Critical Illness Summary	Benefit
<b>Coverage Tier*</b>	
Employee	\$10,000, \$20,000, or \$30,000
Spouse	\$5,000, \$10,000, or \$15,000 not to exceed 50% of the employee benefit amount
Child	50% of the employee's benefit amount
<b>Guaranteed Issue</b>	
Employee	\$30,000
Spouse	\$15,000
<b>Wellness Benefit</b>	\$50 per year
<b>Covered Critical Illnesses</b>	
Cancer Heart Attack Major Organ Failure End-Stage Renal Failure Invasive Cancer Coronary Artery Bypass Surgery Stroke Coma Paralysis	100%
Tuberculosis Invasive MRSA Infection Tetanus Rabies	25%

\*Coverage Tier amount for both employees and spouses are options one can choose.

For a full list of covered conditions please visit your benefits plan summary.

## Critical Illness Key Coverage Highlights

- Proof of good health (evidence of insurability) is not required to receive coverage, up to the Guarantee Issue limit, when enrollment occurs during the eligibility period or as a result of a change in family status.
- Cash benefits paid directly to the insured, upon diagnosis.
- Employees can keep coverage if they ever leave the company.
- Survivor portability for spouse and children of a deceased employee.
- Eight additional covered conditions included if child coverage is elected.
- Help healthy employees stay well—even if employees are never critically ill, they can take advantage of the annual Health Assessment Benefit for wellness screenings.
- The plan pays multiple cash benefits when an insured individual has more than one condition.
- No lifetime maximum benefit amounts (except skin cancer).



# Hospital Indemnity - Lincoln Financial Group

The Lincoln Financial Group Hospital Indemnity plan can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds that can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, copays, and deductibles.

This plan also allows you to continue coverage in the event that your employment ends or when the policy is terminated and not being replaced.

Hospital Indemnity Core Benefits Summary	Plan 1	Plan 2
<b>Hospital Admission</b>	\$1,500 per day for two days per calendar year	\$3,000 per day for two days per calendar year
<b>Hospital ICU Admission</b>	\$1,500 per day for one day per calendar year	\$3,000 per day for one day per calendar year
<b>Hospital Confinement</b>	\$100 per day for 30 days per calendar year	\$200 per day for 30 days per calendar year
<b>Hospital ICU Confinement</b>	\$200 per day for 30 days per calendar year	\$400 per day for 30 days per calendar year
<b>Complications of Pregnancy</b>	Included per calendar year	Included per calendar year

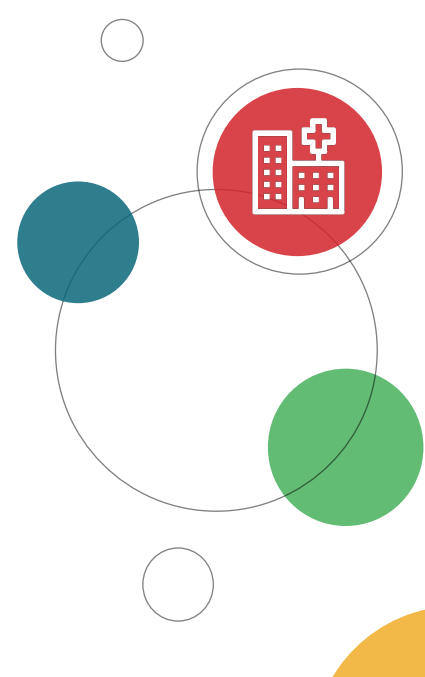
*Please note: If both hospital and ICU admission or hospital and ICU confinement become payable for the same day, only the larger of the two benefits will be paid. If the amount of the benefits is the same, only one will be paid.*

Additional Confinement Benefits	Plan 1	Plan 2
<b>Rehabilitation Facility</b>	\$50 per day for 30 days per calendar year	\$100 per day for 30 days per calendar year
<b>Substance Abuse Treatment</b>	\$100 per day for 30 days per calendar year	\$200 per day for 30 days per calendar year
<b>Mental Disorder Treatment</b>	\$100 per day for 30 days per calendar year	\$200 per day for 30 days per calendar year
<b>Newborn Care</b>	\$500 per day for two days per childbirth per calendar year	\$500 per day for two days per childbirth per calendar year

Plan 1 Monthly (12) Rates	
<b>Employee Only</b>	\$18.44
<b>Employee + Spouse</b>	\$38.91
<b>Employee + Child(ren)</b>	\$28.40
<b>Family</b>	\$45.47

Plan 2 Monthly (12) Rates	
<b>Employee Only</b>	\$36.89
<b>Employee + Spouse</b>	\$77.83
<b>Employee + Child(ren)</b>	\$56.79
<b>Family</b>	\$90.94

**Please speak with a Benefits Counselor for more information.**





# Cancer Indemnity Insurance - American Public Life

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

Cancer Indemnity Plan Summary	Option 1 Base Plan	Option 2 Base Plan		
<b>Cancer Screening Benefits</b>	<b>Level 1</b>	<b>Level 2</b>		
<b>Diagnostic Testing</b> 1 test per calendar year	\$50 per test	\$50 per test		
<b>Follow-Up Diagnostic Testing</b> 1 test per calendar year	\$100 per test	\$100 per test		
<b>Medical Imaging</b> 1 test per calendar year	\$500 per test	\$500 per test		
<b>Cancer Treatment Benefits</b>	<b>Level 1</b>	<b>Level 4</b>		
<b>Radiation Therapy, Chemotherapy or Immunotherapy</b> Maximum per 12-month period	\$10,000	\$20,000		
<b>Hormone Therapy</b> Maximum of 12 treatments per calendar year	\$50 per treatment	\$50 per treatment		
<b>Surgical Benefits</b>	<b>Level 1</b>	<b>Level 1</b>		
<b>Surgical</b>	\$30 Unit Dollar Amount Maximum \$3,000 per operation	\$30 Unit Dollar Amount Maximum \$3,000 per operation		
<b>Anesthesia</b>	25% of amount paid for covered surgery	25% of amount paid for covered surgery		
<b>Bone Marrow Transplant</b> Maximum per lifetime	\$6,000			
<b>Stem Cell Transplant</b> Maximum per lifetime	\$600			
<b>Prosthesis</b> Surgical Implantation - 1 device per site, per lifetime Non-surgical (Not Hair piece) 1 device, per lifetime	\$1,000 \$100	\$1,000 \$100		
<b>Patient Care Benefits</b>	<b>Level 1</b>	<b>Level 1</b>		
<b>Hospital Confinement</b>	Up to \$200			
<b>Outpatient Facility</b>	\$200			
<b>Attending Physician</b> Per day of Hospital Confinement	\$30			
<b>Extended Care Facility</b>	\$100 per day, up to the same number of Hospital Confinement Days			
<b>Option 1 Monthly (12) Rates*</b>				
<b>Issue Ages</b>	<b>Individual</b>	<b>Individual &amp; Spouse</b>	<b>1 Parent Family</b>	<b>2 Parent Family</b>
<b>18+</b>	\$20.64	\$43.80	\$26.70	\$49.80
<b>Option 2 Monthly (12) Rates*</b>				
<b>Issue Ages</b>	<b>Individual</b>	<b>Individual &amp; Spouse</b>	<b>1 Parent Family</b>	<b>2 Parent Family</b>
<b>18+</b>	\$26.90	\$56.62	\$34.14	\$63.86

\*Total premium includes the Plan selected and any applicable rider premium.

## Limitations & Exclusions

No benefits will be paid for any of the following:

- Care or treatment received outside the territorial limits of the United States treatment by any program engaged in research that does not meet the definition of Experimental Treatment.
- Losses or medical expenses incurred prior to the Covered Person's Effective Date regardless of when Cancer was diagnosed.

Please speak with a Benefits Counselor for more information.





# Chubb LifeTime Benefit Term - Permanent Life

## - New Carrier!

Chubb LifeTime Benefit Term (LBT) was developed for employers to champion life insurance for their employees. LBT's innovative design provides lifetime guarantees at a fraction of the cost. And flexibility allows employees to customize benefits for LTC and double the benefit amount..

Benefit Issue Age			
Permanent Life Summary	Employee	Spouse	Child
<b>LifeTime Benefit Term</b>	19-79	19-70	Not Available
<b>Accelerated Death Benefit Rider for Terminal Illness</b> After coverage has been in force for two years, employees can receive 50% of their death benefit immediately, up to \$100,000, if they are diagnosed as terminally ill.	19-79	19-70	Not Available
<b>Accelerated Death Benefit for Long-Term Care</b> When employees need LTC, death benefits can be paid early for home healthcare, assisted living, adult day care and nursing home care. Early payments equal 4% of the death benefit per month for up to 25 months. Premiums are waived while this benefit is being paid.	19-79	19-70	Not Available
<b>Extension of Benefits (EOBI)</b> Once the full death benefit has been paid in advance for LTC, payments can be extended. Extension of Benefit may extend the same monthly LTC benefit for up to an additional 25 months, doubling the value.	19-70	19-70	Not Available
<b>Restoration of Death Benefit (50%)</b> Accelerating the life coverage for LTC benefits can reduce the death benefit to \$0. This rider restores the life coverage to 50% of the death benefit, up to a maximum of \$50,000 on which the LTC benefits were based, therefore assuring a death benefit available up to the insured's age 121.	19-79	19-70	Not Available
Employee Optional Benefits			
<b>Child Term Rider</b> Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26 - up to 5 times the benefit amount.	Base Insured 19-70	Base Insured 19-70	15 days through 25 years

## Initial Eligibility

**Insured:** Actively employed working at least 30 hours per week. Ages 19 through 79.

**Service wait period for benefit eligibility:** Can match employer service wait period for benefit eligibility...

**Spouse:** Includes legally married spouse, domestic partner and civil union partner. Ages includes 19 through 79.

**Children:** Ages 15 days through 25 years.

Permanent Life Summary		
Employee Coverage	Issued Age	Maximum Benefit Amount
Guaranteed Issue	19 through 70	\$100,000
Conditional Guaranteed Issue	19 through 70	\$150,000
Simplified Issue	19 through 70	\$225,000
Simplified Issue	19 through 79	\$50,000
Spouse Coverage	Issued Age	Maximum Benefit Amount
Conditional Guaranteed Issue	19 through 70	\$75,000
Simplified Issue	19 through 70	\$112,500
Spouse Coverage	Issued Age	Maximum Benefit Amount
Child Term Rider	15 days through 25 years	\$25,000



# Identity Theft Protection - Allstate - *New Carrier!*

The education industry continues to be targeted by cybercriminals looking to steal employee, student, and faculty members' personal data. And cyber-espionage also continues to be a concern for institutions engaging in cutting-edge research.

We know you understand the value of protecting personal information amidst security incidents like these. We do too. And just like you, we're dedicated to continually innovating our protection to meet today's ever-evolving threats.

Our state-of-the-art data centers are SSAE 18 SOC1 and SOC2 Type 2 accredited, with 24/7 access control and surveillance measures such as CCTV cameras. Only select, trained employees can access personally identifiable information via our secure, encrypted connections. In addition to adherence to secure application development (OWASP), we continuously test our internal systems for vulnerabilities and carry out extensive manual code reviews to uncover emerging threats.

Identity Theft Protection Summary	Pro+	Pro+Cyber
<b>Family protection</b>	Covered	Covered
<b>Family digital safety tools - Parental monitoring</b>	Not covered	Covered
<b>Cyber protection</b>	Not covered	Covered
<b>Privacy and data monitoring</b>	Covered	Covered
<b>Identity and financial monitoring</b>	Covered	Covered
<b>Credit</b>	Covered	Covered
<b>Restoration</b>	Covered	Covered
<b>Financial protection</b>	Covered	Covered
<b>Financial protection - Personal ransomware expense reimbursement*</b>	Not covered	Covered

*\*Level of automatic monitoring dependent on enrollment method and information shared with Allstate Identity Protection.*

	Identity Theft Monthly (12) Rates	
	Pro+	Pro+ Cyber
<b>Employee (Includes 1 child &lt; 18)</b>	\$7.95	\$9.95
<b>Employee + Family</b>	\$13.95	\$17.95



# Allstate

IDENTITY PROTECTION

## the journey to better identity protection starts here.

Why choose Allstate Identity Protection? We're passionate people offering a premiere product.



### innovation

Proven track record of best-in-class features at affordable rates

Driven to continuously improve features, product, and technology to thwart identity theft

### empowerment

Proprietary tools like Allstate Security Pro®, Identity Health Status, and Allstate Digital Footprint® give personalized alerts, updates, and information



Educational resources like Elder Fraud Center



### product

Advanced monitoring to identity fraud and identity theft

Comprehensive security for up to 10 personal devices†

### restoration

24/7 U.S.-based customer support with dedicated 1:1 Restoration Experts



Comprehensive financial protection\* with up to \$2 million expense reimbursement‡



### experience



16+ years experience and first in the benefits space

Backed by the brand consumers have trusted over 90 years

### ease

Seamless integration with 190+ HR platforms

Dedicated implementation team keeps **your lift low**



### security



SSAE 18 SOC1 and SOC2 Type 2 accredited data centers with 24/7 access control and surveillance by CISSP, CISA, and GIAC certified security staff

Secure application development (OWASP) including extensive manual code review

### family

One of the most inclusive family plans in our industry for everyone under your roof (or under your wallet) — including senior family members



The most comprehensive family digital safety tools in benefits — powered by Bark — to help members manage and protect children's online lives

\*Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions  
 † Family Plan required. Single plans offer \$1M protection.  
 ‡ Pro+ Cyber plan required. Certain features may require additional activation. Product may be updated or modified. Certain features require additional activation. Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.



## Benefits

# Virtual Behavioral Health

## Counseling (Only)

Recuro's comprehensive behavioral health care offers a wide spectrum of coverage, including therapy and counseling. Recuro's Behavioral Health solution gives members virtual access to connect with a Licensed Counselor through secure and private online video and phone sessions, whenever and wherever they need it in all 50 states. Our virtual services are available whenever and wherever it is convenient for you on a digital device.

# \$0 Your Copay

First 3 Visits - \$0 Consult Fee  
Additional Visits - Consult Fee  
\$85 paid by the Member

## Example Conditions Treated

- Depression & Anxiety
- Stress Management
- Eating Disorders
- Anger Management
- Grief or Loss
- Marriage Counseling



## What's Included

- Therapy & Counseling
- Health Risk Assessment
- Risk Stratification
- Primary Care Coordination



## Service Highlights



### Psychiatry

Psychotherapy and mental health medication management.



### Therapy & Counseling

Therapy and counseling services from social workers and mental health psychologists.



### Health Risk Assessment

Behavioral health-focused risk assessment including depression and anxiety.



[info@recurohealth.com](mailto:info@recurohealth.com) | +1-855-6RECURO | [recurohealth.com](http://recurohealth.com) | Scan QR Code







**masa** Access 

**\$14/month**

# Stay prepared with MASA<sup>®</sup> Access<sup>SM</sup>

Comprehensive coverage and care for emergency transport.

## Our Emergent Plus membership plan includes:

### Emergency Ground Ambulance Coverage<sup>1</sup>

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

### Emergency Air Ambulance Coverage<sup>1</sup>

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

### Hospital to Hospital Ambulance Coverage<sup>1</sup>

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

### Repatriation Near Home Coverage<sup>1</sup>

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

#### Coverage territories

1: United States and Canada.

#### Disclaimers

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masamts.com/masa-mts-disclaimers>



## Did you know?

# 51.3 million

## emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

## About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.



## How to use your MASA benefits

### Transportation coordination services

Access transport services for the following benefits:

- Repatriation Near Home Coverage
- Child, Pet, and Vehicle Return Coverages
- Companion Transportation Coverage
- Hospital Visitor Transportation Coverage
- Patient Return Transportation Coverage
- Sick While Away from Home Expense Protection
- Organ Retrieval & Organ Recipient Transport Coverage
- Mortal Remains Transportation Coverage



#### When to access:

During or immediately following your emergency care treatment.



#### How to access:

Call 800-643-9023.

The MASA Transport Team is available 24/7/365 to assist you and will begin making the necessary arrangements, including working with your medical team.

*Note: If you are traveling out of the U.S., please submit your dates of travel through the member portal or to [travel@masaglobal.com](mailto:travel@masaglobal.com).*



**View your benefits online at:** [masaaccess.com/member](https://masaaccess.com/member) or through the MASA app.

### Claims

Benefits that you submit claims for include:

- Emergency Ground Ambulance Coverage
- Hospital to Hospital Ambulance Coverage
- Emergency Air Ambulance Coverage
- Post-Admission Continued Care Transportation Coverage



#### When to file your claim:

When you receive the ambulance bill.

*Note: Be sure to file within 180 days of the transport.*



#### How to file your claim:

**Online:** [masaaccess.com/member](https://masaaccess.com/member)

**Email:** [ambulanceclaims@masaglobal.com](mailto:ambulanceclaims@masaglobal.com)

**Fax:** (877) 681-2399

**Mail:** MASA Global / ATTN: Claims

1250 S. Pine Island Road, Suite 500

Plantation, FL 33324

*Include your member number*

*Note: To process your claim, in addition to the invoice we may require your health insurance claim form (HICFA) and explanation of benefits (EOB), the ambulance run notes, and the ambulance provider's W9. MASA claim specialists will advise you on how to obtain these.*



**Check the status of your claim at:** [masaaccess.com/member](https://masaaccess.com/member), through the MASA app, or call (800) 643-9023.

### MASA connections



**Member services:** (800) 643-9023



**Member site:** [masaaccess.com/member](https://masaaccess.com/member)



**MASA app**



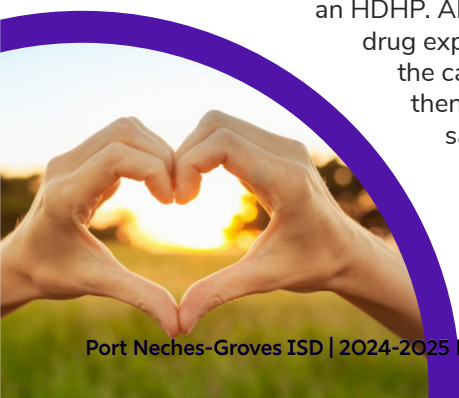
This material is for informational purposes only and does not provide any coverage. Not all MASA products and services are available to residents of all states. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. For a complete list of coverage and exclusions, please refer to the applicable member services agreement or policy for your state. For information about MASA plan benefits, visit: <https://info.masamts.com/masa-mts-disclaimers>.



# Health Insurance Terms

In order to get the most out of your health care benefits, you need to understand the terms used by insurance companies, health plans, and health care providers.

- **Benefits** - The amount of money payable by an insurance company to a claimant under the insurance policy.
- **Claim** - A request by an individual (or his /her provider) for the insurance company to pay for services obtained.
- **Co-insurance** - The money that an individual is required to pay for services, after deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20% of the charges while the health plan pays 80%.
- **Co-payment** - An arrangement where an individual pays a specified amount for various health care services and the health plan or insurance company pays the remainder. The individual must usually pay his or her share when services are rendered.
- **Deductible** - A set dollar amount that a person must pay before insurance coverage for medical expenses can begin. They are usually charged on an annual or contract year basis.
- **Exclusions and Limitations** - Specific conditions or circumstances for which an insurance policy or plan will not provide coverage (exclusions), or for which coverage is specifically limited (limitations).
- **Health Savings Account (HSA)** - An individual/person savings account where an insured can set aside pre-tax money to pay for qualified items (reference IRS Publication 502). You must be covered by a high deductible health plan (HDHP) in order to contribute to an HSA.
- **Flexible Spending Account (FSA)** - An individual/person savings account where an insured can set aside pre-tax money to pay for qualified items (reference IRS Publication 502). You must be covered by a high deductible health plan (HDHP) in order to contribute to an HSA.
- **High Deductible Health Plan (HDHP)** - A health plan that meets the requirements of being considered an HDHP. There are NO copayments on an HDHP. All medical and prescription drug expenses are applied towards the calendar year deductible first, then once a member has satisfied his/her deductible, the coinsurance will apply.
- **In-Network** - Typically refers to physicians, hospitals, or other health care providers who contract with the insurance plan to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.
- **Medically Necessary** - A term used to describe the supplies and services needed to diagnose and treat a medical condition in accordance with the standards of good medical practice. Many health plans will only pay for treatment deemed medically necessary. For example, most plans will not cover elective cosmetic surgery.
- **Out-of-Network** - Typically refers to physicians, hospitals, or other health care providers who do not contract with the insurance plan to provide services to its members. Depending upon the insurance plan, expenses incurred for services provided by out-of-network providers might not be covered, or coverage may be less than for in-network providers.
- **Maximum Out-of-Pocket Maximum** - The total amount paid each year by the deductible and coinsurance. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services the rest of that calendar year.
- **Pre-Existing Condition** - Any medical condition that was diagnosed or treated within a specified period immediately before a health insurance policy became effective. These conditions may not be covered for a specified period of time under the new policy.
- **Preferred Provider Organizations (PPO)** - A type of managed care plan in which doctors and hospitals agree to provide discounted rates to plan members. Patients are typically reimbursed 80-100% for treatment received within the network, versus 50-70% outside the network.
- **Primary Care Physician (PCP)** - A health care professional who is responsible for monitoring an individual's overall health care needs. Typically, a PCP services as a gatekeeper for an individual's care, referring him or her to specialists and admitting him or her to hospitals when needed.





# Frequently Asked Q&A About Your Health Benefits

If you have any questions about these notices, contact the Human Resources at 409-722-4244 ext. 1725

## General

### **If I am already enrolled and not making any changes, do I have to complete the Open Enrollment process?**

Yes. It is important that you review any rate or plan changes to your current plan.

### **If I want to decline coverage, must I still complete the Open enrollment process?**

Yes. It is important that Human Resources has a record of your decision. Please keep in mind that if you decline coverage, you won't be able to elect coverage during the year unless you have a special qualifying event such as a marriage, divorce, birth or adoption of a child, or loss of other coverage.

### **Can I enroll my spouse or dependent on one plan and myself on another?**

No. All covered dependents, including spouse, must be on the same plan as the employee.

### **Can I drop or change plans during the plan year?**

Changes can only be made if there has been a qualifying event or personal life change. Examples include marriage, divorce, birth of a child, or change in employment status.

### **What is the difference between a calendar year and a contract year?**

A plan on a calendar year runs from January 1st – December 31st. Items like deductible, maximum out-of-pocket expense, etc. will reset every January 1st. All Individual and Family plans are on a calendar year. A plan on a contract year (also called benefit year) runs for any 12-month period within the year. Items like deductible, maximum out-of-pocket expense, etc. will reset at the plan's renewal date. For example, ABC Company renews on July 1 every year. Your deductible



would start July 1 and end on June 30. The deductible would reset every July 1 for ABC Company members.

### **What happens if I sign up for insurance but find later on in the year that I cannot afford the premiums?**

If the reason for your change in affordability is due to a life-changing event such as the loss of a job, death of a spouse, or birth of a child, you would be eligible for special enrollment within 60 days of the event. If you do not enroll during this period, you will not be assured a health plan will cover you either through the Health Insurance Marketplace or in the private market. If you do not pay your premium, you could lose coverage and will not be able to enroll again until the next open enrollment period.

## Benefit Payments

For benefits received in the Network, you are responsible only for your co-payment, deductible and coinsurance amounts. Your provider will file the claim.

## Medical

### **Should I notify my pharmacy and physician of my benefits plan with BlueCross BlueShield of Texas?**

Yes. On your next visit to the pharmacy or doctor, simply present your BCBSTX ID card. This will allow the provider to correctly bill BCBSTX for the services you have received. It's important to inform your physician of the requirement to utilize an BCBSTX facility as a medical plan participant.





# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than **8.39%** of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed **9.12%** of the employee's household income.<sup>1,2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.



## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

Becky Romero [bromero@pngisd.net](mailto:bromero@pngisd.net)

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The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Port Neches-Groves ISD		4. Employer Identification Number (EIN) 74-6001932	
5. Employer address 776 Magnolia		6. Employer phone number (409) 722-4244 ext.1725	
7. City Port Neches	8. State TX	9. ZIP code 77651	
10. Who can we contact about employee health coverage at this job? Becky Romero			
11. Phone number (if different from above)		12. Email address bromero@pngisd.net	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Actively working employees who are:  
Full-time employees who work a minimum of 17.5 hours per week. Part-time employees who works a minimum of 10 hours per week.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

*Domestic partners, Legal married same sex couples, Common law partners (including their children), and custodial grandchildren.*

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



# Important Contacts

For any questions or concerns you may have regarding your 2024-2025 Employee Benefits, you can contact the following:

Benefit/Carrier	Policy/Group #	Telephone	Website/Email
<b>Medical Prescription</b> BlueCross BlueShield of Texas ActiveCarePrimary ActiveCarePrimaryPlus ActiveCare 2 ActiveCare HD	 385003 385001 385002 385000	 (866) 355-5999 (844) 367-6108	 <a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a> <a href="http://www.express-scripts.com/trsactivecare">www.express-scripts.com/trsactivecare</a>
<b>Health Savings Account Flexible Spending Accounts</b> NBS	N/A	(800) 274-0503	<a href="http://www.nbsbenefits.com">www.nbsbenefits.com</a>
<b>Dental</b> Cigna	3335924	(800) 244-6224	<a href="http://www.cigna.com/dental-insurance-plan">www.cigna.com/dental-insurance-plan</a>
<b>Vision</b> EyeMed	TBD	(866) 939-3633	<a href="http://www.eyemed.com/en-us/provider">www.eyemed.com/en-us/provider</a>
<b>Basic/Voluntary Life Basic/Voluntary AD&amp;D Long Term Disability EAP</b> NY Life Group Benefits Solutions	FLX096474 OK 0966329 SLH100037	 (888) 842-4462 (866) 562-8421 (Español)	<a href="http://www.newyorklife.com/group-benefit-solutions">www.newyorklife.com/group-benefit-solutions</a>
<b>Accident Critical Illness Hospital Indemnity</b> Lincoln Financial Group	1121636	(800) 423-2765	<a href="http://www.lincolffinancial.com/public/individuals">www.lincolffinancial.com/public/individuals</a>
<b>Cancer Indemnity Insurance</b> American Public Life	3206	(800)-256-8606	<a href="http://www.ampublic.com">www.ampublic.com</a>
<b>LifeTime Benefits Perm Life</b> Chubb	TBD	(866) 324-8222	<a href="http://www.chubb.com">www.chubb.com</a>
<b>Identity Theft Protection</b> Allstate	9906	(800) 789-2720	<a href="http://www.allstate.com">www.allstate.com</a>
<b>Virtual Behavioral Health</b> Recuro Health	N/A	(855) 673-2876	<a href="http://www.recurohealth.com">www.recurohealth.com</a>
<b>Emergency Transport</b> MASA Access	B2BPNGISD	(800) 423-3226	<a href="http://www.masaaccess.com/member">www.masaaccess.com/member</a>
<b>Human Resources</b> Becky Romero Port Neches-Groves ISD	N/A	(409) 722-4244 ext.1725	<a href="mailto:bromero@pngisd.net">bromero@pngisd.net</a>

## Benefit Service Center Contact

**Benefits Service Center:**  
**(800) 933-7565**

Monday - Friday: 8:00 AM - 7:00 PM (CST)

Saturday: 9:00 AM - 3:00 PM (CST)

Before you speak with a Benefit Counselor, please have the following information ready:

- dependents' names
- birth dates
- social security numbers
- addresses
- phone numbers



# 2024-2025 PORT NECHES-GROVES ISD BENEFITS GUIDE

