

2024 - 2025 Plan Year



# BEAUMONT ISD BENEFIT GUIDE

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

[WWW.MYBENEFITSHUB.COM/BEAUMONTISD](http://WWW.MYBENEFITSHUB.COM/BEAUMONTISD)

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## FLIP TO...

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HOW TO  
ENROLL

**PG. 6**

SUMMARY  
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**PG. 10**

YOUR  
BENEFITS



# Benefit Contact Information

<b>BENEFIT ADMINISTRATORS</b>	<b>MEDICAL</b>	<b>HOSPITAL INDEMNITY</b>
Higginbotham Public Sector (800) 583-6908 <a href="http://www.mybenefitshub.com/beaumontisd">www.mybenefitshub.com/beaumontisd</a>	Blue Cross Blue Shield (800) 521-2227 <a href="http://www.bcbstx.com">www.bcbstx.com</a>	Lincoln Financial Group (800) 423-2765 <a href="http://www.lfg.com">www.lfg.com</a>
<b>TELEHEALTH</b>	<b>DENTAL</b>	<b>VISION</b>
MDlive (888) 365-1663 <a href="http://www.consultmdlive.com">www.consultmdlive.com</a>	Lincoln Financial Group (800) 423-2765 <a href="http://www.lfg.com">www.lfg.com</a>	UnitedHealthCare Group #905631 (800) 638-3120 <a href="http://www.myuhcvision.com">www.myuhcvision.com</a>
<b>EDUCATOR DISABILITY</b>	<b>CANCER</b>	<b>ACCIDENT</b>
New York Life Group #SLH-10019 (800) 362-4462 <a href="http://www.newyorklife.com">www.newyorklife.com</a>	CHUBB (888) 499-0425 <a href="http://www.chubb.com">www.chubb.com</a>	The Hartford (866) 547-4205 <a href="http://www.thehartford.com">www.thehartford.com</a>
<b>LIFE AND AD&amp;D</b>	<b>INDIVIDUAL LIFE</b>	<b>CRITICAL ILLNESS</b>
Lincoln Financial Group (800) 423-2765 <a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>	Texas Life (800) 283-9233 <a href="http://www.texaslife.com">www.texaslife.com</a>	Lincoln Financial Group (800) 423-2765 <a href="http://www.lfg.com">www.lfg.com</a>
<b>IDENTITY THEFT</b>	<b>EMERGENCY TRANSPORTATION</b>	<b>FLEXIBLE SPENDING ACCOUNT (FSA)</b>
IDWatchdog (866) 513-1518 <a href="http://www.idwatchdog.com">www.idwatchdog.com</a>	MASA (800) 423-3226 <a href="http://www.masamts.com">www.masamts.com</a>	Higginbotham (800) 419-3519 <a href="https://flexservices.higginbotham.net">https://flexservices.higginbotham.net</a>
<b>COBRA (DENTAL, VISION, FSA, AND MEDICAL)</b>		
Higginbotham (866) 419-3519 <a href="http://www.higginbotham.com">www.higginbotham.com</a>		

# All Your Benefits - One App

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

Text **“BENEFITS”**

to **(214) 831-4210**

and get access to everything you  
need to complete your benefits  
enrollment:

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

App Group #:  
**FBSBEAUMONT**

Text  
**“BENEFITS”**  
to  
**(214) 831-4210**



Download on the  
**App Store**



GET IT ON  
**Google Play**



# Login Process

1

[www.mybenefitshub.com/beaumontisd](http://www.mybenefitshub.com/beaumontisd)

2

**CLICK LOGIN**

3

## Enter your Information

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

**NOTE: THE***benefitsHUB* **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:

### MEDICAL

Beaumont is now offering its medical plans through Blue Cross Blue Shield of Texas.

### HOSPITAL INDEMNITY

The Hospital Indemnity Plan is moving to Lincoln Financial Group. Benefits have been enhanced and include newborn care and NICU benefits. Pre-existing condition exclusions have been waived.

### CANCER

The Cancer plan is moving to CHUBB. Benefits have been enhanced. All those currently enrolled in the APL cancer plan will have continuity of coverage.

### CRITICAL ILLNESS

The Critical Illness plan is moving to Lincoln Financial Group. Benefits have been enhanced and include additional childhood conditions. Those currently enrolled in the UNUM CI will have continuity of coverage.

### FLEXIBLE SAVINGS ACCOUNT

For 2024, participants may contribute up to an annual maximum of \$3,200.

## Don't Forget!

- **Login and complete your benefit enrollment from 07/22/2024 - 08/13/2024**
- 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.

## 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 eligibility 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/beamontisd](http://www.mybenefitshub.com/beamontisd). 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 Beaumont ISD benefit website: [www.mybenefitshub.com/beamontisd](http://www.mybenefitshub.com/beamontisd). 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.

### What is 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.

### What is a 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 prescriptions 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).

## 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 Benefits 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
<b>Marital Status</b>	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
<b>Change in Number of Tax Dependents</b>	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.
<b>Change in Status of Employment Affecting Coverage Eligibility</b>	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.
<b>Gain/Loss of Dependents' Eligibility Status</b>	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.
<b>Judgment/Decree/Order</b>	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.
<b>Eligibility for Government Programs</b>	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.



## Employee Eligibility Requirements

Medical and 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

PLAN	MAXIMUM AGE
Medical	To age 26
Hospital Indemnity	To age 26
Vision	To age 26
Dental	To age 26
Accident	To age 26
Life	To age 26
Cancer	To age 26
Critical Illness	To age 26
AD&D	To age 26

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.

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.

## 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.

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 Benefits Office to request a continuation of coverage.

# Medical Insurance

## Blue Cross Blue Shield

## EMPLOYEE BENEFITS

### ABOUT MEDICAL

Major medical insurance is a type of health care coverage that provides benefits for a broad range of medical expenses that may be incurred either on an inpatient or outpatient basis.

For full plan details, please visit your benefit website:

[www.mybenefitshub.com/beaumontisd](http://www.mybenefitshub.com/beaumontisd)



### Monthly/Bimonthly Health Insurance Premiums

	Employee Paid Monthly	Employee Paid Per Paycheck	District Paid Monthly	Total Monthly Premium
<b>BCBS PPO Plan</b>				
Employee Only	\$30.63	\$15.32	\$460.00	\$490.63
Employee & Child(ren)	\$458.00	\$229.00	\$460.00	\$918.00
Employee & Spouse	\$882.75	\$441.38	\$460.00	\$1,342.75
Employee & Family	\$1,293.97	\$646.99	\$460.00	\$1,753.97
<b>BCBS HMO Plan**</b>				
Employee Only	\$0.00	\$0.00	\$446.03	\$446.03
Employee & Child(ren)	\$374.54	\$187.27	\$460.00	\$834.54
Employee & Spouse	\$760.68	\$380.34	\$460.00	\$1,220.68
Employee & Family	\$1,134.52	\$567.26	\$460.00	\$1,594.52
<b>BCBS HD Plan</b>				
Employee Only	\$35.59	\$17.80	\$460.00	\$495.59
Employee & Child(ren)	\$467.27	\$233.64	\$460.00	\$927.27
Employee & Spouse	\$896.31	\$448.16	\$460.00	\$1,356.31
Employee & Family	\$1,311.69	\$655.85	\$460.00	\$1,771.69

\*\*Primary Care Physician required - In-network coverage only.

# Medical and Pharmacy

Beaumont ISD will continue to offer three (3) medical plans to eligible employees. Blue Cross offers several options for care. Knowing the right place to go can save you time, money, and unpleasant financial surprises. The chart below provides a plan comparison overview illustrating the plan highlights.

Plan Name	BCBS HMO	BCBS PPO	BCBS HDHP
Network	Blue Essentials	Blue Choice	Blue Choice
(PCP Required)	Yes	No	No
<b>Deductible</b>			
In-Network (Individual/Family)	\$5,000 Individual \$10,000 Family	\$4,000 Individual \$8,000 Family	\$3,500 Individual \$10,500 Family
Out-of-Network (Individual/Family)	N/A	\$8,000 Individual \$16,000 Family	\$7,000 Individual \$21,000 Family
<b>Out-of-Pocket Maximum</b>			
In-Network (Individual/Family)	\$9,100 Individual \$18,200 Family	\$9,100 Individual \$18,200 Family	\$5,000 Individual \$15,000 Family
Out-of-Network (Individual/Family)	N/A	\$18,000 Individual \$54,000 Family	\$10,000 Individual \$30,000 Family
<b>Coinsurance</b>			
In-Network	70%	90%	90%
Out-of-Network	N/A	70% of the recognized charge	30% of the recognized charge
Office Visit (PCP/Spec)	\$45 Copay / \$70 Copay per Visit	\$45 Copay / \$70 Copay per Visit	10% / 30% after Deductible
Preventive Services	100%	100%/70% of recognized charge	100%/70% of recognized charge
Telemedicine	\$45 Copay	\$45 Copay	\$48 charge
<b>Inpatient Services</b>			
In-Network	30% after Deductible	10% after Deductible	10% after Deductible
Out-of-Network	N/A	50% of the recognized charge after Deductible	30% of the recognized charge after Deductible
<b>Outpatient Services</b>			
In-Network	30% after Deductible	10% after Deductible	10% after Deductible
Out-of-Network	N/A	50% of the recognized charge after Deductible	30% of the recognized charge after Deductible
Emergency Room Services	\$500 Copay then 30% after deductible	\$500 Copay then 10% after deductible	10% after Deductible
Urgent Care Facility	\$75 Copay per Visit	\$75 Copay per Visit	10% after Deductible
<b>Pharmacy</b>			
Tier 1 - Generic	\$15 Copay	\$10 Copay	10% after Deductible (Certain Preventative @100%)
Tier 2 - Preferred Brand	\$100 Copay	\$45 Copay	10% after Deductible Certain Preventative @100%)
Tier 3 - Non-Preferred Brand	\$200 Copay	\$100 Copay	10% after Deductible (Certain Preventative @100%)
<b>Per Paycheck Deductions</b>			
Employee Only	\$0.00	\$15.32	\$17.80
Employee + Child	\$187.27	\$229.00	\$233.64
Employee + Spouse	\$380.34	\$441.38	\$448.16
Employee + Family	\$567.26	\$646.99	\$655.85

## 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/beaumontisd](http://www.mybenefitshub.com/beaumontisd)



## Benefits at a glance

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump-sum cash benefit to help you take care of unexpected expenses — anything from deductibles to childcare to everyday bills. Because you're selecting this coverage through your company, you can take advantage of group rates. You don't have to answer medical questions to receive coverage; this is guarantee issue coverage.

Core hospital benefits	Low Plan	High Plan
<b>Hospital admission</b> For the initial day of admission to a hospital for treatment of a sickness/an injury	\$1,500 per day up to 1 day per calendar year	\$2,500 per day up to 1 day per calendar year
<b>Hospital confinement</b> For each day of confinement in a hospital as a result of a sickness/an injury	\$200 per day up to 30 days per calendar year starting on 1st day of confinement	\$200 per day up to 30 days per calendar year starting on 1st day of confinement
<b>Hospital intensive care unit (ICU) admission</b> For the initial day of admission to an ICU for treatment as the result of a sickness/an injury	\$1,500 per day up to 1 day per calendar year	\$2,500 per day up to 1 day per calendar year
<b>Hospital ICU confinement</b> For each full or partial day of confinement in an ICU as a result of a sickness/an injury	\$400 per day up to 30 days per calendar year starting the 1st day of confinement	\$400 per day up to 30 days per calendar year starting the 1st day of confinement
<b>Complications of pregnancy</b>	Included	Included

- Admission or Admitted means accepted for inpatient services in a hospital or intensive care unit for a period of more than 20 hours.
- If admitted to a hospital or ICU within 90 days after being discharged from a preceding stay for the same or related cause, the subsequent admission will be considered part of the first admission.
- If both hospital and ICU admission or hospital and ICU confinement become payable for the same day, only the Hospital ICU Admission benefit will be paid.

Additional confinement benefits	Low Plan	High Plan
<b>Rehabilitation facility</b> For each day of inpatient confinement to a rehabilitation facility as a result of a sickness/ an injury	\$200 per day up to 5 days per calendar year	\$200 per day up to 5 days per calendar year
<b>Newborn care</b> For each day of confinement to a hospital for routine post-natal care following birth	\$200 per day up to 2 days per calendar year	\$200 per day up to 5 days per calendar year

- Organizations providing care mainly for the aged or for the treatment of alcoholism, mental illness, or drug abuse are not considered rehabilitation facilities.
- If a newborn baby is confined for treatment of an illness, infirmity, disease, or injury, we will pay the Hospital or ICU confinement benefit instead of the Newborn care benefit.

Health assessment/wellness benefit	Your cash benefit
<b>Health assessment benefit</b> Receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening, or immunization.	\$50

Enhanced benefits	Low Plan benefit percentage	High Plan benefit percentage
<b>Hospital NICU admission</b> Increases the hospital ICU admission benefit for a newborn child	25%	25%
<b>Hospital NICU confinement</b> Increases the hospital ICU confinement benefit for a newborn child	25%	25%

Additional plan benefit(s)
Portability if you leave your employer
Included

**Note:** See the policy for details and specific requirements for each of these benefits.

Premium	Low Plan	High Plan
<b>Employee only</b>	\$15.50	\$21.28
<b>Employee + spouse</b>	\$33.40	\$46.40
<b>Employee + child(ren)</b>	\$20.06	\$24.28
<b>Family</b>	\$38.36	\$49.40

# 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 prescriptions<sup>1</sup> 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](https://mdlive.com/FBS) | 888.365.1663

<sup>1</sup>Prescriptions 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.

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# Dental Insurance

## Lincoln Financial Group

## EMPLOYEE BENEFITS

### 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/beaumontisd](http://www.mybenefitshub.com/beaumontisd)



Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through **Lincoln Financial Group**.

#### DPPO Plan

Two levels of benefits are available with the DPPO plan: in-network and out-of-network. You may select the dental provider of your choice, but your level of coverage may vary based on the provider you see for services. You could pay more if you use an out-of-network provider.

Schedule of Benefits				
Plan	Low Plan		High Plan	
Deductible (Annually on a Plan Year Basis)	Contracted Dentist	Non Contracted Dentist	Contracted Dentist	Non Contracted Dentist
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Deductible applies to:	Type 2 & 3	Type 2 & 3	Type 2 & 3	Type 2 & 3
Benefit Levels				
Type 1 – Diagnostic & Preventative	100%	100%	100%	100%
Type 2 – Basic Services	70%	70%	80%	80%
Type 3 – Major Services	50%	50%	50%	50%
Type 4 – Orthodontic Services	50%	50%	50%	50%
Benefits Based On	Negotiated Fees	90th Percentile U&C	Negotiated Fees	95th Percentile U&C
Maximum Benefit (per covered person):				
Types 1, 2 & 3 combined	\$750 Per Plan Year	\$750 Per Plan Year	\$1,250 Per Plan Year	\$1,250 Per Plan Year
Type 4, while covered by the plan	\$1,000 Lifetime	\$1,000 Lifetime	\$1,500 Lifetime	\$1,500 Lifetime
Benefit Waiting Period				
Type 2 Expenses		None		None
Type 3 Expenses		None		None
Type 4 Expenses		None		None
Late Entrant Limitation				
Type 2 Expenses		None		None
Type 3 Expenses		None		None
Type 4 Expenses		None		None

Dental		
	Low	High
Employee Only	\$29.25	\$34.88
Employee and Spouse	\$57.03	\$68.09
Employee and Child(ren)	\$64.39	\$76.73
Employee and Family	\$90.66	\$108.17

#### Questions about your plan or claims?

Call or email us. 800-423-2765  
 Monday–Thursday, 8 a.m. – 8 p.m. ET;  
 Friday, 8 a.m. – 6 p.m. ET  
[Claims@LFG.com](mailto:Claims@LFG.com)

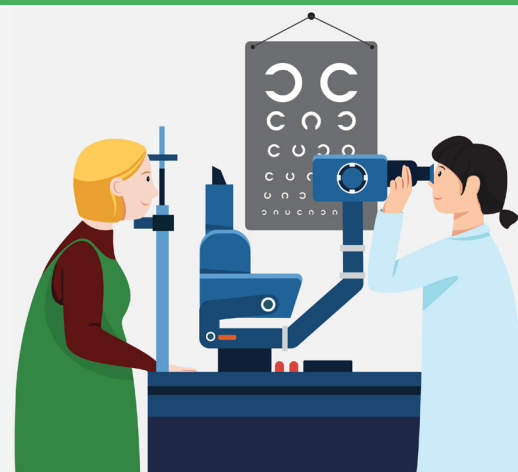


## ABOUT VISION

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website:

[www.mybenefitshub.com/beaumontisd](http://www.mybenefitshub.com/beaumontisd)



Customer Service and Provider Locator: (800) 638-3120

[myuhcvision.com](http://myuhcvision.com)

### Benefit Frequency

Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months

### In-Network Services

#### Copays

Exam(s)	\$10.00
Materials	\$25.00

**Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage)<sup>2</sup>**

Private Practice Provider	\$150.00 retail frame allowance
Retail Chain Provider	\$150.00 retail frame allowance

### Lens Options

Single vision, lined bifocal, lined trifocal, and lenticular lenses covered in full; also standard scratch-resistant coating. Polycarbonate lenses covered for dependent children.

**Contact Lens Benefit<sup>3</sup>** (Selection contact lenses refers to our formulary contact list. Contact lenses not listed on the formulary are referred to as non-selection. A copy of the list can be found at [myuhcvision.com](http://myuhcvision.com))

#### Selection contact lenses

The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).

If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider.

#### Non-selection contact lenses

An allowance is applied toward the purchase of contact lenses outside the selection. Materials copay (if applicable) is waived.

\$150.00

#### Necessary contact lenses

Covered in full after copay (if applicable).

### Out-of-Network Reimbursements (Copays do not apply)

Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts in Lieu of Eyeglasses <sup>3</sup>	Up to \$150.00
Necessary Contacts in Lieu of Eyeglasses <sup>4</sup>	Up to \$210.00



### Discounts

#### Laser vision

UnitedHealthcare has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off standard or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at LasikPlus® locations. For more information, call 1-888-563-4497 or visit us at [www.uhclasik.com](http://www.uhclasik.com).

#### Additional Material

At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

#### Hearing Aids

As a UnitedHealthcare vision plan member, you can save on high-quality hearing aids when you buy them from hiHealthInnovations™. To find out more go to [hiHealthInnovations.com](http://hiHealthInnovations.com). When placing your order use promo code myVision to get the special price discount.

### Sample Illustration of Savings

Cost	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly Premium	\$7.74	\$14.68	\$17.22	\$24.24
Annual Premium	\$92.88	\$176.16	\$206.64	\$291.12
Approx. Pre-Tax Savings (20%) <sup>5</sup>	\$18.58	\$35.23	\$41.33	\$58.22
Annual Tax-Adjusted Premium	\$74.30	\$140.93	\$165.31	\$232.90
Plus Copays	\$35.00	\$70.00	\$105.00	\$140.00
<b>Total Cost to Employee</b>	<b>\$109.30</b>	<b>\$210.93</b>	<b>\$270.31</b>	<b>\$372.90</b>

### Important to Remember:

#### In-Network

- Always identify yourself as a UnitedHealthcare vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare selection.
- Your \$150.00 contact lens allowance applies to materials. No portion will be exclusively applied to the fitting and evaluation. Your material copay is waived when purchasing non-selection contacts.
- Patient options such as UV coating, progressive lenses, etc., which are not covered-in-full, may be available at a discount at participating providers.

#### Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service, visit our website [myuhcvision.com](http://myuhcvision.com) or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at [myuhcvision.com](http://myuhcvision.com).

Retain this UnitedHealthcare vision benefit summary which includes detailed benefit information and instructions on how to

use the program. Please refer to your Certificate of Coverage for a full explanation of benefits.

**In-Network Provider** - Copays and non-covered patient options are paid to provider by program participant at the time of service.

**Out-of-Network Provider** - Participant pays full fee to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. All receipts must be submitted at the same time to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. Written proof of loss should be given to the Company within 90 days after the date of loss. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

# Disability Insurance

## New York Life

## EMPLOYEE BENEFITS

### 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/beaumontisd](http://www.mybenefitshub.com/beaumontisd)



### Eligibility

All active Full-time Employees of the Employer who are citizens or permanent resident aliens of the United States and working a minimum of 20 hours per week in the United States.

	Gross Monthly Benefit <sup>1</sup>	Maximum Gross Monthly Benefit	Waiting Period	Maximum Benefit Period
Employee Options	Select Monthly Benefit: Flat dollar benefit in \$100 increments between \$200 and \$7,500 that cannot exceed 662/3% of your current monthly earnings	\$7,500	Select from Four Options: Accident/Sickness 0 days/7 days 14 days/14 days 30 days/30 days 60 days/60 days	Please refer to the "Maximum Benefit Period" Schedules below for more details

### Employee's Monthly Cost of Coverage

Disability - per \$100 in benefit	
Elimination Period	Plan 1
0/7	\$6.00
14/14	\$4.30
30/30	\$3.44
60/60	\$2.80

**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 and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. 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 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

**Covered Earnings** – "Covered Earnings" means your wages or salary, not including bonuses, commissions, and other extra compensation.

**When Benefits Begin** – You must be continuously Disabled for your elected benefit waiting period before benefits will be payable for a covered Disability. For any selected Benefit Waiting Period of 30 days or less, the Benefit Waiting Period will end of the date you are admitted as an inpatient in a hospital if that date is before the end of the time period specified.

**Maximum Benefit Period**– 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 one of the following schedules, depending on your age at the time you become Disabled and the plan you select.

Maximum Benefit Period Schedule	
Age at Disability	Duration of Payments (Accident and Sickness)
Prior to age 63	To age SSNRA or the date the 48th monthly benefit is payable, if later
63	To age SSNRA or the date the 42nd monthly benefit is payable, if later
64	36
65	30
66	27
67	24
68	21
69+	18

**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, or the date you authorize any necessary payroll deductions. 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 evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

### 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.

Choose your desired elimination period.

7 Day Waiting Period

New Plan Outline of Benefits

Cost is deducted on a post-tax basis

14 Day Waiting Period

New Plan Outline of Benefits

Cost is deducted on a post-tax basis

30 Day Waiting Period

New Plan Outline of Benefits

Cost is deducted on a post-tax basis

Choose your Benefit Amount from the drop down box.

Available Long Term Disability Plans

Monthly Benefit

Cost

The employee is not currently enrolled in any Long Term Disability plans.

\$2,600.00 - Cost: \$84.76

Select Coverage...

Select Coverage...

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### 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/beaumontisd](http://www.mybenefitshub.com/beaumontisd)



### Cash benefits for every step of the way

Cancer Insurance Benefits	Low Plan	High Plan
<b>First cancer benefit</b>	\$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
<b>Diagnosis of cancer</b>	\$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
<b>Hospital confinement</b>	\$100 per day – days 1 through 30 Additional days: \$100 Maximum days per confinement: 31	\$100 per day – days 1 through 30 Additional days: \$100 Maximum days per confinement: 31
<b>Hospital confinement ICU</b>	\$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
<b>Radiation therapy, chemotherapy, immunotherapy</b>	Maximum per covered person per calendar year per 12-month period: \$10,000	Maximum per covered person per calendar year per 12-month period: \$15,000
<b>Alternative care</b>	\$75 per visit Maximum visits per calendar year: 4	\$75 per visit Maximum visits per calendar year: 4
<b>Medical imaging</b>	\$500 per imaging study Maximum studies per calendar year: 2	\$500 per imaging study Maximum studies per calendar year: 2
<b>Skin cancer initial diagnosis</b>	\$100 per diagnosis Lifetime maximum: 1	\$100 per diagnosis Lifetime maximum: 1

## Additional plan benefits

<b>Renewability</b>	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.
<b>Portability</b>	Portability Employees can keep their coverage if they change jobs or retire while the policy is in-force.
<b>Continuity of coverage</b>	Included
<b>Pre-existing conditions limitation</b>	A condition for which a covered person received medical advice or treatment within the 12 months preceding the certificate effective date.
<b>Waiver of premium</b>	Included

## Exclusions and limitations

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.

## Rates

Monthly Premium	Low Plan	High Plan
<b>Employee only</b>	\$17.12	\$22.62
<b>Employee + spouse</b>	\$32.60	\$42.62
<b>Employee + child(ren)</b>	\$21.46	\$28.14
<b>Family</b>	\$38.00	\$49.46

# Accident Insurance

## The Hartford

## EMPLOYEE BENEFITS

### ABOUT ACCIDENT

Do you have kids playing sports, are you a weekend warrior, or maybe 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/beaumontisd](http://www.mybenefitshub.com/beaumontisd)



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 [THEHARTFORD.COM/BENEFITS/MYCLAIM](http://THEHARTFORD.COM/BENEFITS/MYCLAIM). Complete, sign and date this form electronically or in paper copy. For assistance in completing this form, contact (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		
	Low	High
Employee Only	\$5.28	\$8.34
Employee and Spouse	\$8.32	\$13.12
Employee and Child(ren)	\$8.76	\$13.94
Employee and Family	\$13.82	\$21.92

### 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

### COVERAGE INFORMATION

You have a choice of two accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		LOW PLAN	HIGH PLAN
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
BENEFITS			
EMERGENCY, HOSPITAL & TREATMENT CARE		LOW PLAN	HIGH PLAN
Accident Follow-Up	Up to 3 visits per accident	\$75	\$100
Acupuncture/Chiropractic Care	Up to 10 visits each per accident	\$25	\$50
Ambulance – Air	Once per accident	\$1,500	\$2,000
Ambulance – Ground	Once per accident	\$500	\$750
Blood/Plasma/Platelets	Once per accident	\$200	\$300
Child Care	Up to 30 days per accident while insured is confined	\$25	\$35
Daily Hospital Confinement	Up to 365 days per lifetime	\$200	\$400
Daily ICU Confinement	Up to 30 days per accident	\$400	\$600
Diagnostic Exam	Once per accident	\$200	\$300
Emergency Dental	Once per accident	Up to \$300	Up to \$450
Emergency Room	Once per accident	\$150	\$200
Health Screening Benefit	Once per year for each covered person	\$50	\$50
Hospital Admission	Once per accident	\$1,000	\$1,500
Initial Physician Office Visit	Once per accident	\$75	\$100
Lodging	Up to 30 nights per lifetime	\$125	\$150
Medical Appliance	Once per accident	\$100	\$200
Physical Therapy	Up to 10 visits each per accident	\$50	\$75
Rehabilitation Facility	Up to 15 days per lifetime	\$150	\$300
Transportation	Up to 3 trips per accident	\$400	\$600
Urgent Care	Once per accident	\$100	\$150
X-ray	Once per accident	\$100	\$150
SPECIFIED INJURY & SURGERY		LOW PLAN	HIGH PLAN
Abdominal/Thoracic Surgery	Once per accident	\$2,000	\$3,000
Arthroscopic Surgery	Once per accident	\$250	\$500
Burn	Once per accident	Up to \$10,000	Up to \$15,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit	50% of burn benefit
Concussion	Up to 3 per year	\$150	\$200
Dislocation	Once per joint per lifetime	Up to \$4,000	Up to \$8,000
Eye Injury	Once per accident	Up to \$500	Up to \$750
Fracture	Once per bone per accident	Up to \$8,000	Up to \$10,000
Hernia Repair	Once per accident	\$200	\$400
Joint Replacement	Once per accident	\$2,000	\$4,000
Knee Cartilage	Once per accident	Up to \$1,000	Up to \$2,000
Laceration	Once per accident	Up to \$500	Up to \$1,000
Ruptured Disc	Once per accident	\$1,000	\$2,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$1,500	Up to \$2,000
CATASTROPHIC		LOW PLAN	HIGH PLAN
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$50,000	\$75,000
Common Carrier Death	Within 90 days	1.5 times death benefit	1.5 times death benefit
Coma	Once per accident	\$10,000	\$15,000
Dismemberment	Once per accident	Up to \$50,000	Up to \$75,000
Home Health Care	Up to 30 days per accident	\$50	\$75
Paralysis	Once per accident	Up to \$50,000	Up to \$75,000
Prosthesis	Once per accident	Up to \$2,000	Up to \$3,000
FEATURES		LOW PLAN	HIGH PLAN
Ability Assist® EAP <sup>2</sup> – 24/7/365 access to help for financial, legal or emotional issues		Included	
HealthChampionSM <sup>3</sup> – 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/beaumontisd](http://www.mybenefitshub.com/beaumontisd)



### Voluntary Life Insurance

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Beaumont ISD employees
- Includes LifeKeys® services, which provide access to counseling, financial, and legal support services
- Also includes TravelConnect® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home
- To file a claim contact Lincoln Financial at (800) 423-2765

Employee	
Newly hired employee guaranteed coverage amount	\$250,000
Continuing employee guaranteed coverage annual increase amount	Up to \$40,000
Maximum coverage amount	7 times your annual salary (\$500,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
Spouse	
Guaranteed coverage amount during initial offering or approved special enrollment period	\$50,000
Newly hired employee guaranteed coverage amount	\$50,000
Continuing employee guaranteed coverage annual increase amount	Up to \$20,000
Maximum coverage amount	100% of the employee coverage amount (\$500,000 maximum in increments of \$5,000)
Minimum coverage amount	\$5,000
Dependent Children	
Day 1 months to age 26 guaranteed coverage amount	\$10,000
Additional Plan Benefits	
Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included

Voluntary Group Life (per \$1,000 in coverage)	
Age	Employee & Spouse
0-24	\$0.067
25-29	\$0.067
30-34	\$0.076
35-39	\$0.114
40-44	\$0.133
45-49	\$0.143
50-54	\$0.209
55-59	\$0.323
60-64	\$0.589
65-69	\$0.903
70-74	\$1.758
75-79	\$1.758
80-84	\$1.758
85-89	\$1.758
90-94	\$1.758
95-99	\$1.758
Voluntary Group Life - Child(ren) (per \$1,000 in coverage)	
0-26	\$0.15



Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

***Note: You must be an active Beaumont Independent School District employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.***

Voluntary AD&D

Employee Only AD&D

This coverage provides a cash benefit covered loss in an accident, such as to the beneficiary/beneficiaries you name if you die in an accident, or to you if you suffer a losing a limb or your eyesight.

Maximum coverage amount	100% of the employee coverage amount (\$500,000 maximum) in \$5,000 increments.
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Minimum coverage amount	\$10,000
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Your employee AD&D coverage amount will reduce by 50% when you reach age 75. Benefits end when you retire.

Spouse AD&D

Maximum coverage amount	Up to \$500,000 not to exceed 100% of employee's benefit amount.
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Minimum coverage amount	\$5,000
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The spouse AD&D coverage amount will reduce by 50% when you reach age 70. Benefits end when you retire.

Dependent Child AD&D

Maximum coverage amount	\$10,000
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Voluntary Group AD&D  
(per \$1,000 in coverage)

Employee/Spouse/Child	\$0.026
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# Critical Illness Insurance

## Lincoln Financial Group

EMPLOYEE  
BENEFITS

### ABOUT CRITICAL ILLNESS

Critical illness insurance can be used towards medical or other expenses. It provides a lump sum benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke. The money can also be used for non-medical costs related to the illness, including transportation, child care, etc.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/beaumontisd](http://www.mybenefitshub.com/beaumontisd)



### The Lincoln Critical Illness Insurance Plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event.
- Benefits are paid in addition to what is covered under your health insurance.
- Features group rates for employees.
- Includes access to a personal health advocate who can assist you in managing healthcare services for you and your entire family.
- There are no waiting periods or overall plan maximums.

Employee and Spouse   Monthly Premiums	
Employee Age Range (Attained Age)	Critical Illness Premium Rate per \$1,000
0-24	.110
25-29	.139
30-34	.179
35-39	.249
40-44	.339
45-49	.478
50-54	.657
55-59	.847
60-64	1.245
65-69	1.982
70+	3.695

### Coverage for you

Critical Illness Insurance   Employee	
Guaranteed coverage amounts	\$10,000, \$20,000, \$30,000 or \$40,000

### Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

Critical Illness Insurance   Spouse	
Guaranteed coverage amount	10,000, \$20,000, \$30,000 or \$40,000 (up to 100% of the employee coverage amount)

### Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

Critical Illness Insurance   Children	
Guaranteed coverage amount	50% of employees benefit amount

Covered Conditions	Benefit Percentage
Heart attack	100%
Stroke	100%
End Stage Renal (kidney) Failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	50%
Mitral or aortic valve disease	25%
Supplemental Conditions	Benefit Percentage
Advanced Huntington's disease	100%
Advanced COPD	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	100%
Benign brain tumor	100%
Loss of sight, hearing and/or speech	100%
Accidental Injuries Benefit	Benefit Percentage
Severe burns, permanent paralysis or traumatic brain injuries (includes coma)	100%
Occupational Disease (employee only)	Benefit Percentage
HIV	100%
Hepatitis (B, C, D)	100%
Invasive MRSA Infection	25%
Tuberculosis	25%
Tetanus	25%
Rabies	25%
Additional Childhood Conditions	Benefit Percentage
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 Diabetes	100%

# Identity Theft

## ID Watchdog

## EMPLOYEE BENEFITS

### ABOUT IDENTITY THEFT PROTECTION

Identity theft protection monitors and alerts you to identity threats. Resolution services are included should your identity ever be compromised while you are covered.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/beaumontisd](http://www.mybenefitshub.com/beaumontisd)



Your identity is important — it's what makes you, you. You've spent a lifetime building your name and financial reputation. Let us help you better protect it. And, we'll even go one step further and help you better protect the identities of your family.

### EASY & AFFORDABLE IDENTITY PROTECTION

With ID Watchdog®, you have an easy and affordable way to help better protect and monitor the identities of you and your family. You'll be alerted to potentially suspicious activity and enjoy the peace of mind that comes with the support of dedicated resolution specialists. And, a customer care team that's available any time, every day.

### ID WATCHDOG IS HERE FOR YOU

ID Watchdog is everywhere you can't be — monitoring credit reports, social media, transaction records, public records and more — to help you better protect your identity. And don't worry, we're always here for you. In fact,

our U.S.-based customer care team is available 24/7/365 at 866.513.1518.

### WHY CHOOSE ID WATCHDOG

#### Credit Lock

With our online and in-app feature, lock your Equifax® credit report — and your child's Equifax credit report — to help provide additional protection against unauthorized access to your credit.

#### More for Families

Our family plan helps you better protect your loved ones, with each adult getting their own account with all plan features. And, we offer more features that help protect minors than any other provider.

#### Dedicated Resolution Specialists

If you become a victim, you don't have to face it alone. One of our certified resolution specialists will fully manage the case for you until your identity is restored.

### UNIQUE FEATURES INCLUDED IN ALL ID WATCHDOG PLANS

#### Monitor & Detect

- Dark Web Monitoring<sup>1</sup> ✓
- High-Risk Transactions Monitoring<sup>2</sup> ✓
- Subprime Loan Monitoring<sup>2</sup> ✓
- Public Records Monitoring ✓
- USPS Change of Address Monitoring
- Identity Profile Report

#### Manage & Alert

- Child Credit Lock<sup>3</sup> | 1 Bureau ✓
- Financial Accounts Monitoring
- Social Network Alerts ✓
- Registered Sex Offender Reporting ✓
- Customizable Alert Options
- Breach Alert Emails
- Mobile App

#### Support & Restore

- Identity Theft Resolution Specialists (Resolution for Pre-existing Conditions) ✓
- 24/7/365 U.S.-based Customer Care Center
- Lost Wallet Vault & Assistance
- Deceased Family Member Fraud Remediation
- Fraud Alert & Credit Freeze Assistance

- ✓ Helps better protect children
1. Bureau = Equifax®
  2. Multi-Bureau = Equifax, TransUnion®
  3. Bureau = Equifax, Experian®, TransUnion

### WHAT YOU NEED TO KNOW

Plan Options	ID WATCHDOG® 1B	ID WATCHDOG® PLATINUM
Credit Report(s) & VantageScore Credit Score(s)	1 Bureau Monthly	1 Bureau Daily & 3 Bureau Annually
Credit Score Tracker	1 Bureau Monthly	1 Bureau Daily
Credit Report Monitoring	1 Bureau	Multi-Bureau
Credit Report Lock	1 Bureau	\$54.40
Identity Theft Insurance	Up to \$1M	Up to \$1M
401K/HSA Stolen Funds Reimbursement	-	Up to \$500k

### MONTHLY PREMIUMS

Employee	\$7.95	\$11.95
Employee and Family	\$14.95	\$22.95



# 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.

# 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/beaumontisd](http://www.mybenefitshub.com/beaumontisd)



### 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 not contribute to a Health Care FSA if you contribute to a Health Savings Account (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.
- 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](mailto:flexsupport@higginbotham.net)
  - \* Fax – 866-419-3516
  - \* Claims- [flexclaims@higginbotham.net](mailto:flexclaims@higginbotham.net)



## 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 Beaumont 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 Beaumont 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/BEAUMONTISD](http://WWW.MYBENEFITSHUB.COM/BEAUMONTISD)