



# Employee Benefits Guide

2025-2026 Plan Year

**Human Resource Services**

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# Welcome!

Pearland ISD's

**goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits package.**

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family. Please read this guide carefully so that you may make informed enrollment decisions.

**This guide is designed to highlight your benefit options.** It is not a complete Summary Plan Description. For more details including covered expenses, exclusions, and limitations, please refer to individual Summary Plan Descriptions or request information directly from the insurance carrier. If any discrepancy exists between this guide and the official documents, the Summary Plan Description will prevail.





# Open Enrollment

Open enrollment for the 2025-2026 Plan Year



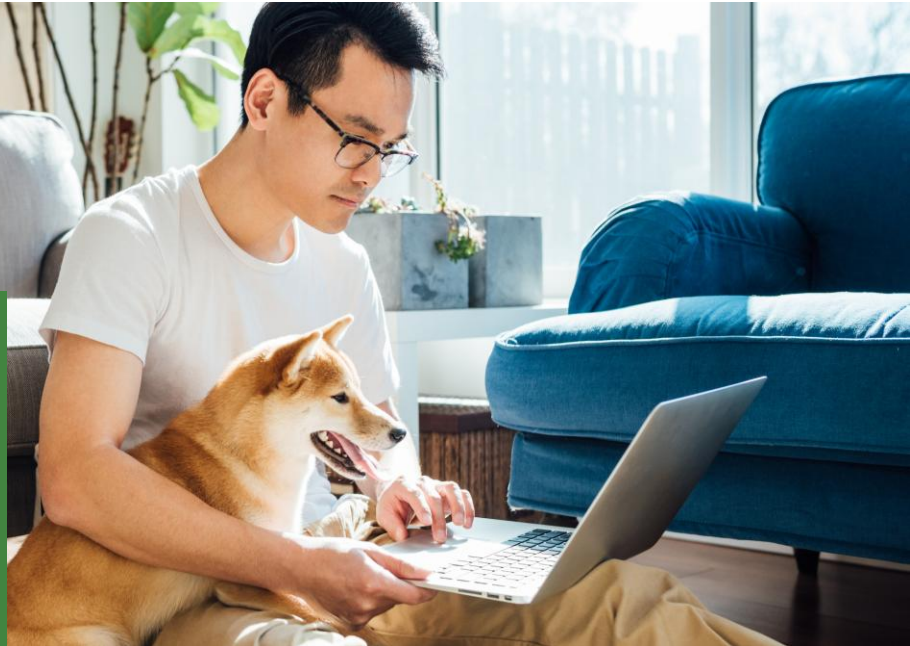
**Important!**

## Open Enrollment Dates

July 14<sup>th</sup> – August 8<sup>th</sup>

### What's new for 2025?

- New! Changing carrier to Ochs for Group Life & AD&D and Voluntary Life.
- New! Changing carrier to Securian for Critical Illness, Hospital Indemnity, and Accident.
- New! Changing carrier to New York Life for Educators Disability.



### Step 1 - LOGIN PORTAL

Go to: <https://app.thebenefitsbeacon.com/PearlandISD>

- Under User ID: Enter your SSN (no dashes).
- Under PIN: Enter last 4 of SSN and the last two of your birth year.

### Step 2 - REVIEW PERSONAL INFORMATION

Review and update your personal and dependent information. **All social security numbers must be accurate for both employee and dependent.**

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

Elect or decline each offer of coverage for you and your family.

### Step 4 - SIGN AND APPROVE ELECTIONS

Sign and approve benefit elections.

Review ALL elections within the Confirmation Statement for accuracy.

# Enrollment Schedule



Call Center: (888) 591-0899 Monday - Friday 8AM to 6PM

## 2025 Open Enrollment – ENROLLERS ONSITE

	8:30AM – 12PM	1PM – 4PM
Mon. 7/14	FIRST DAY TO ENROLL! ESC – HRS Training rm.	FIRST DAY TO ENROLL! ESC – HRS Training rm.
Tues. 7/15	Rogers Middle School	Rogers Middle School
Wed. 7/16	Rustic Oak Elementary	Rustic Oak Elementary
Thurs. 7/17	OE Presentations / ESC Administration Building, Conference Room C All Employees Welcome!	
Mon. 7/21	ESC – Human Resources Training Room	ESC – Human Resources Training Room
Tues. 7/22	Dawson High School	Dawson High School
Wed. 7/23	Dawson High School	Dawson High School
Thurs. 7/24	PACE Center	ESC – Human Resources Training Room
Mon. 7/28	Silvercrest	Silvercrest
Tues. 7/29	Pearland High School	Pearland High School
Wed. 7/30	Pearland Junior High South	Pearland Junior High South
Thurs. 7/31	Berry Miller JH	CJ Harris
Fri. 8/1	Massey Ranch	Challenger Elementary
Mon. 8/4	Pearland Junior High West	Massey Ranch
Tues. 8/5	M&O Dept.	M&O Dept.
Wed. 8/6	M&O Dept.	M&O Dept.
Thurs. 8/7	CONVOCATION - AM	ESC-HR TRAINING ROOM
Fri. 8/8	<b>Final Day To Enroll!</b> ESC-HRS Training Room	<b>Final Day To Enroll!</b> ESC-HRS Training Room
Enrollers not available from 12-1PM for lunch		



# Eligibility



## Dependents

You can enroll your eligible dependents for medical, dental, vision, voluntary life insurance, critical illness, hospital indemnity, accident, cancer, permanent life, gap, legal, and identity theft coverage. Eligible dependents are defined as:

**Your spouse** (unless legally separated).

**Your children, including:**

- Your naturally born children;
- Your legally adopted child. An adopted child is considered a dependent from the moment the child is placed in the custody of the adoptive parents.
- A stepchild, foster child, or any child of whom you have legal custody, who resides in your household in a regular parent-child relationship and is principally dependent on you for his/her support and maintenance and is named as an exemption on your most recent federal income tax return (proof may be required).
- Any child whom you are required to provide health care coverage for under a Qualified Medical Child Support Order.

## Initial Eligibility Period

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date.

## Qualifying Events

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- **Marriage, divorce or legal separation**
- **Birth or adoption of a child**
- **Change in child's dependent status**
- **Death of a spouse, child or other qualified dependent**
- **Change in service area**
- **Change in employment status or a change in coverage under another employer-sponsored plan**

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage first of the month following the date of the event.

# Medical Plan Options: Summary

## TRS ActiveCare



TRS ActiveCare Primary	Monthly Premium	District Contribution	Employee Monthly Premium	Employee Semi-Monthly Premium
Employee Only	\$507	\$337	\$170	\$85
Employee + Spouse	\$1,369	\$337	\$1,032	\$516
Employee + Child(ren)	\$862	\$337	\$525	\$262.50
Employee + Family	\$1,724	\$337	\$1,387	\$693.50

TRS ActiveCare Primary +	Monthly Premium	District Contribution	Employee Monthly Premium	Employee Semi-Monthly Premium
Employee Only	\$596	\$337	\$259	\$129.50
Employee + Spouse	\$1,550	\$337	\$1,213	\$606.50
Employee + Child(ren)	\$1,014	\$337	\$677	\$338.50
Employee + Family	\$1,967	\$337	\$1,630	\$815

TRS ActiveCare HD	Monthly Premium	District Contribution	Employee Monthly Premium	Employee Semi-Monthly Premium
Employee Only	\$521	\$337	\$184	\$92
Employee + Spouse	\$1,407	\$337	\$1,070	\$535
Employee + Child(ren)	\$886	\$337	\$549	\$274.50
Employee + Family	\$1,772	\$337	\$1,435	\$717.50

TRS ActiveCare 2	Monthly Premium	District Contribution	Employee Monthly Premium	Employee Semi-Monthly Premium
Employee Only	\$1,013	\$337	\$676	\$338
Employee + Spouse	\$2,402	\$337	\$2,065	\$1,032.50
Employee + Child(ren)	\$1,507	\$337	\$1,170	\$585
Employee + Family	\$2,841	\$337	\$2,504	\$1,420.50

# Medical Plan: ActiveCare Primary

TRS



TRS	In-Network
General Plan Information	
Deductible	Single \$2,500; Family \$5,000
Coinsurance	30% Coinsurance after Deductible
Out-of-Pocket Maximum	Single \$8,050; Family \$16,100
Prescription Coverage	
Drug Deductible	Integrated with medical
Generic (31-Day Supply/ 90-Day Supply)	\$15 / \$45 Copay \$0 Copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	30% Coinsurance after deductible
Non-preferred	50% Coinsurance after deductible
Specialty (31-Day Max)	30% Coinsurance after deductible \$0 if SaveOnSP eligible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61–90 day supply
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	\$30 Copay
Specialist Office Visit	\$70 Copay
Inpatient Hospital	30% Coinsurance after Deductible
Outpatient Surgical Procedure (facility)	30% Coinsurance after Deductible
Emergency Room	30% Coinsurance after Deductible
Urgent Care Center	\$50 Copay

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# Medical Plan: ActiveCare Primary +

TRS



TRS	In-Network
General Plan Information	
Deductible	Single \$1,200; Family \$2,400
Coinsurance	20% Coinsurance after Deductible
Out-of-Pocket Maximum	Single \$6,900; Family \$13,800
Prescription Coverage	
Drug Deductible	\$200 deductible per participant (brand drugs only)
Generic (31-Day Supply/ 90-Day Supply)	\$15 / \$45 copay
Preferred (Max does not apply if brand is selected and generic is available)	25% coinsurance after deductible (\$100 max) 25% coinsurance after deductible (\$265 max)
Non-preferred	50% Coinsurance after deductible
Specialty (31-Day Max)	30% Coinsurance after deductible \$0 if SaveOnSP eligible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61–90 day supply
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	\$15 Copay
Specialist Office Visit	\$70 Copay
Inpatient Hospital	20% Coinsurance after Deductible
Outpatient Surgical Procedure (facility)	20% Coinsurance after Deductible
Emergency Room	20% Coinsurance after Deductible
Urgent Care Center	\$50 Copay

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Medical Plan: ActiveCare HD

TRS



TRS	In-Network	Out-of-Network
General Plan Information		
Deductible	Single \$3,300; Family \$6,600	Single \$6,600; Family \$13,200
Coinsurance	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Out-of-Pocket Maximum	Single \$8,300; Family \$16,600	Single \$20,500; Family \$41,000
Prescription Coverage		
Drug Deductible	Integrated with medical	Integrated with medical
Generic (31-Day Supply/ 90-Day Supply)	20% Coinsurance after deductible; \$0 for certain generics	20% Coinsurance after deductible; \$0 for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	25% coinsurance after deductible	25% coinsurance after deductible
Non-preferred	50% Coinsurance after deductible	50% Coinsurance after deductible
Specialty (31-Day Max)	20% Coinsurance after deductible	20% Coinsurance after deductible
Insulin Out-of-Pocket Costs	25% after deductible	25% after deductible
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	50% Coinsurance after Deductible
Primary Office Visit	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Specialist Office Visit	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Hospital	30% Coinsurance after Deductible	50% Coinsurance after Deductible (\$500 facility per day maximum)
Outpatient Surgical Procedure (facility)	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Emergency Room	30% Coinsurance after Deductible	30% Coinsurance after Deductible
Urgent Care Center	30% Coinsurance after Deductible	50% Coinsurance after Deductible

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Medical Plan: ActiveCare 2

TRS



*Closed to new enrollees*		
TRS	In-Network	Out-of-Network
General Plan Information		
Deductible	Single \$1,000; Family \$3,000	Single \$2,000; Family \$6,000
Coinsurance	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Out-of-Pocket Maximum	Single \$7,900; Family \$15,800	Single \$23,700; Family \$47,400
Prescription Coverage		
Drug Deductible	\$200 brand deductible	\$200 brand deductible
Generic (31-Day Supply/ 90-Day Supply)	\$20 / \$45 copay	\$20 / \$45 copay
Preferred (Max does not apply if brand is selected and generic is available)	25% coinsurance after deductible	25% coinsurance after deductible
Non-preferred	50% Coinsurance after deductible	50% Coinsurance after deductible
Specialty (31-Day Max)	30% Coinsurance after deductible	30% Coinsurance after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61–90 day supply	Insulin Out-of-Pocket Costs
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	40% Coinsurance after Deductible
Primary Office Visit	\$30 copay	40% Coinsurance after Deductible
Specialist Office Visit	\$70 copay	40% Coinsurance after Deductible
Inpatient Hospital	20% Coinsurance after Deductible (\$150 facility copay per day)	40% Coinsurance after Deductible (\$500 facility copay per incident)
Outpatient Surgical Procedure (facility)	20% Coinsurance after Deductible (\$150 facility copay per incident)	40% Coinsurance after Deductible (\$150 facility copay per incident)
Emergency Room	\$250 copay plus 20% after deductible	\$250 copay plus 20% after deductible
Urgent Care Center	\$50 Copay	40% Coinsurance after Deductible

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Telemedicine and Behavioral Health

1.800MD

CONVENIENT  
CARE ANYWHERE



With telemedicine services, you get the health care you need anytime, anywhere, through a nationwide network of U.S. Board Certified Doctors & Pediatricians.

## Non-Emergent Care

Telemedicine services make it fast and easy to visit a doctor. Telemedicine is not a replacement for your primary care physician or specialist, but it's great for non-emergency care, especially when the doctor's office is closed, or you can't get to an urgent care center.

**Includes unlimited visits and a \$0 copay**

### Common Conditions Treated

- Sprains and Strains
- Allergies
- Arthritic Pain
- Urinary Tract Infections
- Minor Burns
- Cold & Flu
- Respiratory Infections
- Pinkeye
- Earache

### Virtual Urgent Care

Employee & Dependents

Monthly Premium \$5

## Behavioral Health Counseling

Video conferencing with a licensed therapists from privacy of own home. Easy access coordinated by a liaison with full 50-minute sessions.

**Includes unlimited visits and a \$0 copay**

### Common Conditions Treated

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

### Virtual Urgent / Behavioral Health

Employee & Dependents

Monthly Premium \$12

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Health Savings Account

## Gulf Coast Educators Federal Credit Union



### Health Savings Account (HSA) Overview

A Health Savings Account (HSA) is a tax-favored savings account for individuals and families covered by a High-Deductible Health Plan (HDHP) created for the purpose to set aside pre-tax dollars to pay for qualified medical expenses.

### High-Deductible Health Plan (HDHP)

To obtain the benefits of an HSA, the law requires that the savings account be combined with a qualified High-Deductible Health Plan (HDHP).

Level of Coverage	Minimum Annual Deductible	Maximum Out-of-Pocket
Single	\$1,650	\$8,300
Family	\$3,300	\$16,600

### Qualified Medical Expenses

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses as described in Section 213(d) of the Internal Revenue Service Tax Code. A list of these expenses are available on the IRS website, [www.irs.gov](http://www.irs.gov) in IRS Publication 502, "Medical and Dental Expenses." Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate plus 20% tax penalty, unless you are 65 or older, disabled or deceased. Remember, the IRS may modify its list of eligible expenses from time to time. As always, consult your tax advisor should you require tax advice.

### Contributing To An HSA

Individuals and families are offered the opportunity to save for current and future health care with a Health Savings Account (HSA). Contributions to an HSA are 100% tax-deductible from your gross income. The Internal Revenue Service (IRS) annually reviews and sets the contribution limits for HSA's. For 2025 and 2026 the maximum contribution limits are:

Type of Coverage	Maximum Annual Contribution Limit	
Single	\$4,300 (2025)	\$4,400 (2026)
Family	\$8,550 (2025)	\$8,750 (2026)
Catch-Up Contribution (Age 55+)	Additional \$1,000	



# Flexible Spending Account

Optum

**Optum**



## FSA - Medical

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Noncovered expenses apply to all dependent family members even if not covered by a particular insurance plan. **The maximum contribution amount for plan year 2025 - 2026 is \$3,300** - this amount is deducted in equal amounts from each paycheck before taxes are calculated and then set aside for the employee in a special account.

Please visit [Optum Financial - Connecting Health Care & Finances](#) for a list of eligible expenses.

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

\*Always save your itemized receipts!

## FSA – Dependent Care

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. **The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).**

Dependent Care Eligible for Reimbursement:

- Care at a licensed nursery school, day camp, or day care center
- Services from individuals who provide dependent care in or outside your home, unless the provider is your spouse, your own children under the age of 19, or any other dependent
- After-school care for children under age 13
- Household services related to the care of an elderly or disabled adult who lives with you
- Any other services that qualify as dependent care expenses under IRS regulations.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Employee Assistance Program (EAP)

Ochs



At some point, we all need help coping or making difficult decisions. The Employee Assistance Program (EAP) makes it easy to access support, guidance, and resources.

At Pearland ISD, we care about your well-being and are committed to fostering a healthy and thriving workplace. Pearland ISD offers an Employee Assistance Program, provided by TELUS Health.

The program is voluntary and confidential; only your EAP professional will know you have called. This program includes assistance for you and your household family members.

The **EAP plan** includes up to three counseling sessions at no cost to you. EAP services can help with:

- Depression, grief, loss and emotional wellbeing
- Relationship Issues, Separation and Divorce
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns

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

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

## Services Include

24-hour toll-free phone  
access to EAP  
professionals, 7 day/week

EAP staff members are  
professionally trained  
advisors who will assess  
your situation, provide  
support, and, if needed,  
refer you to other helpful  
resources.

## CONTACT

(855) 549-4879

### Website

[one.telushealth.com](http://one.telushealth.com)

Username: Securian

Password: lifeworks



# Dental Plan

Humana

**Humana**

## Dental Plans

Pearland ISD offers three dental plans. Please refer to pages 16 and 17 to review your options.

The Humana Dental DHMO plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. DHMO plan copayments for listed procedures are applicable at either a participating general dentist or a participating specialist.

DHMO HS205 Plan	In-Network
Plan Information	
Eligibility	All Eligible Employees
Deductible (Single / Family)	No Annual Deductible
Annual Maximum	
Annual Maximum Per Person	No Annual Maximum
Dependent Coverage	
Dependent Age Limit	To Age 26
Dental Services	
Preventive Services	Plan pays 100% after Co-payment
<ul style="list-style-type: none"> <li>• Oral Exam</li> <li>• Cleanings</li> <li>• X-rays</li> <li>• Fluoride for Children</li> </ul>	
Basic Services	Plan pays 100% after Co-payment
<ul style="list-style-type: none"> <li>• Fillings</li> <li>• Root Canals</li> </ul>	
Major Services	Plan pays 100% after Co-payment
<ul style="list-style-type: none"> <li>• Crowns</li> <li>• Dentures</li> </ul>	
Orthodontia (Adults & Children)	Plan Pays 100% after Co-payment
Monthly Cost	
Employee Only	\$10.68
Employee + 1	\$21.18
Employee + Family	\$37.68

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Dental Plan

Humana



Dental	Low PPO Plan	High PPO Plan
Plan Information		
Eligibility	All Eligible Employees	All Eligible Employees
Calendar Year Deductible (Single / Family)	\$50 Single / \$150 Family	\$50 Single / \$150 Family
Annual Maximum		
Annual Maximum Per Person	\$500	\$1,250 + 30% extended annual max
Lifetime Orthodontia Maximum	N/A	Up to \$1,000
Dependent Coverage		
Dependent Age Limit	To Age 26	To Age 26
Dental Services		
Preventive Services • Oral Exam (3 per year) • Cleanings (3 per year) • X-rays • Fluoride for Children	Covered at 100% (deductible waived)	Covered at 100% (deductible waived)
Basic Services • Fillings • Routine Extractions	Covered at 80% after deductible	Covered at 80% after deductible
Major Services • Crowns • Dentures	Not Covered	Covered at 50% after deductible
Orthodontia (Adults & Children)	Not Covered	Covered at 50% (deductible waived)
Monthly Cost		
Employee Only	\$19.04	\$36.08
Employee + 1	\$37.24	\$71.02
Employee + Family	\$64.10	\$122.26

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Vision Plan

Humana



Vision	Low Plan	High Plan
General Plan Information		
Eligibility	All Eligible Employees	All Eligible Employees
Who Pays for Coverage	Employee	Employee
Dependent Coverage		
Dependent Age Limit	To Age 26	To Age 26
Vision Services		
Eye Exam	\$10 Co-Pay	\$10 Co-Pay
Frames Allowance	\$100 + 20% Off Balance Over \$100	\$130 + 20% Off Balance Over \$130
Conventional Contact Lenses	\$120 + 15% Off Balance Over \$120	\$150 + 15% Off Balance Over \$150
Medically Necessary Contact Lenses	\$0 Co-Pay	\$0 Co-Pay
Vision Service Frequency		
Eye Exam	Once Every 12 Months	Once Every 12 Months
Frames	Once Every 12 Months	Once Every 12 Months
Contacts	Once Every 12 Months	Once Every 12 Months
Employee Cost Per Month		
Single	\$7.29	\$8.82
EE + Spouse	\$14.56	\$17.65
EE + Child(ren)	\$16.01	\$19.41
Family	\$23.28	\$28.23

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# Basic Life & AD&D

Ochs



## Basic Life & Accidental Death & Dismemberment Insurance

Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there. As an eligible employee, **Pearland ISD** pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

Basic Life / AD&D Plan	Ochs
General Plan Information	
Eligibility	All Eligible Employees
Who Pays for Coverage	Employer
Basic Life Benefit	
Basic Term Amount	\$20,000
Accidental Death and Dismemberment (AD&D)	Matches life amount for death with benefit schedule for dismemberment. *See policy for benefit schedule.
Benefit Age Reduction	
None. Coverage terminates at retirement or upon separation from the district.	

# Voluntary Life

Ochs



While **Pearland ISD** offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

You can purchase coverage for yourself in increments of \$10,000 up to a maximum of \$750,000. If you purchase coverage for yourself, you can also purchase coverage for your spouse in increments of \$5,000 with a maximum \$250,000 (cannot exceed 100% of employee's election). You can elect coverage for your child(ren) at a flat amount of either \$10,000, \$15,000 or \$20,000 (you only pay premium for one, no matter the number of children). The chart below outlines the monthly costs of purchasing additional coverage.

Voluntary Life		Rate per \$1,000 of elected coverage	
Age	Employee	Spouse	
<25	\$0.052	\$0.052	
25-29	\$0.078	\$0.078	
30-34	\$0.104	\$0.104	
35-39	\$0.104	\$0.104	
40-44	\$0.104	\$0.130	
45-49	\$0.156	\$0.234	
50-54	\$0.286	\$0.416	
55-59	\$0.546	\$0.728	
60-64	\$0.780	\$1.092	
65-69	\$1.352	\$1.794	
70-74	\$2.080	\$2.678	
75+	\$4.030	\$5.356	
Dependent Child	\$1.20 for \$10,000; \$1.80 for \$15,000; \$2.40 for \$20,000 Benefit		

**IMPORTANT NOTE:** If you are currently enrolled in this plan and would like to increase your coverage, you can elect up to two increments of coverage during Open Enrollment, with no Evidence of Insurability (EOI). An EOI will be required for an increase in coverage greater than two increments.

# Voluntary AD&D

Ochs



Voluntary  
AD&D



## Accidental Death & Dismemberment Insurance

Accidental Death and Dismemberment insurance provides a cash benefit to your loved ones if you die in an accident as well as provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight.

You can purchase coverage for yourself in increments of \$10,000 up to the plan maximum of \$500,000. If you purchase coverage for yourself, you can also purchase coverage for your spouse in increments of \$5,000 up to \$250,000; limited to 50% of the employee amount. You can also elect coverage for your child(ren) at a flat amount of either \$10,000, \$15,000, or \$20,000. The chart below outlines the monthly cost of purchasing coverage.

Voluntary AD&D	Ochs
Coverage	Rates per \$1,000
Employee Only	\$0.026
Spouse	\$0.026
Child	\$0.026

# Educator Disability

## New York Life



Disability insurance helps protect your income if you're unable to work due to a covered illness or injury. This plan replaces up to **66.67% of your pre-disability earnings**, helping you maintain financial stability while you recover. You choose your monthly benefit in \$100 increments, from **\$200 to \$8,000**, based on your income.

You'll select an **elimination period**—how long you must be disabled before benefits begin—with options ranging from **14 to 180 days**. Plans with a **14/14 or 30/30 elimination period** include a **First Day Hospitalization benefit**, which allows benefits to begin the day you are admitted to the hospital.

No health questions are required during enrollment, but a **pre-existing condition limitation** applies during the first 12 months of coverage. If you were treated for a condition in the 3 months before your coverage starts, a disability related to that condition may not be fully covered until you've been insured for 12 months. However, this plan includes a **pre-existing condition waiver**, which allows up to **12 weeks of benefits** to be paid for qualifying pre-existing conditions—even if you haven't yet met the 12-month requirement.

### How long will my disability benefits continue if I elect the premium benefit?

Educator Disability		New York Life	
Age	Benefits Payable	Age	Benefits Payable
Less than age 63	To age 65 or 42 months	Age 66	21 Months
Age 63	To age 65 or 36 months	Age 67	18 Months
Age 64	To age 65 or 30 months	Age 68	15 Months
Age 65	24 Months	Age 69 & over	12 Months

Elimination Period	Monthly Benefit per \$100
14/14	\$2.46
30/30	\$2.21
90/90	\$1.28
180/180	\$0.99
First day hospitalization benefit for options 14/14 and 30/30	

**Please Note:** First day hospitalization benefit typically requires inpatient admission and may not apply to outpatient hospital visits. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Accident Coverage

Securian



Accident Protection coverage allows you to protect yourself and your family financially by ensuring you are covered for specific services and care associated with an injury. The plan provides you with the financial resources to make getting back to your regular routine as easy as possible by providing a lump sum payment for covered accidents.

Long-Term Disability Plan	Securian
General Plan Information	
Who Pays for Coverage	Employees
Dependent Age Limit	26
Accident Benefit	
Accident Death Benefit Amount	Employee \$25,000; Spouse \$12,500; Child(ren) \$6,250
Plan Type	Advantage Plan
Sample of Covered Services	
Hospital Stay – Initial Benefit	\$2,000
Intensive Care Unit Admission	\$4,000
Air Ambulance	\$2,000
Emergency Room Treatment	\$300
Diagnostic Testing (ultrasound, EEG, CT, CAT, MR, and MRI)	\$300
Employee Cost Per Month	
Single	\$10.08
Employee + Spouse	\$16.75
Employee + Children	\$23.34
Family	\$33.47

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# Hospital Indemnity

Securian



Hospital Indemnity insurance pays a **lump-sum benefit** directly to you if you're admitted to the hospital for a covered sickness or injury. This cash benefit can be used for anything you need—medical bills, travel, childcare, or everyday expenses—giving you added financial protection during a hospital stay. You can choose from three coverage levels, each providing an **initial hospital admission benefit** and a **daily benefit** for up to 30 days per confinement. The plan also includes ICU and newborn stay benefits. Daily benefits begin on day one and are paid **in addition to** the first day admission benefit.

To qualify for benefits, a hospital confinement must meet the plan's definition: the assignment to a bed as a resident **inpatient** in a hospital **or** confinement in an observation area within a hospital for a period of **no less than 18 continuous hours**.

There are **no medical questions** to enroll and **no pre-existing condition exclusions**. You may also elect coverage for your **spouse and/or child(ren)**.

Benefits	Low Plan	Medium Plan	High Plan
Hospital In-Patient Admission (Non-ICU or ICU)	\$500 / First Day	\$1,000 / First Day	\$1,500 / First Day
Hospital Confinement – Daily Benefit	\$150 / Day (30 days, maximum per admission)	\$250 / Day (30 days, maximum per admission)	\$350 / Day (30 days, maximum per admission)
Intensive Care Unit Confinement – Daily Benefit	\$200 / Day (15 days, maximum per admission)	\$300 / Day (15 days, maximum per admission)	\$400 / Day (15 days, maximum per admission)
Newborn Routine Confinement	\$100 / Day (3 days maximum)	\$100 / Day (3 days maximum)	\$200 / Day (3 days maximum)

Service Enhancements & Riders	Monthly Premium	Low Plan	Medium Plan	High Plan
<b>Proactive Labor &amp; Delivery:</b> Securian will automatically process hospital indemnity claims for routine labor and delivery starting at 36 weeks, with initial and daily benefits paid.	Employee Only	\$10.05	\$17.50	\$24.99
	Employee & Spouse	\$17.13	\$29.75	\$42.28
<b>Benefit Bump:</b> Securian provides personalized, concierge-style support for growing families—helping employees navigate benefits, leave, and resources through every stage of pregnancy or adoption.	Employee and Child(ren)	\$14.34	\$24.80	\$35.21
<b>Wellness Benefit:</b> \$50 benefit included for all employees and covered dependents paid upon wellness screenings including annual physical.	Employee and Family	\$25.29	\$43.90	\$62.58

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Critical Illness Coverage

Securian



## Why Critical Illness Insurance?

Critical Illnesses are expensive. It's easy to understand how unpaid medical bills can threaten a family's financial future. While you can't prevent a diagnosis in your family, you can help protect your finances with additional, cost-effective coverage. Critical Illness Coverage pays a lump-sum benefit if you are diagnosed with a covered illness or condition.

Conditions	Employee Benefit Amount: \$10,000 - \$30,000	
	Spouse Benefit Amount: 50% of employee elected coverage	
	Child(ren) Benefit Amounts: 50% of employee elected coverage amount	
Cancer	Initial Occurrence Benefit	Recurrence Benefit
Invasive Cancer	100%	100%
Non-Invasive Cancer	25%	25%
Skin Cancer	10%	10%
Benign Brain Tumor	100%	100%
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Other		
Major Organ Failure	100%	100%
Parkinson's Disease	100%	N/A
Type 1 Diabetes	100%	N/A
Alzheimer's Disease	100%	N/A
Infertility Treatment (pays once per lifetime – to highest tier of treatment received)		
Tier 1: Medications / Artificial Insemination	\$250	N/A
Tier 2: Surgical Procedures	\$2,500	N/A
Tier 3: Donor Egg Implantation	\$10,000	N/A

# Critical Illness Rates

Securian



Monthly premiums are calculated based on age and tobacco usage. No underwriting required; all coverage is guaranteed issue when initially eligible, during annual enrollment periods, and after a family status change.

\$10,000		Monthly Premium – Non-Tobacco		Monthly Premium – Tobacco	
Age	Employee	Spouse	Employee	Spouse	
20-29	\$3.30	\$1.66	\$3.59	\$1.79	
30-39	\$5.33	\$2.67	\$6.43	\$3.22	
40-49	\$10.89	\$5.45	\$16.59	\$8.30	
50-59	\$21.67	\$10.84	\$40.40	\$20.21	
60-69	\$39.78	\$19.88	\$84.89	\$42.45	
70 >	\$95.32	\$47.66	\$175.66	\$87.83	
\$20,000		Monthly Premium – Non-Tobacco		Monthly Premium – Tobacco	
Age	Employee	Spouse	Employee	Spouse	
20-29	\$6.60	\$3.32	\$7.18	\$3.58	
30-39	\$10.66	\$5.34	\$12.86	\$6.44	
40-49	\$21.78	\$10.90	\$33.18	\$16.60	
50-59	\$43.34	\$21.68	\$80.80	\$40.42	
60-69	\$79.56	\$39.76	\$169.78	\$84.90	
70 >	\$190.64	\$95.32	\$351.32	\$175.66	
\$30,000		Monthly Premium – Non-Tobacco		Monthly Premium – Tobacco	
Age	Employee	Spouse	Employee	Spouse	
20-29	\$9.90	\$4.98	\$10.77	\$5.37	
30-39	\$15.99	\$8.01	\$19.29	\$9.66	
40-49	\$32.67	\$16.35	\$49.77	\$24.90	
50-59	\$65.01	\$32.52	\$121.20	\$60.63	
60-69	\$119.34	\$59.64	\$254.67	\$127.35	
70 >	\$285.96	\$142.98	\$526.98	\$263.49	

Child(ren) – Non-Tobacco			Child(ren) – Tobacco		
\$10,000	\$20,000	\$30,000	\$10,000	\$20,000	\$30,000
\$1.14	\$2.28	\$3.42	\$1.14	\$2.28	\$3.42

# Cancer Coverage

## Colonial Life



Cancer insurance is designed to provide supplemental insurance to help reduce out-of-pocket expenses and bridge the gap between what your primary insurance does and does not cover. Cancer benefits are payable for:

- Cancer Screening
- Wellness Test Benefit
- Inpatient Benefits
- Transportation & Lodging
- Extended Care Benefits



### Low Plan

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

### High Plan

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

# Permanent Life & Long-Term Care



## Two important coverages for when you need them the most.

Permanent Life + Long-Term Care (LTC) is two-in-one security. It combines **permanent life insurance** with benefits that can help with the high costs of **long-term care services**. It helps protect your family from the financial impact of losing a loved one or needing extended care. You select a benefit amount that works for you, and you **lock in a rate** that is designed to last a lifetime and doesn't increase due to age.

Universal Life adjusts to your changing needs as you age. It provides a **higher death benefit** during your working years, when you may need the protection most. The death benefit then reduces after age 70, while your benefit for long-term care remains at the same high level.

## Example of Benefits for Long-Term Care

For a \$50,000 policy, your benefits might pay like this:

\$50,000	You can collect 4% of your benefit amount per month for up to 25 months to help pay for long-term care services.
+\$50,000	Plus, if you collect benefits for LTC, your full death benefit can still be paid to beneficiaries.
+\$50,000	Plus, you can extend your benefits for LTC an extra 25 months, up to 50 total months.
\$150,000	Total Maximum Benefit!

Benefits for long-term care begin to pay after 90 days of confinement or services; to qualify you must meet the conditions of eligibility for benefits. Availability and names for long-term care, restoration, and extension of benefits for long-term care may vary by state. The benefit amounts shown are for sample plans and are not a guarantee.

## More Flexible Universal Life Features

- Coverage up to \$150,000
- **Cover all children** with a term life insurance rider. They can later simply convert coverage to permanent Universal Life.
- EZ Value option: provides **automatic annual benefit increases** without additional underwriting.
- Once you have a policy, your rate is locked in and **will not increase due to age**.
- Accelerate **up to 75% of your death benefit** if a doctor determines your life expectancy is 24 months or less.
- **No medical exams** or blood work to apply – just answer a few simple questions.
- Fully **portable** – keep your coverage, at the same rate and benefits, if you change jobs or retire.
- Pay for coverage via **convenient payroll deduction**, as long as you stay with your employer.
- **Apply for family members** as well as for yourself.



# Medical GAP Insurance

Chubb

CHUBB

Medical GAP  
Insurance



Medical GAP Insurance helps reduce your out-of-pocket costs for inpatient hospitalization and select outpatient services, such as surgery. This supplemental coverage works alongside your primary medical plan to reimburse eligible expenses that might otherwise come out of your own pocket. The plan includes the following benefits:

## **Hospital Expense Benefit:**

Pays up to **\$2,000 per covered individual, per plan year** for eligible out-of-pocket expenses incurred during inpatient hospitalization. This includes:

- Emergency room treatment (if hospital confined within 48 hours)

- Durable medical equipment received during confinement

- Ambulance transportation (if hospital confined within 24 hours)

## **Outpatient Services Benefit:**

Pays up to **\$1,000 per covered individual, up to 2 times per plan year**, for covered outpatient services such as surgery.

GAP Tier	Age 39 & Under	Age 40 to 49	Age 50 & Over
Employee Only	\$25.14	\$32.45	\$68.06
Employee & Spouse	\$46.20	\$59.63	\$125.02
Employee & Child(ren)	\$61.60	\$77.37	\$119.95
Employee & Family	\$82.10	\$100.52	\$175.45

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

# Legal Plan

## Legal Access



**Pearland ISD** is offering a legal plan benefit opportunity that prepares you for the planned and unforeseen events in your life.

The Legal Plan is designed to make legal services affordable and accessible through a national network of attorneys who will help with any of your personal legal matters.

This plan covers services, such as:

- Creation/Review of a Will & Simple Trust
- Civil Litigation as Plaintiff or Defendant
- Moving Traffic Violation Defense
- Misdemeanor Defense
- Felony Violation Defense for the Policyholder
- Debt Collection & IRS Audit Defense
- Financial Coaching & Tax Consultations
- Identity Theft Restoration

Monthly Premium

\$14.00

# Identity Theft Protection

AURA

AURA | IDENTITY  
GUARD

## Why do you need Identity Theft?

- Nearly **90% of employees** who used an employer-offered Cyber Wellness solution to aid in identity theft report a higher quality of life
- Employees with access to identity theft solutions are **3 times more likely** to be aware of suspicious activity -- empowering them to take control faster
- **Almost 93% of employees** with an employer-offered remediation solution said it lessened the negative impacts of ID theft
- **91% of employees** who leveraged the employer-offered service after an ID theft recommended the solution to co-workers

## Comprehensive Identity Protection

- Safe browsing: Anti-ransomware & anti-malware
- \$1M insurance with stolen funds reimbursement
- 401k & HSA reimbursement
- Compromised credentials
- Auto-on monitoring
- High-risk transaction monitoring
- Bank account transaction monitoring
- Address monitoring
- Criminal record monitoring
- Fictitious identity monitoring
- Home title monitoring
- Sex offender monitoring
- Dark web monitoring
- Human-sourced intelligence
- Lost Wallet protection
- Risk Management score

## Powerful Financial Tools

- 1-Bureau credit monitoring
- Monthly credit score
- Credit score tracker
- Security freeze assistance
- Near real-time alerts
- Student loan activity alerts

## Best-in-Class Customer Cre

- U.S.-based customer care
- End-to-end remediation
- Online identity dashboard
- Mobile App

## Monthly Premiums

Plan	Individual	Family
Total	\$7.90	\$13.90
Premier	\$9.85	\$17.85
Ultimate	\$10.85	\$19.85

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Medical Transport

MASA



Two different medical emergency transport plans are available to cover you and your family. The Medical Transport Services plan provides access to vital emergency medical transportation for a low monthly cost.

## One low fee for peace of mind for:

- Emergent Transport Costs
- No Deductible
- Easy Claim Process
- No Health Questions
- Coverage available for Spouses and Dependents to age 26

Benefit Coverage	Platinum \$39 / Month	Emergent Plus \$14 / Month
Emergent Ground Transportation	U.S. / Canada	U.S. / Canada
Emergency Air Transportation	U.S. / Canada	U.S. / Canada
Repatriation	Worldwide	U.S. / Canada
Non-Emergent Air Transportation	U.S. / Canada	
Escort Transportation	Worldwide	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# 403(b), Roth 403(b) and/or 457(b) Retirement plans

OMNI



## WHAT IS A 403(b) TAX-SHELTERED RETIREMENT ACCOUNT?

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

## WHAT IS A ROTH 403(b) RETIREMENT ACCOUNT?

A Roth 403(b) plan is a voluntary tax-advantaged retirement savings account that blends features of a Roth IRA and a traditional 403(b). This plan allows employees to contribute with after-tax dollars. In retirement, withdrawals from a Roth 403(b) are tax-free.

## WHAT IS A 457(b) RETIREMENT ACCOUNT?

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

### Maximum Contribution Amounts

The annual elective deferral limit for 403(b) plan employee contributions is increased to \$23,500 for 2025.

Employees age 50 or older may contribute up to an additional \$7,500 for a total of \$30,500.

## WHY SAVE FOR RETIREMENT?

Because retirement could last 20 years or longer. A 65-year-old man in average health has a 54% chance of living to age 85, while a 65-year-old woman has a 65% chance. Bridging the gap between your pension and how you want to live life may mean putting something aside now, for later.

### Sample of Future Retirement Savings Value Assuming a 6% Yield on Investment

Monthly Contributions	5 Years	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020


# Contacts

Benefit	Carrier	Phone	Website
Medical	TRS ActiveCare - BCBS	1.866-355-5999	<a href="http://www.bcbstx.com/trdactive">www.bcbstx.com/trdactive</a>
Telemedicine	1.800MD	1.800.530.8666	<a href="http://www.1800MD.com">www.1800MD.com</a>
Health Savings Account	Gulf Coast Educators Credit Union	281-487-9333	<a href="http://www.gcefcu.org">www.gcefcu.org</a>
Flexible Spending Account	Optum	1-877-292-4040	<a href="http://www.connectyourcare.com">www.connectyourcare.com</a>
Employee Assistance Program	Ochs / TELUS	855-549-4879	<a href="http://ne.telushealth.com">ne.telushealth.com</a>
Dental	Humana	1-800-448-6262	<a href="http://www.humana.com">www.humana.com</a>
Vision	Humana	1-800-448-6262	<a href="http://www.humana.com">www.humana.com</a>
Voluntary Life and AD&D	Ochs	800-392-7295	<a href="http://www.lifebenefits.com">www.lifebenefits.com</a>
Educators Disability	New York Life	888-842-4462	<a href="http://www.mynyl.newyorklife.com">www.mynyl.newyorklife.com</a>
Accident	Securian	1-855-750-1906	<a href="http://www.lifebenefits.com">www.lifebenefits.com</a>
Hospital Indemnity	Securian	1-855-750-1906	<a href="http://www.lifebenefits.com">www.lifebenefits.com</a>
Critical Illness	Securian	1-855-750-1906	<a href="http://www.lifebenefits.com">www.lifebenefits.com</a>
Cancer	Colonial	1-800-325-4368	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Identity Guard	AURA	1-855-443-7748	<a href="http://www.identityguard.com">www.identityguard.com</a>
Medical Transport	MASA	800-643-9023	<a href="http://masaaccess.com">masaaccess.com</a>
Permanent Life	Chubb	1-800-241-9891	<a href="http://www.chubb.com/us-en">www.chubb.com/us-en</a>
GAP	Chubb	1-800-241-9891	<a href="http://www.acitpa.com">www.acitpa.com</a>
Legal	Legal Access	713-785-7400	<a href="http://www.legaleaseplan.com">www.legaleaseplan.com</a>
403(b) & 457	OMNI Financial	1-877-544-6664	<a href="http://www.omni403b.com">www.omni403b.com</a>

Pearland ISD Benefit Website

[Insurance Plans - Pearland Independent School District](#)

Pearland ISD  
[benefits@pearlandisd.org](mailto:benefits@pearlandisd.org)



# Pearland ISD Employee Benefits Guide 2025-2026

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies or errors are always possible.

In case of a discrepancy between this guide and the official plan documents, the official plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

