

2024 - 2025 Plan Year



NEW CANEY ISD BENEFIT GUIDE

EFFECTIVE: 09/01/2024 - 08/31/2025

WWW.MYBENEFITSHUB.COM/NEWCANEYISD

Table of Contents

How to Enroll	4-5
Annual Benefit Enrollment	6-11
1. Benefit Updates	6
2. Section 125 Cafeteria Plan Guidelines	7
3. Annual Enrollment	8
4. Eligibility Requirements	9
5. Helpful Definitions	10
6. Health Savings Account (HSA) vs. Flexible Spending Account (FSA)	11
Medical	12-13
Health Savings Account (HSA)	14
Hospital Indemnity	15-16
Telehealth	17
Dental	18-19
Vision	20-21
Disability	22-24
Cancer	25-26
Accident	27-28
Life and AD&D	29-30
Legal Services	31
Identity Theft	32-33
Emergency Medical Transportation	34
Flexible Spending Account (FSA)	35-36
Employee Assistance Program (EAP)	37

FLIP TO...

PG. 4

HOW TO
ENROLL

PG. 6

SUMMARY
PAGES

PG. 12

YOUR
BENEFITS



Benefit Contact Information

NEW CANEY ISD BENEFITS Higginbotham Public Sector (800) 583-6908 www.mybenefitshub.com/newcaneyisd	MEDICAL Blue Cross Blue Shield (800) 521-2227 Pharmacy Benefits: Prime Therapeutics Group # TX381625 www.primetherapeutics.com	HEALTH SAVINGS ACCOUNT EECU (817) 882-0800 www.eecu.org
HOSPITAL INDEMNITY Cigna (800) 754-3207 www.cigna.com	TELEHEALTH MDLIVE (888) 365-1663 www.mdlive.com/fbs	DENTAL Cigna (800) 244-6224 www.cigna.com
VISION Superior Vision (800) 507-3800 www.superiorvision.com	DISABILITY Cigna (800) 244-6224 www.cigna.com	CANCER CHUBB (888) 499-0425 www.chubb.com/
ACCIDENT The Hartford (866) 547-4205 www.thehartford.com	LIFE AND AD&D Cigna (800) 244-6224 www.cigna.com	LEGAL SERVICES LegalEASE (800) 248-9000 www.legaleaseplan.com/newcaney
IDENTITY THEFT Experian (855) 797-0052 www.experian.com	EMERGENCY MEDICAL TRANSPORT MASA (800) 423-3226 www.masamts.com	FLEXIBLE SPENDING ACCOUNT (FSA) Higginbotham (866) 419-3519 https://flexservices.higginbotham.net/
EMPLOYEE ASSISTANCE PROGRAM (EAP) Cigna (800) 538-3543 www.cigna.com		

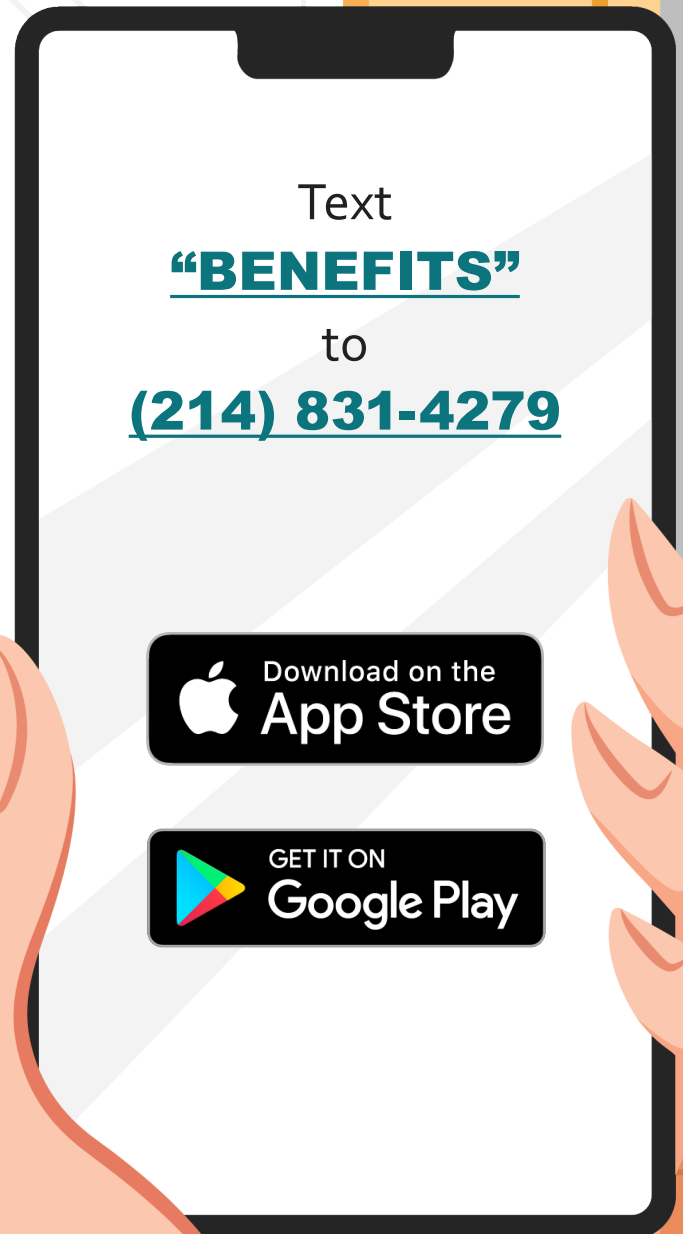
All Your Benefits - One App

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

Text **“BENEFITS”**
to **(214) 831-4279**
and get access to everything you
need to complete your benefits
enrollment:

- Benefit Resources
- Online Enrollment
- Interactive Tools
- And more!

App Group #:
FBSNCISD





Login Process

1

www.mybenefitshub.com/newcaneyisd

2

CLICK LOGIN

3

Enter your Information

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

NOTE: THEbenefits**HUB** *uses this information to check behind the scenes to confirm your employment status.*

4

Once confirmed, the Additional Security Verification 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.

5

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

Benefit Updates- What's New:

NEW Medical Plans:

New Caney is now offering medical insurance through Blue Cross Blue Shield of Texas. There are 3 plans to choose from: PPO, HMO, and HDHP (eligible for HSA).

NEW Voluntary Benefits:

Dental- Two plan options available through Cigna (PPO and DHMO). Enhanced benefits including virtual dental visits.

Hospital Indemnity Plan- Now offered through Cigna. Newborn nursery care admission now included in plan.

Cancer- Now offered through Chubb. Enhanced benefits including first diagnosis benefit, additional wellness benefits, and heart attack/stroke coverage.

Identity Theft Protection- Now offering two plan options (Elite or Premium) through Experian. Benefits include identity restoration and credit monitoring.

IRS HAS ESTABLISHED NEW CONTRIBUTION LIMITS FOR FLEX AND HSA!

- Flex- \$3,200
- HSA- \$4,150 Individual, \$8,300 Family. Those age 55+ can contribute an additional \$1,000



Don't Forget!

- **Login and complete your benefit enrollment from 07/01/2024 - 08/09/2024**
- Enrollment assistance is available by calling Higginbotham Public Sector at (866) 914-5202.
- Update your information: home address, phone numbers, email, and beneficiaries.
- **REQUIRED!!** Due to the Affordable Care Act (ACA) reporting requirements, you must add your dependent's **CORRECT** social security numbers in the online enrollment system. If you have questions, please contact your Benefits Administrator.

Section 125 Cafeteria Plan Guidelines

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 30 days of your qualifying event and meet with your Benefit Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

CHANGES IN STATUS (CIS):	QUALIFYING EVENTS
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain/Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Judgment/Decree/Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. Changes are not permitted during the plan year (outside of annual enrollment) unless a Section 125 qualifying event occurs.

- Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.
- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.

New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 30 days of benefit eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefits Office or you can call Higginbotham Public Sector at 866-914-5202 for assistance.

Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: www.mybenefitshub.com/newcaneyisd. Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

How can I find a Network Provider?

For benefit summaries and claim forms, go to the New Caney ISD benefit website: www.mybenefitshub.com/newcaneyisd. Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can log in to the carrier website and print a temporary ID card or simply give your provider the insurance company's phone number, and they can call and verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.

If the insurance carrier provides ID cards, but there are no changes to the plan, you typically will not receive a new ID card each year.

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 20 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2024 benefits become effective on September 1, 2024, you must be actively-at-work on September 1, 2024 to be eligible for your new benefits.

Dependent Eligibility Requirements

Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, through the maximum age listed below. Dependents cannot be double covered by married spouses within the district as both employees and dependents.

PLAN	MAXIMUM AGE
Medical	Through 25
Dental	Through 25
Vision	Through 25
Life	Through 25
Cancer	Through 25
Hospital Indemnity	Through 25
AD&D	Through 25
Emergency Medical Transport	Through 25
Identity Theft Protection	Through 17
Legal Services	Through 25
Accident	Through 25

Please note, limits and exclusions may apply when obtaining coverage as a married couple or when obtaining coverage for dependents.

Potential Spouse Coverage Limitations: When enrolling in coverage, please keep in mind that some benefits may not allow you to cover your spouse as a dependent if your spouse is enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Higginbotham Public Sector, or contact the insurance carrier for additional information on spouse eligibility.

FSA/HSA Limitations: Please note, in general, per IRS regulations, married couples may not enroll in both a Flexible Spending Account (FSA) and a Health Savings Account (HSA). If your spouse is covered under an FSA that reimburses for medical expenses then you and your spouse are not HSA eligible, even if you would not use your spouse's FSA to reimburse your expenses. However, there are some exceptions to the general limitation regarding specific types of FSAs. To obtain more information on whether you can enroll in a specific type of FSA or HSA as a married couple, please reach out to the FSA and/or HSA provider prior to enrolling or reach out to your tax advisor for further guidance.

Potential Dependent Coverage Limitations: When enrolling for dependent coverage, please keep in mind that some benefits may not allow you to cover your eligible dependents if they are enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Higginbotham Public Sector, or contact the insurance carrier for additional information on dependent eligibility.

Disclaimer: You acknowledge that you have read the limitations and exclusions that may apply to obtaining spouse and dependent coverage, including limitations and exclusions that may apply to enrollment in Flexible Spending Accounts and Health Savings Accounts as a married couple. You, the enrollee, shall hold harmless, defend, and indemnify Higginbotham Public Sector from any and all claims, actions, suits, charges, and judgments whatsoever that arise out of the enrollee's enrollment in spouse and/or dependent coverage, including enrollment in Flexible Spending Accounts and Health Savings Accounts.

If your dependent is disabled, coverage may be able to continue past the maximum age under certain plans. If you have a disabled dependent who is reaching an ineligible age, you must provide a physician's statement confirming your dependent's disability. Contact your Benefit Office to request a continuation of coverage.

Actively-at-Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/2024 please notify your benefits administrator.

Annual Enrollment

The period during which existing employees are given the opportunity to enroll in or change their current elections.

Annual Deductible

The amount you pay each plan year before the plan begins to pay covered expenses.

Calendar Year

January 1st through December 31st

Co-insurance

After any applicable deductible, your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

Guaranteed Coverage

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during initial eligibility period. Actively-at-work and/or pre-existing condition exclusion provisions do apply, as applicable by carrier.

In-Network

Doctors, hospitals, optometrists, dentists and other providers who have contracted with the plan as a network provider.

Out-of-Pocket Maximum

The most an eligible or insured person can pay in co-insurance for covered expenses.

Plan Year

September 1st through August 31st

Pre-Existing Conditions

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescription drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services).

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
Employer Eligibility	A qualified high deductible health plan	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	\$1,600 single (2024) \$3,200 family (2024)	N/A
Maximum Contribution	\$4,150 single (2024) \$8,300 family (2024) 55+ catch up +\$1,000	\$3,200 (2024)
Permissible Use Of Funds	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	Yes, will roll over to use for subsequent year's health coverage.	No.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

FLIP TO
FOR HSA INFORMATION

PG. 14

FLIP TO
FOR FSA INFORMATION

PG. 35

New Caney ISD - BCBS Medical Overview

	HDHP 5000 HSA	PPO Plan	HMO Plan
Coverage	In-Network Only	In-Network Only	In-Network Only
Network	Blue Choice	Blue Choice	Blue Essentials HMO
Plan Deductible Feature	Calendar Year Deductible, then Coinsurance	Calendar Year Deductible, then Coinsurance	Calendar Year Deductible, then Coinsurance
Individual/Family Deductible	\$5,000/\$10,000	\$4,000/\$8,000	\$4,000/\$8,000
Coinsurance	100% after deductible	Deductible, then Plan pays 90%	Deductible, then Plan pays 70%
Individual/Family Maximum Out-of- Pocket	\$5,000/\$10,000	\$7,000/\$14,000	\$9,100/\$18,200
Health Savings Account (HSA) Eligible	Yes	No	No
Required - Primary Care Provider (PCP)	No	No	Yes
Required - PCP Referral to Specialist	No	No	Yes
Doctor Visits			
Preventive Care	No Charge	\$0 copay	\$0 copay
Virtual Health	\$48 claim charge	\$0 per consultation	\$0 per consultation
Primary Care	100% after deductible	\$30 copay	\$45 copay
Specialist	100% after deductible	\$50 copay	\$70 copay
Care Facilities			
Urgent Care Facility	100% after deductible	\$75 copay	\$100 copay
Freestanding Emergency Room	100% after deductible	\$500 Copay	\$500 Copay
Hospital Emergency Room	100% after deductible	\$500 Copay, plus 10% Coinsurance after Deductible, waived if admitted. (If admitted, any charges described in Inpatient Hospital Services will apply.)	\$500 Copay, plus 30% Coinsurance after Deductible, waived if admitted. (If admitted, any charges described in Inpatient Hospital Services will apply.)
Ambulance Services	100% after deductible	Deductible, then Plan pays 90%	Deductible, then Plan pays 70%
Outpatient Surgery	100% after deductible	Deductible, then Plan pays 90%	Deductible, then Plan pays 70%
Hospital Services	100% after deductible	Deductible, then Plan pays 90%	Deductible, then Plan pays 70%
Surgeon Fees	100% after deductible	Deductible, then Plan pays 90%	Deductible, then Plan pays 70%
Mental Health & Chemical Dependency Treatment Services	Outpatient Services: No charge after deductible	Outpatient Services: \$30/office visit; deductible does not apply 10% coinsurance after deductible for other outpatient services	Outpatient Services: \$45/office visit; deductible does not apply. 30% coinsurance after deductible for other outpatient services
	Inpatient Services: No charge after deductible	Inpatient Services: 10% coinsurance after deductible	Inpatient Services: 30% coinsurance after deductible
Maternity and Newborn			
Maternity Charges	100% after deductible	\$30 copay for PCP or \$60 copay for Specialist (first office visit only) Inpatient Hospital Services: Deductible, then Plan pays 90%	\$45 copay for PCP or \$90 copay for Specialist (first office visit only) Inpatient Hospital Services: Deductible, then Plan pays 70%
Prescription Drug Benefits			
Drug Deductible	Intergrated into Medical	None	\$250 EE/\$500 Family
Generic	100% after deductible	\$10 copay	\$10 copay after Rx deductible
Preferred Brand	100% after deductible	\$40 copay	\$40 copay after Rx deductible
Non-Preferred	100% after deductible	\$75 copay	\$75 copay after Rx deductible
Specialty	100% after deductible	\$250 copay	\$250 copay after Rx deductible
	**copay depends on Preferred Participating or Participating Pharmacy	**copay depends on Preferred Participating or Participating Pharmacy	**copay depends on Preferred Participating or Participating Pharmacy

*The above is only a summary. It is not intended to be a complete listing of all plan details.



New Caney ISD BCBS Medical Rates Effective 09/01/2024

Medical Tier:	BCBS HDHP	NCISD ER Contribution	Employee Monthly Cost	Employee Per Paycheck
Employee	\$477.00	\$325.00	\$152.00	\$ 76.00
Employee + Spouse	\$1,306.00	\$325.00	\$981.00	\$ 490.50
Employee + Child(ren)	\$893.00	\$325.00	\$568.00	\$ 284.00
Employee + Family	\$1,706.00	\$325.00	\$1381.00	\$ 690.50
Medical Tier:	BCBS PPO	NCISD ER Contribution	Employee Monthly Cost	Employee Per Paycheck
Employee	\$482.00	\$325.00	\$157.00	\$ 78.50
Employee + Spouse	\$1,318.00	\$325.00	\$993.00	\$ 496.50
Employee + Child(ren)	\$901.00	\$325.00	\$576.00	\$ 288.00
Employee + Family	\$1,722.00	\$325.00	\$1397.00	\$ 698.50
Medical Tier:	BCBS HMO	NCISD ER Contribution	Employee Monthly Cost	Employee Per Paycheck
Employee	\$426.00	\$325.00	\$101.00	\$ 50.50
Employee + Spouse	\$1,166.00	\$325.00	\$841.00	\$ 420.50
Employee + Child(ren)	\$797.00	\$325.00	\$472.00	\$ 236.00
Employee + Family	\$1,523.00	\$325.00	\$1198.00	\$ 599.00

ABOUT HSA

A Health Savings Account (HSA) is a personal savings account where the money can only be used for eligible medical expenses. Unlike a flexible spending account (FSA), the money rolls over year to year however only those funds that have been deposited in your account can be used. Contributions to a Health Savings Account can only be used if you are also enrolled in a High Deductible Health Care Plan (HDHP).

For full plan details, please visit your benefit website:

www.mybenefitshub.com/newcaneyisd



A Health Savings Account (HSA) is more than a way to help you and your family cover health care costs – it is also a tax-exempt tool to supplement your retirement savings and cover health expenses during retirement. An HSA can provide the funds to help pay current health care expenses as well as future health care costs.

A type of personal savings account, an HSA is always yours even if you change health plans or jobs. The money in your HSA (including interest and investment earnings) grows tax-free and spends tax-free if used to pay for qualified medical expenses. There is no “use it or lose it” rule — you do not lose your money if you do not spend it in the calendar year — and there are no vesting requirements or forfeiture provisions. The account automatically rolls over year after year.

HSA Eligibility

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

- Enrolled in an HSA-eligible HDHP (High Deductible Health Plan) Not covered by another plan that is not a qualified HDHP, such as your spouse’s health plan
- Not enrolled in a Health Care Flexible Spending Account, nor should your spouse be contributing towards a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else’s tax return
- Not enrolled in Medicare or TRICARE
- Not receiving Veterans Administration benefits

You can use the money in your HSA to pay for qualified medical expenses now or in the future. You can also use HSA funds to pay health care expenses for your dependents, even if they are not covered under your HDHP.

Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2024 is based on the coverage option you elect:

- Individual – \$4,150
- Family (filing jointly) – \$8,300

You decide whether to use the money in your account to pay for qualified expenses or let it grow for future use. If you are 55 or older, you may make a yearly catch-up contribution of up to \$1,000 to your HSA. If you turn 55 at any time during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

Opening an HSA

If you meet the eligibility requirements, you may open an HSA administered by EECU. You will receive a debit card to manage your HSA account reimbursements. Keep in mind, available funds are limited to the balance in your HSA.

Important HSA Information

- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through EECU are eligible for automatic payroll deduction and company contributions.

How To Use Your HSA

- Online/Mobile: Sign-in for 24/7 account access to check your balance, pay bills and more.
- Call/Text: (817) 882-0800 EECU’s dedicated member service representatives are available to assist you with any questions. Their hours of operation are Monday through Friday from 8:00 a.m. to 7:00 p.m. CT, Saturday 9:00 a.m. to 1:00 p.m. CT and closed on Sunday.
- Lost/Stolen Debit Card: Call the 24/7 debit card hotline at (800) 333-9934.
- Stop by a local EECU financial center: www.eecu.org/locations.

ABOUT HOSPITAL INDEMNITY

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/newcaneysid



Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or non-United States citizens legally working and living in the United States (Inpats) and their Spouse, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens or Spouse, Domestic Partner, or Civil Union Partner or Dependent Child Inpats and who are legally residing in the United States who are enrolled in a Healthcare Plan.

You will be eligible for coverage on the first of the month after 30 days from date of hire or Active Service.

Your Spouse:* Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand the terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Waiting Period:* None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Hospitalization Benefits	Plan
Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$2,000
Hospital Stay No Elimination Period. Limited to 365 days, 1 benefit(s) every 365 days.	\$200
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 365 days, 1 benefit(s) every 365 days.	\$600
Hospital Observation Stay 24 Elimination Period. Limited to 24 hours.	\$500 per 24-hour period
Newborn Nursery Care Admission Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$500
Additional Benefits	Plan
Wellness Treatment, Health Screening Test and Preventative Care Benefit* <i>Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.</i>	\$75, limited to 1 per year.

Portability Feature:* You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens, Permanent Resident Aliens and non- United States Citizens working in the United States lawfully (Inpats) while residing in the United States.

	Voluntary	Employer Paid - Employee Only rate of \$17.56 will be applied to each tier if employee waives Medical
Employee Only	\$17.56	\$0
Employee and Spouse	\$40.68	\$23.12
Employee and Child(ren)	\$37.90	\$20.34
Employee and Family	\$60.86	\$43.30

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

NOTE: The following are some of the important policy provisions, terms and conditions that apply to benefits described in the policy. This is not a complete list. See your Certificate of Insurance for more information.

Benefit Amounts Payable: Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants, if allowed under this plan, may be required to provide medical evidence of insurability.

Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

Hospital Admission: Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Stay: Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.

Intensive Care Unit (ICU) Stay: Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.

Hospital Observation Stay: Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours on a non-inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.

Newborn Nursery Care Admission: Must be admitted as an Inpatient and confined in a Hospital immediately following birth at the direction and under the care of a physician.

Important Definitions:

Covered Illness: A physical or mental disease or disorder including pregnancy and complications of pregnancy that results in a covered loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.

Covered Injury: Any bodily harm that results in a covered loss.

Covered Person: An eligible person, as defined in the Schedule of Benefits, who is enrolled and for whom Evidence of Insurability, where required, has been accepted by Us, required premium has been paid when due, and coverage under this Policy remains in force.

Elimination Period: The continuous period of time that must be satisfied before a benefit shown in the Schedule of Benefits is payable. An Elimination Period may be satisfied during the Policy's Benefit Waiting Period.

Hospital:* An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of physicians; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care.

On-demand care for illness and injuries is part of your health plan.

MDLIVE. Anytime. Anywhere.

Getting sick is always a hassle. When you need care fast, talk to a board-certified MDLIVE doctor in minutes. Get reliable care from the comfort of home instead of an urgent care clinic or crowded ER. MDLIVE is open nights, weekends, and holidays. No surprise costs.

Convenient and reliable care.

MDLIVE doctors have an average of 15 years of experience and can be reached 24/7 by phone or video.

Affordable alternative to urgent care clinics and the ER.

MDLIVE treats 80+ common conditions like flu, sinus infections, pink eye, ear pain, and UTIs (Females, 18+). By talking to a doctor at home, you can avoid long waits and exposure to other sick people.

Prescriptions.

Your MDLIVE doctor can order prescriptions¹ to the pharmacy of your choice. MDLIVE can also share notes with your local doctor upon request.

MDLIVE cares for more than 80 common, non-emergency conditions, including:

- Allergies
- Cold & Flu
- Cough
- Ear Pain
- Headache
- Prescriptions
- Pink Eye
- Sinus Problems
- Sore Throat
- UTI (Females, 18+)
- Yeast Infections
- And more



Get the app



Meet Sophie, your personal assistant
Text FBS to 635483 to create an account.

Create your account today.
mdlive.com/FBS | 888.365.1663

¹Prescriptions are available at the physician's discretion when medically necessary. A renewal of an existing prescription can also be provided when your regular physician is unavailable, depending on the type of medication.

Copyright © 2022 MDLIVE Inc. All Rights Reserved. MDLIVE may not be available in certain states and is subject to state regulations. MDLIVE does not replace the primary care physician, is not an insurance product and may not be able to substitute for traditional in person care in every case or for every condition. MDLIVE does not prescribe DEA controlled substances and may not prescribe non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE does not guarantee patients will receive a prescription. Healthcare professionals using the platform have the right to deny care if based on professional judgment a case is inappropriate for telehealth or for misuse of services. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit <https://www.MDLIVE.com/terms-of-use/>. 300-4148-21

ABOUT DENTAL

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/newcaneyisd



Cigna Dental Choice Plan				
Network Options	In-Network:		Out-of-Network:	
	Total Cigna DPPO Network		See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
WellnessPlus SM Progressive Maximum Benefit: When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below. Please refer to your plan materials for additional information on this plan feature.				
	Year 1: \$1,500		Year 1: \$1,500	
Policy Year Benefits Maximum	Year 2: \$1,700		Year 2: \$1,700	
Applies to: Class II, III & IX expenses	Year 3: \$1,900		Year 3: \$1,900	
	Year 4 & Beyond: \$2,100		Year 4 & Beyond: \$2,100	
Policy Year Deductible				
Individual	\$50		\$50	
Family	\$150		\$150	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive				
Oral Evaluations				
Prophylaxis: routine cleanings				
X-rays: routine				
X-rays: non-routine	100%	No Charge	100%	No Charge
Fluoride Application	No Deductible		No Deductible	No Charge
Sealants: per tooth				
Space Maintainers: non-orthodontic				
Emergency Care to Relieve Pain (Note: This service is administrated at the in network coinsurance level.)				
Class II: Basic Restorative				
Restorative: fillings				
Endodontics: minor and major	80%	20%	80%	20%
Periodontics: minor and major	After Deductible	After Deductible	After Deductible	After Deductible
Oral Surgery: minor and major				
Anesthesia: general and IV sedation				
Crowns: prefabricated stainless steel / resin				
Class III: Major Restorative				
Inlays and Onlays				
Prosthesis Over Implant				
Crowns: permanent cast and porcelain	50%	50%	50%	50%
Bridges and Dentures	After Deductible	After Deductible	After Deductible	After Deductible
Repairs: Bridges, Crowns and Inlays				
Repairs: Dentures				
Denture Relines, Rebases and Adjustments				
Class IV: Orthodontia				
Coverage for Dependent Children to age 19	50%	50%	50%	50%
Lifetime Benefits Maximum: \$1,000	No Deductible	No Deductible	No Deductible	No Deductible
	50%	50%	50%	50%
Class IX: Implants				
	After Deductible	After Deductible	After Deductible	After Deductible

Benefit Plan Provisions:

In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider allowed amounts in the geographic area. The dentist may balance bill up to their usual fees.
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in-network and out-of-network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.
Policy Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
Policy Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Oral Health Integration Program®	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.

Benefit Limitations:

Oral Evaluations/Exams	2 per policy year.
X-rays (routine)	Bitewings: 2 per policy year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	3 per policy year, including periodontal maintenance procedures following active therapy.
Fluoride Application	1 per policy year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.

DHMO PLAN

If you enroll in the DHMO plan, you must select a Primary Care Dentist (PCD) from the DHMO network directory to manage your care. Each eligible dependent may choose their own PCD. The Patient Charge Schedule applies only when covered dental services are performed by your network dentist. Not all Network Dentist perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services. Dental services are unlimited; you pay fixed co-pays, there are no deductibles and there are no claim forms to file. There is no coverage for services provided without a referral from your PCD or if you seek care from out-of-network providers. Please refer to link below for patient charge schedule details: [Click Here](#)

How do I find an In-network Dentist?

Visit: <https://hcpdirectory.cigna.com/> or call 800-244-6224 to find an in-network dentist. Your network will be Cigna Dental Care DHMO.

	DPPO	DHMO
Employee Only	\$37.74	\$10.64
Employee and Spouse	\$71.46	\$18.90
Employee and Child(ren)	\$93.52	\$23.08
Employee and Family	\$127.30	\$34.02

Vision Insurance

Superior Vision

EMPLOYEE
BENEFITS

ABOUT VISION

Vision insurance helps cover the cost of care for maintaining healthy vision. Similar to an annual checkup at your family doctor, routine eyecare is necessary to ensure that your eyes are healthy and to check for any signs of eye conditions or diseases. Most plans cover your routine eye exam with a copay and provide an allowance for Frames or Contact Lenses.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/newcaneyisd

Superior Vision Customer Service 1-800-507-3800



An overview of your vision benefits

- In-network benefits available through network eye care professionals.
- Find an in-network eye care professional at superiorvision.com. Call your eye doctor to verify network participation.
- Obtain a vision exam with either an MD or OD.
- Flexibility to use different eye care professionals for exam and for eyewear.
- Access your benefits through our mobile app – Display member ID card – view your member ID card in full screen or save to wallet.

Our network is built to support you.

- We manage one of the largest eye care professional networks in the country.
- The network includes 50 of the top 50 national retailers. Examples include:



- In-network online retail Providers:



Additional discounts

Members may also receive additional discounts, including 20% off lens upgrades and 30% off additional pairs of glasses.*

Access to LASIK discounts

A LASIK discount is available to all covered members. Our Discounted LASIK services are administered by QualSight. Visit lasik.sv.qualsight.com to learn more.

Access to hearing aid discounts

Members save up to 40% on brand name hearing aids and have access to a nationwide network of licensed hearing professionals through Your Hearing Network.

*Discounts are provided by participating locations. Verify if their eye care professional participates in the discount feature before receiving service.

Vision Insurance

Superior Vision



EMPLOYEE
BENEFITS

Superiorvision.com

Vision Care Plan for

New Caney ISD

You may choose from two plans: High plan or Low plan

Benefits through Superior National network

Frequency	High	Low
Exam	12 months	12 months
Frame	12 months	24 months
Contact lens fitting	12 months	12 months
Eyeglass lenses	12 months	12 months
Contact Lenses	12 months	12 months

(based on date of service)



Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.



Exams

Eye exam copay:

\$10

Contact lens fitting² copay
(standard and specialty):

\$25

Specialty In-network allowance:

\$50



Frames

In-network allowance (High / Low):

\$150 / \$100



Materials¹

Materials copay:

\$10



Contacts⁵ In lieu of glasses

In-network allowance (High / Low):

\$150 / \$120

Monthly Premiums

	High plan	Low plan
Employee only:	\$9.10	\$5.56
Employee + spouse:	\$17.40	\$10.63
Employee + child(ren):	\$17.40	\$10.63
Employee + family:	\$24.36	\$14.88

Lenses (per pair)	In-Network Coverage High Plan	In-Network Coverage Low Plan	Out-of-Network Reimbursement
Single vision	Covered-in-full	Covered-in-full	Up to \$26
Bifocal	Covered-in-full	Covered-in-full	Up to \$34
Trifocal	Covered-in-full	Covered-in-full	Up to \$50
Progressives	Covered-in-full ³	Covered at trifocal level ⁴	Up to \$34 high plan/ Up to \$50 low plan
Polycarbonate	Covered in full	Covered in full - dep children only	Not covered
Ultraviolet coat	Covered in full	Not covered	Not covered
Factory scratch coat	Covered in full	Not covered	Not covered



ABOUT DISABILITY

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/newcaneyisd



If you need to file a claim, please contact New York Life at 888-842 4462 or 866-562-8421(español).

If you had an unexpected illness or injury and were unable to work, how long would you be able to pay your bills? Long-term disability pays a portion of your salary if you're unable to work due to a covered disability.

Disability	
Elimination Period	per \$100 in benefit
7/7	\$3.56
14/14	\$2.91
30/30	\$2.42
60/60	\$1.64
90/90	\$1.43

Who Can Elect Coverage?:

You: All active, Full-time Employees of the Employer who are United States citizens or permanent resident aliens regularly working a minimum of 20 hours per week in the United States. You will be eligible for coverage the first of the month following date of hire.

Gross Monthly Benefit	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
Units of \$100/ Minimum of \$200	Lesser of 66.67% of your monthly covered earnings or \$8,000	Opt. 1- 0 days accident/7 days sickness Opt. 2-14 days for accident and sickness Opt. 3-30 days for accident and sickness Opt. 4-60 days for accident and sickness Opt. 5-90 days for accident and sickness	Please refer to the 'How Long Benefits Last' section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Important Definitions and Policy Provisions:

Disability – “Disability” or “Disabled” means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/ regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training

or experience, and you are unable to earn 80% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings - Employee’s annual wage or salary, including stipends paid by your Employer or contracted in writing to be paid by your Employer, during the contract year which you became disabled, excluding bonuses, commissions, overtime pay, and extra compensation.

When Benefits Begin - You must be continuously Disabled for 7 Days before benefits will be paid for a covered Disability.

How Long Benefits Last - Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the following schedule, depending on your age at the time you become Disabled.

When Coverage Takes Effect - Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Maximum Benefit Period Schedule	
Age of Disability	Duration of Payments (Accident and Sickness)
Age 62 or Younger	To age 65 or the date the 42nd monthly benefit is payable, if later.
63	36
64	30
65	24
66	21
67	18
68	15
69+	12

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits - This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your

outline of coverage, policy certificate, or your employer's summary plan description.

Earnings While Disabled - During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period - Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted. Pre-existing Condition Limitation- Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance.

Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance. **Note: Disabilities resulting from a Pre-Existing Condition are payable for up to 4 weeks.**

Termination of Disability Benefits - Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date benefits end because you did not comply with the terms and conditions of the policy.

Exclusions - This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or intentionally selfinflicted injury while sane or insane. war or any act of war, whether or not declared. active participation in a riot; commission of a felony; the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy. any cosmetic surgery or surgical procedure that is not Medically Necessary.

Educator Disability - Definitions

What is disability insurance? Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time. This type of disability plan is called an educator disability plan and includes both long and short term coverage into one convenient plan.

Pre-Existing Condition Limitations - Please note that all plans will include pre-existing condition limitations that could impact you if you are a first-time enrollee in your employer's disability plan. This includes during your initial new hire enrollment. Please review your plan details to find more information about pre-existing condition limitations.

How do I choose which plan to enroll in during my open enrollment?

1. First choose your elimination period. The elimination period, sometimes referred to as the waiting period, is how long you are disabled and unable to work before your benefit will begin. This will be displayed as 2 numbers such as 0/7, 14/14, 30/30, 60/60, 90/90, etc.

The first number indicates the number of days you must be disabled due to **Injury** and the second number indicates the number of days you must be disabled due to **Sickness**.

When choosing your elimination period, ask yourself, "How long can I go without a paycheck?" Based on the answer to this question, choose your elimination period accordingly.

Important Note- some plans will waive the elimination period if you choose 30/30 or less and you are confined as an inpatient to the hospital for a specific time period. Please review your plan details to see if this feature is available to you.

2. Next choose your benefit amount. This is the maximum amount of money you would receive from the carrier on a monthly basis once your disability claim is approved by the carrier.

When choosing your monthly benefit, ask yourself, "How much money do I need to be able to pay my monthly expenses?" Based on the answer to this question, choose your monthly benefit accordingly.

The screenshot shows a web form titled "Current Long Term Disability Plan Election". A message states: "The employee is not currently enrolled in any Long Term Disability plans." Below this is a table with three columns: "Available Long Term Disability Plans", "Monthly Benefit", and "Cost".

Available Long Term Disability Plans	Monthly Benefit	Cost
<input checked="" type="radio"/> 7 Day Waiting Period View Plan Outline of Benefits <small>Cost is deducted on a post-tax basis</small>	\$2,600.00 - Cost: \$84.76 ▾	
<input type="radio"/> 14 Day Waiting Period View Plan Outline of Benefits <small>Cost is deducted on a post-tax basis</small>	Select Coverage... ▾	
<input type="radio"/> 30 Day Waiting Period View Plan Outline of Benefits <small>Cost is deducted on a post-tax basis</small>	Select Coverage... ▾	

Annotations on the form:

- A teal box at the top right says "Choose your Benefit Amount from the drop down box." with an arrow pointing to the "Monthly Benefit" column.
- A teal box at the bottom left says "Choose your desired elimination period." with three arrows pointing to the radio buttons for the 7, 14, and 30 Day Waiting Period options.

ABOUT CANCER

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

For full plan details, please visit your benefit website:

www.mybenefitshub.com/newcaneysid



Cancer Insurance Benefits	Low Plan	High Plan
First cancer benefit	\$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year	\$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year
Diagnosis of cancer	\$5,000 employee or spouse \$7,500 child(ren) Waiting period: 0 days Benefit reduction: none	\$10,000 employee or spouse \$15,000 child(ren) Waiting period: 0 days Benefit reduction: none
Hospital confinement	\$300 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31	\$300 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31
Hospital confinement ICU	\$600 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31	\$600 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31
Radiation therapy, chemotherapy, immunotherapy	Maximum per covered person per calendar year per 12-month period: \$15,000	Maximum per covered person per calendar year per 12-month period: \$20,000
Alternative care	\$75 per visit Maximum visits per calendar year: 4	\$75 per visit Maximum visits per calendar year: 4
Medical imaging	\$500 per imaging study Maximum studies per calendar year: 2	\$500 per imaging study Maximum studies per calendar year: 2
Skin cancer initial diagnosis	\$100 per diagnosis Lifetime maximum: 1	\$100 per diagnosis Lifetime maximum: 1
Cancer Insurance Benefits	Low Plan	High Plan
Attending physician	\$30 per visit Maximum visits per confinement: 2 Maximum visits per calendar year: 4	\$50 per visit Maximum visits per confinement: 2 Maximum visits per calendar year: 4
Hospital confinement sub-acute ICU	\$300 per day – days 1 through 30 Additional days: \$300 Maximum days per confinement: 31	\$300 per day – days 1 through 30 Additional days: \$300 Maximum days per confinement: 31
Family care	Childcare: \$100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: \$100 per day Maximum days per calendar year: 30	Childcare: \$100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: \$100 per day Maximum days per calendar year: 30

Cancer Treatment Benefits	Low Plan	High Plan
Prescription drug in-patient	Per confinement: \$150 Maximum confinements per calendar year: 6	Per confinement: \$150 Maximum confinements per calendar year: 6
Private full-time nursing services	\$150 per day Maximum days per confinement: 5	\$150 per day Maximum days per confinement: 5
U.S. government or charity hospital	Days 1 through 30: \$100 Additional days: \$100 Maximum days per confinement: 15	Days 1 through 30: \$300 Additional days: \$600 Maximum days per confinement: 15
Renewability	Conditionally Renewable Coverage is automatically renewed as long as the insured is an eligible employee, premiums are paid as due, and the policy is in force.	
Portability	Portability Employees can keep their coverage if they change jobs or retire while the policy is in-force.	
Continuity of coverage	Included	
Pre-existing conditions limitation	A condition for which a covered person received medical advice or treatment within the 12 months preceding the certificate effective date.	
Waiver of premium	Included	
Continuity of coverage	<p>If the certificate replaced another cancer indemnity certificate or individual policy, your coverage under the certificate shall not limit or exclude coverage for a pre-existing condition or waiting period that would have been covered under the policy being replaced.</p> <p>Benefits payable for a pre-existing condition or during the waiting period will be the lesser of the benefits that would have been payable under the terms of the prior coverage if it had remained in force; or the benefits payable under the certificate.</p> <p>Time periods applicable to pre-existing conditions and waiting periods will be waived to the extent that similar limitations or exclusions were satisfied under the coverage being replaced.</p> <p>Continuity of coverage is only extended to the benefits provided under the certificate. The certificate may not include all the benefits provided under the prior coverage.</p>	
Definition of cancer	<p>Cancer means carcinoma in situ, leukemia, or a malignant tumor characterized by uncontrolled cell growth and invasion or spread of malignant cells to distant tissue. Cancer is also defined as cancer which meets the diagnosis criteria of malignancy established by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.</p> <p>Carcinoma in situ means a malignant tumor which is typically classified as Stage 0 cancer, where the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue.</p>	
Definition of cancer	The following are not considered cancer: Pre-malignant conditions or conditions with malignant potential; non-invasive basal cell carcinoma of the skin; non-invasive squamous cell carcinoma of the skin; or melanoma diagnosed as Clark's Level I or II or Breslow less than .75mm.	
Plan descriptions	Refer to the Certificate of Coverage for details specific to each plan.	

No benefits will be paid for a date of diagnosis or treatment of cancer prior to the coverage effective date, except where continuity of coverage applies.

No benefits will be paid for services rendered by a member of the immediate family of a covered person.

We will not pay benefits for other conditions or diseases, except losses due directly from cancer or skin cancer.

We will not pay benefits for cancer or skin cancer if the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions. Benefits will be payable if the covered person returns to the territorial limits of the United States and its possessions, and a physician confirms the diagnosis or receives treatment.

Monthly Premium	Low Plan	High Plan
Employee only	\$16.84	\$28.18
Employee + spouse	\$32.00	\$53.94
Employee + child(ren)	\$21.38	\$35.08
Family	\$37.60	\$62.54

Accident Insurance

The Hartford

EMPLOYEE BENEFITS

ABOUT ACCIDENT

Do you have kids playing sports, are you a weekend warrior, or maybe you're accident-prone? Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/newcaneyisd



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

HOW DO I FILE A CLAIM?

- Retrieve the form online at <http://www.thehartford.com/benefits/myclaim>. For assistance in completing this form, contact (866) 547-4205.
- File claims for Health Screening Benefits by calling 866-547-4205.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

Accident

Employee Only	\$7.00
Employee and Spouse	\$11.04
Employee and Child(ren)	\$11.92
Employee and Family	\$18.68

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

Accident Insurance

The Hartford

EMPLOYEE BENEFITS

PLAN INFORMATION		LOW PLAN
Coverage Type		On and off-job (24 hour)
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		LOW PLAN
Accident Follow-Up	Up to 3 visits per accident	\$75
Acupuncture/Chiropractic Care	Up to 10 visits each per accident	\$25
Ambulance – Air	Once per accident	\$900
Ambulance – Ground	Once per accident	\$300
Blood/Plasma/Platelets	Once per accident	\$200
Child Care	Up to 30 days per accident while insured is confined	\$25
Daily Hospital Confinement	Up to 365 days per lifetime	\$200
Daily ICU Confinement	Up to 30 days per accident	\$400
Diagnostic Exam	Once per accident	\$200
Emergency Dental	Once per accident	Up to \$300
Emergency Room	Once per accident	\$150
Hospital Admission	Once per accident	\$1,000
Initial Physician Office Visit	Once per accident	\$75
Lodging	Up to 30 nights per lifetime	\$125
Medical Appliance	Once per accident	\$100
Rehabilitation Facility	Up to 15 days per lifetime	\$100
Transportation	Up to 3 trips per accident	\$300
Urgent Care	Once per accident	\$75
X-ray	Once per accident	\$50
SPECIFIED INJURY & SURGERY		LOW PLAN
Abdominal/Thoracic Surgery	Once per accident	\$1,500
Arthroscopic Surgery	Once per accident	\$300
Burn	Once per accident	Up to \$10,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit
Concussion	Up to 3 per year	\$150
Dislocation	Once per joint per lifetime	Up to \$4,000
Eye Injury	Once per accident	Up to \$400
Fracture	Once per bone per accident	Up to \$6,000
Hernia Repair	Once per accident	\$150
Joint Replacement	Once per accident	\$2,000
Knee Cartilage	Once per accident	Up to \$750
Laceration	Once per accident	Up to \$600
Ruptured Disc	Once per accident	\$750
Tendon/Ligament/Rotator Cuff	Up to 2 per accident	Up to \$1,500
CATASTROPHIC		LOW PLAN
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$30,000
Common Carrier Death	Within 90 days; Spouse @ 50% and child @ 25%	\$90,000
Coma	Once per accident	\$10,000
Dismemberment	Once per accident	Up to \$30,000
Home Health Care	Up to 30 days per accident	\$50
Paralysis	Once per accident	Up to \$10,000
Prosthesis	Up to 2 per accident	Up to \$1,500
FEATURES		LOW PLAN
Ability Assist® EAP – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampionSM³ – Administrative & clinical support following serious illness or injury		Included

ABOUT LIFE AND AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/newcaneyisd



Basic Life Insurance

Who Is Eligible For Coverage?:

You: All active, Full-time Employees of the Employer who are United States citizens or permanent resident aliens regularly working a minimum of 20 hours per week in the United States. You will be eligible for coverage the first day of the month following 30 days from your date of hire.

Available Coverage	Benefit Amount
Employee	\$30,000

Voluntary Term Life Insurance

Who Is Eligible For Coverage?:

You: All active, Full-time Employees of the Employer who are United States citizens or permanent resident aliens regularly working a minimum of 20 hours per week in the United States. You will be eligible for coverage the first day of the month following 30 days from your date of hire.

Your Spouse: Is eligible as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

Available Coverage	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	Units of \$10,000	\$500,000	\$200,000
Spouse	Units of \$5,000	\$500,000	\$50,000
Children	Units of \$5,000	\$10,000; under 6 Months of \$1,000	All amounts

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

Additional Features:

Waiver of Premium – If you become Disabled prior to age 65, and you remain Disabled continuously for a 12 month period and thereafter, you won't need to pay premiums for your life insurance coverage, provided we/the Insurance Company determine(s) you are Disabled. "Disabled" for this coverage means, because of injury or sickness, you are unable to perform the material duties of your regular occupation, or are receiving disability benefits under a program sponsored by your employer, for the first 12 months after your Disability began. Thereafter, you must be unable to perform the material duties of any occupation that you are or may reasonably become qualified based on your education, training or experience. If you qualify for this coverage and have insured your spouse or children, the insurance company will also waive their premium if applicable.

Accelerated Death Benefit – Terminal Illness – If two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

- Employee: 75% of your Term Life Insurance coverage amount or \$375,000, whichever is less.
- Spouse: 75% of your Term Life Insurance coverage amount or \$375,000, whichever is less.

Portability – If your employment is terminated, you can continue your life insurance on a direct-bill basis. Coverage may also be continued for your spouse/children. Premiums will increase at this time. Coverage can be continued to age 70, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Guaranteed Issue:

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage for yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable proof of good health.

Accidental Death & Dismemberment

Who Can Elect Coverage?:

You: All active, Full-time Employees of the Employer who are United States citizens or permanent resident aliens regularly working a minimum of 20 hours per week in the United States. You will be eligible for coverage the first of the month following date of hire. Your Spouse: Up to age 70, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

Available Coverage:	Benefit Amount	Maximum
Employee	Units of \$10,000	\$500,000
Spouse	Units of \$5,000	\$500,000
Child(ren)	Units of \$5,000	\$10,000

Voluntary Life (per \$10,000)		
Employee Age	Employee	Spouse
< 20- 24	\$0.36	\$0.45
25- 29	\$0.43	\$0.45
30- 34	\$0.58	\$0.64
35- 39	\$0.65	\$0.73
40- 44	\$0.72	\$1.00
45- 49	\$1.08	\$1.46
50- 54	\$1.66	\$2.48
55- 59	\$3.10	\$3.86
60- 64	\$4.76	\$5.97
65- 69	\$9.15	\$11.58
70-99	\$14.84	\$14.84

Children Life	
\$10,000.00	\$2.00

AD&D (per \$1,000)	
Employee Only	\$0.02
Spouse Only	\$0.04
Child(ren) Only	\$0.04

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

ABOUT LEGAL SERVICES

Legal plans provide benefits that cover the most common legal needs you may encounter- like creating a standard will, living will, healthcare power of attorney or buying a home.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/newcaneyisd



A legal benefits plan can ease the biggest stresses – finding and paying for legal expertise when you need it most.

Life events can lead to unexpected legal concerns that are difficult to handle alone. Enrolling in a legal benefits plan reduces the stress of finding and paying for an attorney when it matters most.

LegalEASE offers a legal benefits plan that provides support and protection for unexpected personal legal issues.

What you get with a LegalEASE benefits plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In and out-of-network coverage
- Concierge help navigating common individual or family legal issues

The value of a LegalEASE benefits plan.

As a member, you have access to a national network of over 20,300 attorneys who are matched to your specific legal needs. Being a LegalEASE benefits member also saves you time and costly legal fees. But most importantly, it gives you confidence and provides coverage* for:

- Home and consumer (Refinancing, Tenant Dispute, Foreclosure)
- Financial (Debt Collection, Contracts)
- Auto and traffic (License Suspensions, Administrative Proceedings)
- Family (Divorce, Adoption, Name Change)
- Estate planning and wills (Will, Living Will, Health Care Power of Attorney)

The LegalEASE benefits plan is \$15.17 monthly, via payroll deduction. To learn more about your legal benefits plan visit <https://www.legaleaseplan.com/newcaney> or call 1(800) 248-9000.

Be prepared and fully confident with a LegalEASE benefits plan.

You work hard to make the right choices for your loved ones – especially when it comes to legal and financial matters. Get the peace of mind you want and the protection you need with LegalEASE.

*Visit <https://www.legaleaseplan.com/newcaney> for more information.

Legal Services	
Employee & Family	\$15.18

Identity Theft + Financial Wellness

Experian

EMPLOYEE
BENEFITS

ABOUT Identity Theft

As identity theft and fraud continue to increase, an evolving suite of products helps you monitor any potential threats to your identity and alerts you if there are any areas of concern. You will also have access to a full financial wellness platform and proactive digital privacy tools that can help you keep passwords and other personal information private and secure while surfing the web.



For full plan details, please visit your benefit website:
www.mybenefitshub.com/newcaneyisd

Identity Theft insurance¹

Get help when things go bad. Generous insurance is there to cover up to \$1M of fraud recovery expenses.

Digital Identity Manager™

Reclaim exposed info from people finder sites to help reduce your risk of ID theft and potential fraud.

Identity Restoration

Get back on track with help from a trained agent that can walk you through the process of reclaiming what's yours.

Secure VPN

Helps to prevent people and companies from collecting your personal information and data.

Experian® CreditLock

Block fraudsters from getting new credit with your info to help prevent ID theft. Unlock when applying for credit.

Password Manager

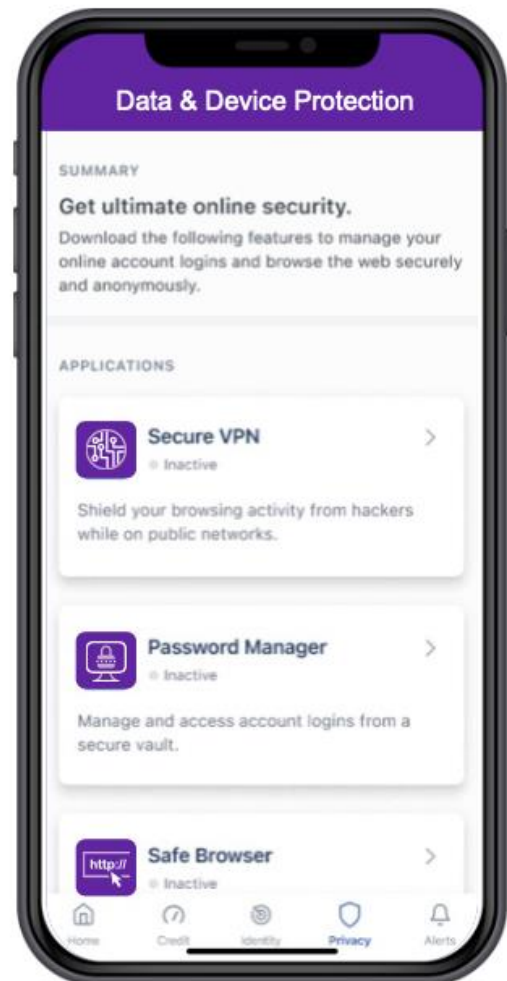
Safely store and protect your logins and payment info in one place with airtight security features.

Dark Web Monitoring

We'll alert you if we detect any threats on the millions of data points we scan, so you can protect your information.

Safe Browser

Get alerted when you visit unsafe websites, block ads and help prevent tracking of your personal data.



¹ The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company under group or blanket policy(ies). 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.

Identity Theft + Financial Wellness

Experian

EMPLOYEE
BENEFITS

Take control and improve how lenders see you with a credit education experience from Experian®. Innovative features provide you direct access to the reports and scores lenders use to make credit approval decisions.

Digital Financial Manager™

- Unlimited Account Link (Checking, Credit, 401k etc.)
- Automated Budgets powered by Artificial Intelligence
- Digital Wallet (Venmo®, Apple Pay®, PayPal®, etc.)
- Transaction & Spending Categorization
- Spending Summaries & Payment Reminders
- Debt & Cashflow Management
- Financial Goal Planning & Tracking
- Net Worth & Investment Tracking
- Financial Health Analysis & Score
- Account Activity & Transaction Alerts

Credit & Financial Improvement Insights

50+ unique recommendations to help achieve financial goals sooner including activity, spending, budgeting, and VantageScore®* improvements.

Innovative Money Management Features

Link all your accounts to stay on top of your daily spending with recommended budgets powered by AI and machine learning of past transactional behavior.



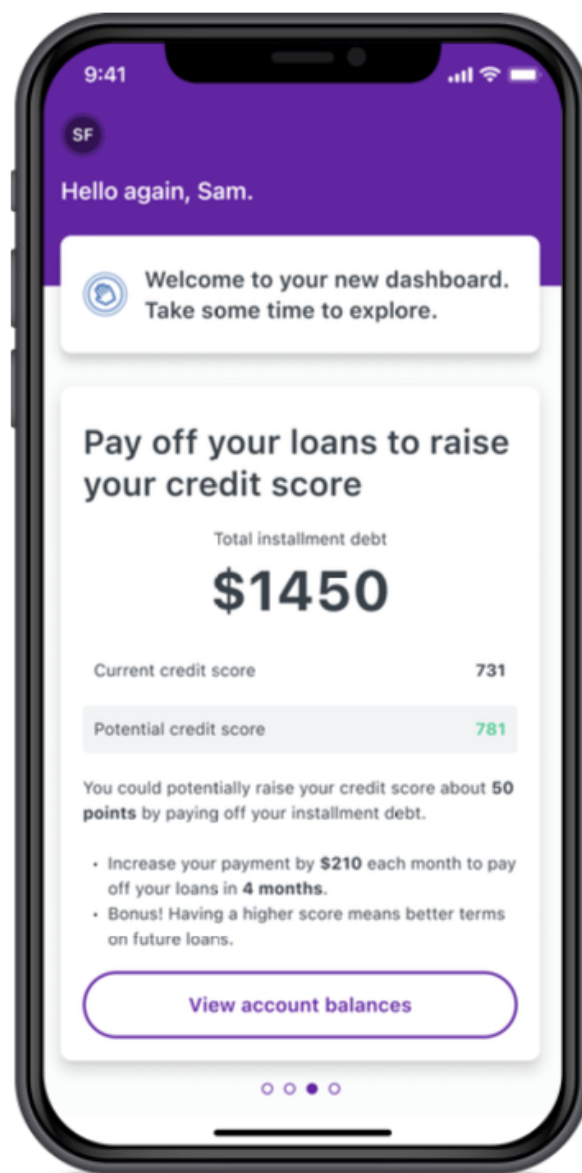
Automated
Budgeting



Transaction
Monitoring



Cashflow
Analysis



Monthly Rate

Employee

Family

Elite plan

\$7.50

\$14.00

Premium plan

\$4.50

\$10.50



Stay prepared with MASA[®] AccessSM

Comprehensive coverage and
care for emergency transport.

Our Emergent Plus membership plan includes:

Emergency Ground Ambulance Coverage¹

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

Emergency Air Ambulance Coverage¹

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

Hospital to Hospital Ambulance Coverage¹

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 Coverage¹

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.

Flexible Spending Account (FSA)

Higginbotham

EMPLOYEE
BENEFITS

ABOUT FSA

A Flexible Spending Account allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit. This money is use it or lose it within the plan year.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/newcaneyisd



Health Care FSA

The Health Care FSA covers qualified medical, dental and vision expenses for you or your eligible dependents. You may contribute up to \$3,200 annually to a Health Care FSA and you are entitled to the full election from day one of your plan year. Eligible expenses include:

- Dental and vision expenses
- Medical deductibles and coinsurance
- Prescription copays
- Hearing aids and batteries

You may have the option to enroll in both a HSA and FSA, however doing so will make your FSA a "Limited" FSA, which means it will only be available for dental and vision expenses. All medical expenses would need to be processed through your HSA.

Higginbotham Benefits Debit Card

The Higginbotham Benefits Debit Card gives you immediate access to funds in your Health Care FSA when you make a purchase without needing to file a claim for reimbursement. If you use the debit card to pay anything other than a copay amount, you will need to submit an itemized receipt or an Explanation of Benefits (EOB).

Dependent Care FSA

The Dependent Care FSA helps pay for expenses associated with caring for elder or child dependents so you or your spouse can work or attend school full time. You can use the account to pay for day care or baby sitter expenses for your children under age 13 and qualifying older dependents, such as dependent parents. Reimbursement from your Dependent Care FSA is limited to the total amount deposited in your account at that time. To be eligible, you must be a single parent or you and your spouse must be employed outside the home, disabled or a full-time student.

Things to Consider Regarding the Dependent Care FSA

- Overnight camps are not eligible for reimbursement (only day camps can be considered).
- If your child turns 13 midyear, you may only request reimbursement for the part of the year when the child is under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.
- The dependent care provider cannot be your child under age 19 or anyone claimed as a dependent on your income taxes.

Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$3,200. The maximum per plan year you can contribute to a Dependent Care FSA is \$5,000 when filing jointly or head of household and \$2,500 when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.
- In most cases, you can continue to file claims incurred during the plan year for another 90 days after the plan year ends.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.
- The IRS has amended the “use it or lose it rule” to allow you to carry-over up to \$640 in your Health Care FSA into the next plan year for eligible employers. The carry-over rule does not apply to your Dependent Care FSA.
- Review your employer's Summary Plan Document for full details. FSA rules vary by employer.

Over-the-Counter Item Rule Reminder

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription to qualify as an eligible Health Care FSA expense. You will only need to obtain a one-time prescription for the current plan year. You can continue to purchase your regular prescription medications with your FSA debit card. However, the FSA debit card may not be used as payment for an OTC item, even when accompanied by a prescription.

Higginbotham Portal

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

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

Register on the Higginbotham Portal

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

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

Employee Assistance Program (EAP)

New York Life

EMPLOYEE
BENEFITS

ABOUT EAP

An Employee Assistance Program (EAP) is a program that assists you in resolving problems such as finding child or elder care, relationship challenges, financial or legal problems, etc. This program is provided by your employer at no cost to you.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/newcaneyisd



Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Call us anytime, any day.

We're just a phone call away whenever you need us.

At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a specialist.

You have face-to-face sessions with a behavioral counselor available to you- and your household members. Call us to request a referral.

Monthly Webinars

Educational seminars on a variety of relevant topics such as managing your life, work, money and health, are available in a quarterly calendar of monthly webcasts distributed to your employer.

Achieve work/life balance.

For help handling life's challenges go on line for articles and resources including on family, care giving, pet care, aging, grief, balancing, working smarter, and more.

Legal consultation and referrals

Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.

Financial consultations.

Receive a free 30-minute consultation and 25% discount on tax planning and preparation.

Life Assistance Program
– 24/7 support
Phone: (800) 344-9752
Website: guidanceresources.com

Notes

[illegible]

Notes

[illegible]

2024 - 2025 Plan Year



Enrollment Guide General Disclaimer: This summary of benefits for employees is meant only as a brief description of some of the programs for which employees may be eligible. This summary does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at the New Caney ISD Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

Rate Sheet General Disclaimer: The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at the New Caney ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

WWW.MYBENEFITSHUB.COM/NEWCANEYISD