

2025 - 2026 Plan Year



DUNCANVILLE ISD BENEFIT GUIDE

EFFECTIVE: 09/01/2025 - 08/31/2026

WWW.MYBENEFITSHUB.COM/DUNCANVILLEISD



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FLIP TO...

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HOW TO
ENROLL

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SUMMARY
PAGES

PG. 12

YOUR
BENEFITS



Benefit Contact Information

HUMAN RESOURCES – BENEFITS (972) 708-2026 fpayne@duncanvilleisd.org	DENTAL PPO Lincoln Financial Group Group #1D042577 (800) 423-2765 www.lfg.com	BASIC AND VOLUNTARY LIFE AND AD&D Lincoln Financial Group Basic Life Group #10276170 Voluntary Life Group #400276171 (800) 423-2765 www.lfg.com
ENROLLMENT ADMINISTRATORS Higginbotham Public Sector (833) 939-6187 www.mybenefitshub.com/duncanvilleisd	DENTAL DHMO Lincoln Financial Group Group #1D042578 (888) 877-7828 http://ldc.lfg.com	PERMANENT LIFE Texas Life (800) 283-9233 www.texaslife.com
TRS ACTIVECARE MEDICAL Blue Cross Blue Shield of Texas ACT Care HD Group #38500 ACT Primary+ Group #385001 ACT Primary Group #385003 ACT Care 2 Group #385002 (866) 355-5999 www.bcbstx.com/trsactivecare	VISION VSP Group #30020362 (800) 877-7195 www.vsp.com	EMERGENCY MEDICAL TRANSPORT MASA (800) 423-3226 www.masamts.com
PRESCRIPTION SAVINGS Clever RX Customer Service: (800) 873-1195 Pharmacy Line: (800) 974-3135 www.cleverrx.com/duncanvilleisd	DISABILITY The Hartford Group #GLT-395320 (800) 523-2233 www.thehartford.com	IDENTITY THEFT/LEGAL PROTECTION LegalShield (800) 654-7757 www.legalshield.com
HEALTH SAVINGS ACCOUNT EECU (817) 882-0800 www.eecu.org	CANCER American Public Life Group #15668 (800) 256-8606 www.amppublic.com	FLEXIBLE SPENDING ACCOUNT Higginbotham (866) 419-3519 https://flexservices.higginbotham.net/Login
HOSPITAL INDEMNITY The Hartford Group #VHI-460138 (866) 547-4205 www.thehartford.com	ACCIDENT Lincoln Financial Group (800) 423-2765 www.lfg.com	RETIREMENT PLANS TCG Group Holdings (800) 943-9179 tcgservices.com
TELEHEALTH MDLIVE (888) 365-1663 www.mdlive.com/fbs	CRITICAL ILLNESS The Hartford Group #VCI-460138 (866) 547-4205 www.thehartford.com	

Mobile Enrollment

Enrollment made easy with your smartphone or tablet.

Text **“BENEFITS”** to **(214) 831-4252** to opt into important text message* enrollment reminders. Scan the QR code to go to your benefit website for:

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

*Standard message rates may apply.





Login Process

1

www.mybenefitshub.com/duncanvilleisd

2

Click Login

Microsoft SSO:

3

Click Login with Microsoft

4

Enter your work e-mail address.

5

Complete the verification steps as outlined by your employer. You can now complete your benefits enrollment!

allsynx Basic Authentication:

3

Enter your Information

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

NOTE: THEbenefitsHUB 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!

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 31 days of benefit eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefit Office or you can call Higginbotham Public Sector at **(833) 939-6187** for assistance.

Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: www.mybenefitshub.com/duncanvilleisd. 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 Duncanville ISD benefit website: www.mybenefitshub.com/duncanvilleisd. 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.

Section 125 Cafeteria Plan Guidelines

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

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

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

What you Need to Know about Qualifying Life Event (QLE)

A Qualifying Life Event (QLE) is a change in your situation – like getting married, having a baby, or losing health coverage – that can make you eligible for a special 30-day enrollment period, allowing you to enroll in or change your health insurance outside the annual open enrollment period. A list of QLEs is provided below.

Based on the Qualifying Life Events on the previous page, if you wish to update your benefits enrollment, you are required to complete the following tasks.

Within 30 days from the date of your Qualifying Life Event (QLE) contact your Coordinator of Benefits and Leaves to provide proof of a qualifying event and complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

Phone: **(972) 708-2026**

Email: fpayne@duncanvilleisd.org

Hours: Monday – Thursday 8AM to 4:30PM CST
Friday 8AM to 4PM

After your change has been processed:

- **Review your confirmation.** Carefully review the changes and immediately inform your Coordinator of Benefits and Leaves of any discrepancies.
 - Proper address and contact information
 - Appropriate coverage, costs, and effective dates
 - Updated dependent and beneficiary information
- **Plan for the financial impact.** Updates to your deductions will be processed within 1-2 pay cycles. Double deductions to assess missed premiums may be required.
- **Review your paycheck stub(s).** Ensure that any required adjustments to your pay appear as you expected and immediately notify fpayne@duncanvilleisd.org of any discrepancies.
- **Watch for/Print new ID cards.** Carrier updates will be processed within 5 business days from the date your change is processed you may print a new ID card online after at least 5 business days. If you make changes that require new ID cards, the medical provider will issue new medical/RX cards within 14 business days.

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 30 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 2025 benefits become effective on September 1, 2025, you must be actively-at-work on September 1, 2025 to be eligible for your new benefits.

PLAN	MAXIMUM AGE
Accident	26
Cancer	26
Critical Illness	26
Dental	26
Flexible Spending Account (FSA)	26 or IRS Tax Dependent
Health Savings Account (HSA)	26 or IRS Tax Dependent
Identity Theft and Legal Protection	18 for full services ID Theft (26 for restoration and Legal Protection only)
Individual Life	26
Life and AD&D	26
Hospital Indemnity	26
Telehealth	26
TRS Medical	26
Vision	26

Dependent Eligibility Requirements

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

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

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

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

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

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

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

Actively-at-Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/2025 please notify your benefits administrator.

Annual Enrollment

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

Annual Deductible

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

Calendar Year

January 1st through December 31st

Co-insurance

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

Guaranteed Coverage

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

In-Network

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

Out-of-Pocket Maximum

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

Plan Year

September 1, 2025 through August 31, 2026

Pre-Existing Conditions

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

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	Approved by Congress in 2003, HSAs are actual bank accounts in employees' names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
Employer Eligibility	A qualified high deductible health plan	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	\$1,650 single (2025) \$3,300 family (2025)	N/A
Maximum Contribution	\$4,300 single (2025) \$8,550 family (2025) 55+ catch up +\$1,000	\$3,300 (2025)
Permissible Use Of Funds	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	Yes, will roll over to use for subsequent year's health coverage.	No. Access to some funds may be extended if your employer's plan contains a 2 1/2-month grace period or \$660 rollover provision.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

FLIP TO
FOR HSA INFORMATION

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FLIP TO
FOR FSA INFORMATION

PG. 40

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/duncanvilleisd



	Monthly Premium	District Contribution	Employee Cost
TRS ActiveCare HD			
Employee Only	\$570.00	\$373.00	\$197.00
Employee and Spouse	\$1,539.00	\$373.00	\$1,166.00
Employee and Child(ren)	\$969.00	\$373.00	\$596.00
Employee and Family	\$1,938.00	\$373.00	\$1,565.00
TRS ActiveCare 2			
Employee Only	\$1,013.00	\$373.00	\$640.00
Employee and Spouse	\$2,402.00	\$373.00	\$2,029.00
Employee and Child(ren)	\$1,507.00	\$373.00	\$1,134.00
Employee and Family	\$2,841.00	\$373.00	\$2,468.00
TRS ActiveCare Primary			
Employee Only	\$556.00	\$373.00	\$183.00
Employee and Spouse	\$1,502.00	\$373.00	\$1,129.00
Employee and Child(ren)	\$946.00	\$373.00	\$573.00
Employee and Family	\$1,891.00	\$373.00	\$1,518.00
TRS ActiveCare Primary+			
Employee Only	\$653.00	\$373.00	\$280.00
Employee and Spouse	\$1,698.00	\$373.00	\$1,325.00
Employee and Child(ren)	\$1,111.00	\$373.00	\$738.00
Employee and Family	\$2,155.00	\$373.00	\$1,782.00



TRS-ActiveCare
REGION 10

LEARN THE TERMS

- **PREMIUM:** The monthly amount you pay for health care coverage.
- **DEDUCTIBLE:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **COPAY:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **COINSURANCE:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **OUT-OF-POCKET MAXIMUM:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2025-26 TRS-ActiveCare Plan Highlights Sept. 1, 2025 –

How to Calculate Your Monthly Premium

Total Monthly Premium

— Your Employer Contribution

≡ Your Premium

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

**Available for all plans.
See the benefits guide for more details.*

Primary Plans & Mental Health

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

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Plus
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than Primary • Copays for many services • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$556			\$653
Employee and Spouse	\$1,502			\$1,698
Employee and Children	\$946			\$1,111
Employee and Family	\$1,891			\$2,155

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,050/\$16,100
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Aug. 31, 2026



Each includes a wide range of wellness benefits.

TRIS-ActiveCare Primary+	TRIS-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>der referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account Nationwide network with out-of-network coverage No requirement for Primary Care Providers or referrals Must meet your deductible before plan pays for non-preventive care

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
		\$570		
		\$1,539		
		\$969		
		\$1,938		

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,300/\$6,600	\$6,600/\$13,200
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,300/\$16,600	\$20,500/\$41,000
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
25% after deductible (\$100 max)/ 25% after deductible (\$265 max)	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
P eligible; You pay 30% after deductible	You pay 20% after deductible
\$1-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRIS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
\$1,013		
\$2,402		
\$1,507		
\$2,841		

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

****Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.**

www.trs.texas.gov

Prescription Savings

Clever RX

EMPLOYEE
BENEFITS

START SAVING TODAY WITH CLEVER RX

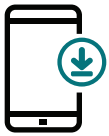
- ✓ 100% FREE to use
- ✓ Unlock discounts on thousands of medications
- ✓ Save up to 80% off prescription drugs – often beats the average copay
- ✓ Accepted at most pharmacies nationwide

For full plan details, please visit:
partner.cleverrx.com/duncanvilleisd



Clever RX Benefits

With Clever RX, you never have to overpay for prescriptions. When you use the Clever RX card or app, you get up to 80% off prescription drugs, discounts on thousands of medications and usage at most pharmacies nationwide.



STEP 1

Download the free Clever RX app and enter these numbers during the onboarding process:

- Group ID **1085**
- Member ID **1805**



STEP 2

Use your ZIP code to find a local pharmacy with the best price for your medication - up to 80% off!



STEP 3

Click the voucher with the lowest price, closest location, and/or at your preferred pharmacy and show the voucher to the pharmacist.

Questions?

Call Clever RX Customer Service at **(800) 873-1195**.

Health Savings Account (HSA)

EECU

EMPLOYEE BENEFITS

ABOUT HSA

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

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



Health Savings Account

A Health Savings Account (HSA) is a tax-exempt tool to supplement your retirement savings and to cover current and future health costs.

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

You Decide How To Use Your HSA Funds

Use it Now

- Make annual HSA contributions.
- Pay for eligible medical costs.
- Keep HSA funds in cash.

Let it Grow

- Make annual HSA contributions.
- Pay for medical costs with other funds.
- Invest HSA funds.

If you are age 55 or older, you may make a yearly catch-up contribution of up to \$1,000 to your HSA. If you turn 55 at any time during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

Important HSA Information

- Have your in-network doctor file your claims and use your HSA debit card to pay any balance due.
- You must keep ALL your records and receipts for HSA reimbursements in case of an IRS audit.
- Only HSA accounts opened through our plan administrator are eligible for automatic payroll deduction.

HSA Eligibility

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

- Enrolled in an HSA-eligible HDHP
- Not covered by another plan that is not a qualified HDHP, such as your spouse’s health plan
- Not enrolled in a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else’s tax return
- Not enrolled in Medicare, Medicaid, or TRICARE
- Not receiving Veterans Administration benefits

2025 Maximum HSA Contributions

- \$4,300 Individual
- \$8,550 Family

HSA contributions are tax-deductible and grow tax-deferred. Withdrawals for qualifying medical expenses are tax-free.

HSA Contacts

- Register for an account at www.eecu.org
- Call **(817) 882-0800**
- Lost/Stolen Debit Card: Call the 24/7 debit card hotline at **(800) 333-9934**

Hospital Indemnity

The Hartford

EMPLOYEE BENEFITS

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/duncanvilleisd



BENEFIT HIGHLIGHTS

Hospital indemnity (HI) insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up. The benefits are paid in lump sum amounts to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).

To learn more about Hospital Indemnity insurance, visit thehartford.com/employeebenefits

Coverage Information

You have a choice of two hospital indemnity plans, which allows you the flexibility to enroll for the coverage that best meets your needs. Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

Hospital Indemnity		
	Low	High
Employee Only	\$16.18	\$32.37
Employee and Spouse	\$31.27	\$62.55
Employee and Child(ren)	\$28.02	\$56.04
Employee and Family	\$45.07	\$90.13

PLAN INFORMATION		PLAN 1	PLAN 3
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
Covered Events		Illness and injury	Illness and injury
HSA Compatible		Yes	Yes
BENEFITS		PLAN 1	PLAN 3
HOSPITAL CARE			
First Day Hospital Confinement	Up to 1 day per year	\$1,000	\$2,000
Daily Hospital Confinement (Day 2+)	Up to 90 days per year	\$100	\$200
VALUE ADDED SERVICES		PLAN 1	PLAN 3
Ability Assist® EAP – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampionSM – Administrative & clinical support following serious illness or injury		Included	Included

ASKED & ANSWERED

IS THIS COVERAGE HSA COMPATIBLE?

If you (or any dependent(s)) currently participate in a Health Saving Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have in addition to a HSA, while still maintaining the tax exempt status of the HSA.

This plan design was designed to be compatible with Health Savings Accounts (HSAs). However, if you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 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.⁵

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

Premiums are provided above. 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.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is September 1, 2025. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, 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.

ABOUT TELEHEALTH

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available.

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



Alongside your medical coverage is access to quality telehealth services through **MDLIVE**. Connect anytime day or night with a board-certified doctor via your mobile device or computer. While **MDLIVE** does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering a convenience care clinic, urgent care clinic or emergency room for treatment
- Are on a business trip, vacation or away from home
- Are unable to see your primary care physician

When to Use Telehealth

At a cost that is the same or less than a visit to your physician, use telehealth services for minor conditions such as:

- Sore throat
- Headache
- Stomachache
- Cold
- Flu
- Allergies
- Fever
- Urinary tract infections

Do not use telemedicine for serious or life-threatening emergencies.

Registration is Easy

Register with **MDLIVE** so you are ready to use this valuable service when and where you need it.

- Online – www.mdlive.com/fbs
- Phone – **(888) 365-1663**
- Mobile – download the MDLIVE mobile app to your smartphone or mobile device

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/duncanvilleisd



Visit www.LincolnFinancial.com/FindADentist to find a contracting dentist near you. This plan lets you choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose a contracting dentist.

Visit www ldc lfg com to find a contracting dentist for the DHMO plan.

Dental			
	High Plan	Low Plan	DHMO
Employee Only	\$58.31	\$37.37	\$11.53
Employee and Spouse	\$75.52	\$56.87	\$22.47
Employee and Child(ren)	\$86.34	\$65.02	\$24.32
Employee and Family	\$146.72	\$110.52	\$35.15

The Lincoln Dental Connect® PPO Plan

Network Options	Low Plan	High Plan
Policy Year Deductible		
Individual		
Family	\$50	\$50
<i>Waved for Preventative</i>	\$150	\$150
Deductibles are combined for basic and major Contracting Dentists' services. Deductibles are combined for basic and major Non-Contracting Dentists' services.		
Annual Maximum	\$1,000	\$1,500
Lifetime Orthodontic Max	\$1,000	\$1,500
Orthodontic Coverage is available for dependent children.		
Waiting Period	There are no benefit waiting periods for any service types	
Benefit Highlights	Low Plan	High Plan
Preventive Services		
Routine oral exams, Bitewing X-rays, Full-mouth or panoramic X-rays, Other dental X-rays – including periapical films, Routine cleanings, Fluoride treatments, Space maintainers for children, Palliative treatment – including emergency relief of dental pain, Sealants	100% No Deductible	100% No Deductible
Basic Services		
Problem focused exams, Injections of antibiotics and other therapeutic medications, Fillings, Simple extractions, General anesthesia and I.V. sedation	80% After Deductible	80% After Deductible
Major Services		
Consultations, Prefabricated stainless steel and resin, crowns, Surgical extractions, Oral surgery, Biopsy and examination of oral tissue- including brush biopsy , Prosthetic repair and recementation services, Endodontics- including root canal treatment	50% After Deductible	50% After Deductible
Class IV: Orthodontia		
Orthodontic exams , X-rays, Extractions, Study models, Appliances	50%	50%

Lincoln Dental Connect® DHMO Program

- Covers most preventive and diagnostic care services at no charge
- Also covers a wide variety of specialty services- lowering your out-of-pocket costs with no deductibles or maximums
- Features group rates for employees
- Lets you choose a participating dentist from a regional network
- Saves you time and hassle with no waiting periods and no claim forms

You choose your primary-care dentist when you enroll. To find a participating dentist, visit <http://ldc.lfg.com> and select “Find a Dentist”

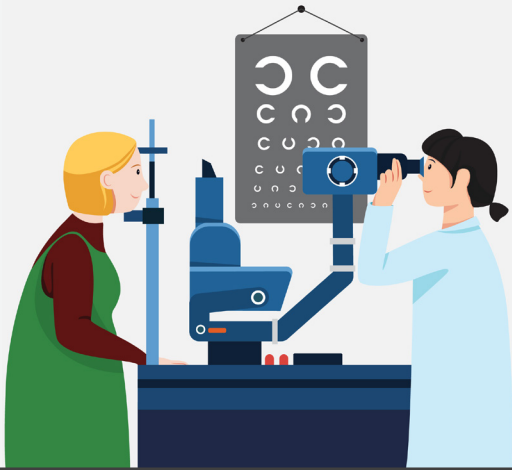
- If you need to visit your dentist after your coverage begins, but before receiving your Dental ID card, please call **(888) 877-7828** to arrange your care. To expedite the call, please provide the following:
 - » The exact spelling of your first and last name, submitted at the time of enrollment;
 - » Date of Birth.
- To access your dental health information online, click REGISTER NOW and follow the prompts to complete your registration. You will need your Member ID Number* which is located on your Dental ID Card. You can also print a Dental ID Card from this website.

*Note, the Member ID Number contains nine digits. Please use all proceeding zeros when entering your Member ID.

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/duncanvilleisd



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM DUNCANVILLE ISD AND VSP.

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Like shopping online? Go to eyeconic.com® and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

USING YOUR BENEFIT IS EASY!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

YOUR VSP VISION BENEFITS SUMMARY

DUNCANVILLE ISD and VSP provide you with an affordable vision plan.

- PROVIDER NETWORK: VSP Choice
- EFFECTIVE DATE: 09/01/2025

Vision	
Employee Only	\$8.20
Employee and Spouse	\$16.40
Employee and Child(ren)	\$18.91
Employee and Family	\$30.22

YOUR COVERAGE WITH A VSP PROVIDER

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
WELLVISION EXAM	<ul style="list-style-type: none">• Focuses on your eyes and overall wellness	\$10	Every plan year*
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">• Retinal screening for members with diabetes• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.• Coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$10	
FRAME	<ul style="list-style-type: none">• \$220 featured frame brands allowance• \$200 frame allowance• 20% savings on the amount over your allowance	Included in Prescription Glasses	Every other plan year
LENSES	<ul style="list-style-type: none">• Single vision, lined bifocal, and lined trifocal lenses• Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every plan year

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
PRESCRIPTION GLASSES <i>CONT'D.</i>		\$10	
LENS ENHANCEMENTS	• Standard progressive lenses	\$0	Every plan year
	• Premium progressive lenses	\$95- \$105	
	• Custom progressive lenses	\$150- \$175	
	• Average savings of 30% on other lens enhancements		
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$25	Every plan year
EXTRA SAVINGS	Glasses and Sunglasses		
	<ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening		
	<ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction		
	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Plan year begins in September

Disability Insurance

The Hartford

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/duncanvilleisd



What is Educator Disability Insurance?

Educator Disability insurance is a hybrid that combines features of short-term and long-term disability into one plan. Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. The plan gives you flexibility to be able to choose an amount of coverage and waiting period that suits your needs.

Actively at Work: You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.

Benefit Amount: You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$8,000 that cannot exceed 66 2/3% of your current monthly earnings. Earnings are defined in The Hartford's contract with your employer.

Disability - per \$100 in benefit (minimum \$200 benefit)	
Elimination Period	Plan 1
0/7	\$4.34
14/14	\$3.38
30/30	\$2.87
60/60	\$1.86
90/90	\$1.61
180/180	\$1.22

Elimination Period: You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Disability benefit

payment. The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.

For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.

Definition of Disability: Disability is defined as The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings. One you have been disabled for 24 months, you must be prevented from performing one or more essential duties of any occupation, and as a result, your monthly earnings are 66 2/3% or less of your pre-disability earnings.

Pre-Existing Condition Limitation: Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have not received treatment for the disabling condition within 3 months, while insured under this policy, before the disability begins, or You have been insured under this policy for 12 months before your disability begins.

If your disability is a result of a pre-existing condition, we will pay benefits for a maximum of 4 weeks.

Maximum Benefit Duration: Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the age at which disability occurs, the maximum duration may vary. Please see the applicable schedules below based on the Premium benefit option.

Premium Option: For the Premium benefit option – the table below applies to disabilities resulting from sickness or injury.

Age Disabled	Maximum Benefit Duration
Prior to 63	To Normal Retirement Age or 48 months if greater
Age 63	To Normal Retirement Age or 42 months if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and older	18 months

Benefit Integration: Your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance
- State Teacher Retirement Disability Plans
- Workers' Compensation
- Other employer-based disability insurance coverage you may have
- Unemployment benefits
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

Your plan includes a minimum benefit of 25% of your elected benefit.

Eligibility: You are eligible if you are an active employee who works at least 30 hours per week on a regularly scheduled basis.

Enrollment: You can enroll in coverage within 31 days of your date of hire or during your annual enrollment period.

Effective Date: Coverage goes into effect subject to the terms and conditions of the policy. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.

Educator Disability - Definitions

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

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

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

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

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

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

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

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

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

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

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

Annotations on the form:

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

Group Cancer Insurance

American Public Life (APL)

EMPLOYEE
BENEFITS

HELP COVER COSTS ASSOCIATED WITH THE DETECTION AND TREATMENT OF CANCER

Even the best major medical insurance may not cover all the out-of-pocket costs related to cancer treatment. APL's Cancer Insurance* may help cover some of the expenses related to the treatment of covered cancer, daily living expenses and routine cancer screenings to help with early detection.

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



Why buy **cancer** insurance?

IMAGINE

You or a loved one is diagnosed with cancer



Travel for the best treatment



Missed work

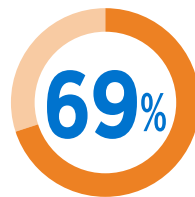
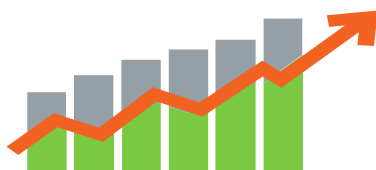


Expenses for care



GOOD NEWS

The 5-year relative survival rate for all cancers diagnosed is 69%.¹



HOWEVER

Treatment options have improved but remain costly.

Prescriptions alone can cost
\$100,000 per year

11 of 12 cancer drugs approved by the FDA in 2012 were priced at more than \$100,000 per year.²



FUND YOUR FIGHT



Cancer Insurance may help cover



Prescriptions



Experimental Treatment



Transportation & Lodging



and more.

1. American Cancer Society: Cancer Facts and Figures 2024, P18. | 2. Richard A. Meyer: You can't Afford to get Cancer; December 13, 2021

*This Cancer Policy provides limited benefits. Underwritten by American Public Life Insurance Company.




Group Cancer Insurance

American Public Life (APL)

EMPLOYEE
BENEFITS

If you or a family member are diagnosed with cancer, APL's Cancer Insurance may help cover the costs associated with the detection and treatment of cancer and help you be more financially prepared.

How it works

-  **1 CHOOSE** the benefit options that best protect you and your family.
-  **2 RECEIVE** treatment for a covered benefit.
-  **3 FILE** your claim online or mail it in.



Benefits may help pay expenses related to cancer and routine screenings

With Cancer Insurance, you may be covered for:

- ▶ Radiation Therapy, Chemotherapy, Immunotherapy
- ▶ Experimental Treatments
- ▶ Prescriptions
- ▶ Transportation Benefits and more

Plus, plan options are available to cover you, your spouse or your child(ren).

Your plan may include the following options

- Surgical Benefit Rider provides: Anesthesia, Skin Cancer, Reconstructive Surgery, Bone Marrow and Stem Cell Transplant benefits and more
- Patient Care Benefit Rider provides: Hospital Confinement, Outpatient Facility, Extended Care Facility, Donor Benefits, Home Health Care, Hospice benefits and more
- Miscellaneous Benefit Rider offers: Second/Third surgical opinion, drugs and medicine, patient and family transportation, blood, plasma and platelets and more
- Internal Cancer First Occurrence Optional Benefit Rider
- Heart Attack/Stroke Optional Rider
- ICU Optional Rider



A Hospital is a place that is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit of geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

If the cancer insurance premium is paid on a pre-tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding tax treatment of your policy benefits.

Underwritten by American Public Life Insurance Company. This is a brief description of the coverage. This product contains Limitations, Exclusions and Waiting Periods. For complete benefits and other provisions, please refer to your policy/certificate. This coverage does not replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage. This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. Policy Form GC14APL Series | Policy Form GC-3 series

***This Cancer Policy provides limited benefits.**

ABOUT ACCIDENT

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

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



Accident insurance provides affordable protection against a sudden, unforeseen accident. This benefit helps offset the direct and indirect expenses resulting from an accident such as copayments, deductible, ambulance, physical therapy, childcare, rent, and other costs not covered by traditional health plans. See the plan document for full details.

Benefits Summary	Option 1
Coverage	
24 hour or Off the Job Coverage	Off the Job
Emergency Treatment Benefit	
Ground / Air Ambulance	\$500 / \$2,000
Emergency Room Benefit	\$200
Urgent Care Benefit	\$200
X-Ray Benefit	\$150
Major Diagnostic Exam	\$300
Hospitalization Benefit	
Hospital Admission	\$2,000
Hospital Intensive Care Admission	\$5,000
Daily Hospital Confinement Benefit	\$350
Daily Hospital Intensive Care Confinement Benefit	\$700
Physician Follow-Up Benefit / Max Visits	\$150 / 6 visits
Fracture Benefit (Closed Non Surgical Fractures)	
Fingers & Toes	\$250
Arm (elbow to wrist)	\$1,250
Ankle	\$1,800
Hand	\$1,800
Kneecap	\$1,800
Collarbone	\$1,500
Arm (Shoulder to Elbow)	\$1,250
Leg (Knee to Ankle)	\$2,000
Hip	\$4,000
Leg (Hip to Knee)	\$4,000

Benefits Summary	Option 1
Dislocations (Closed Non Surgical Dislocations)	
Fingers & Toes	\$250
Shoulder	\$1,000
Ankle	\$2,000
Knee	\$2,000
Hip	\$4,000
Specific Injuries	
Concussion	\$300
Concussion	\$300
2nd degree burns	Up to \$1,500
Dental Injury	Up to \$500
Lacerations	Up to \$1,500
Surgical Benefits	
Fracture - Surgical Repair	Up to \$8,000
Dislocation - Surgical Repair	Up to \$8,000
Arthroscopic - Surgical Repair	\$750
Ligaments, tendons, rotator cuff - Surgical Repair	\$2,000
Accidental Death & Dismemberment Benefit	
Employee Accidental Death	\$250,000
Spouse Accidental Death	\$125,000
Child Accidental Death	\$62,500
Finger or Toe Dismemberment	\$2,500
Hand Dismemberment	up to \$50,000
Arm Dismemberment	up to \$50,000
Leg Dismemberment	up to \$50,000
Unique Benefits	
Health Screening/ Wellness Benefit	\$50
Monthly Rates	
Employee Only	\$9.70
Employee and Spouse	\$14.90
Employee and Child(ren)	\$16.18
Employee and Family	\$25.36

Critical Illness Insurance

The Hartford

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/duncanvilleisd



\$5,000	Non Tobacco User Monthly Cost				Tobacco User Monthly Cost			
Age	Employee	EE + Spouse	EE + Child	EE + Family	Employee	EE + Spouse	EE + Child	EE + Family
18-24	\$0.85	\$1.70	\$2.08	\$3.23	\$0.93	\$1.87	\$2.16	\$3.40
25-29	\$1.16	\$2.30	\$2.39	\$3.83	\$1.34	\$2.68	\$2.57	\$4.21
30-34	\$1.61	\$3.19	\$2.85	\$4.72	\$2.01	\$4.02	\$3.24	\$5.55
35-39	\$2.46	\$4.85	\$3.69	\$6.38	\$3.30	\$6.64	\$4.54	\$8.17
40-44	\$4.13	\$8.19	\$5.37	\$9.72	\$6.12	\$12.43	\$7.35	\$13.96
45-49	\$6.69	\$13.44	\$7.93	\$14.97	\$11.09	\$22.84	\$12.32	\$24.37
50-54	\$9.81	\$19.94	\$11.04	\$21.47	\$17.72	\$36.65	\$18.95	\$38.18
55-59	\$13.62	\$27.99	\$14.86	\$29.52	\$26.19	\$54.39	\$27.43	\$55.92
60-64	\$20.01	\$41.37	\$21.24	\$42.91	\$40.54	\$84.30	\$41.77	\$85.83
65-69	\$28.15	\$58.03	\$29.39	\$59.56	\$60.22	\$124.84	\$61.46	\$126.37
70-74	\$19.69	\$40.58	\$20.33	\$41.37	\$41.24	\$85.73	\$41.87	\$86.51
75-79	\$26.16	\$53.74	\$26.79	\$54.52	\$49.11	\$102.09	\$49.74	\$102.87
\$10,000	Non Tobacco User Monthly Cost				Tobacco User Monthly Cost			
Age	Employee	EE + Spouse	EE + Child	EE + Family	Employee	EE + Spouse	EE + Child	EE + Family
18-24	\$1.67	\$2.53	\$2.91	\$4.06	\$1.84	\$2.78	\$3.07	\$4.31
25-29	\$2.28	\$3.42	\$3.51	\$4.95	\$2.64	\$3.98	\$3.87	\$5.51
30-34	\$3.17	\$4.75	\$4.41	\$6.28	\$3.95	\$5.97	\$5.19	\$7.50
35-39	\$4.83	\$7.22	\$6.07	\$8.75	\$6.52	\$9.86	\$7.75	\$11.39
40-44	\$8.15	\$12.21	\$9.38	\$13.74	\$12.09	\$18.40	\$13.32	\$19.93
45-49	\$13.22	\$19.97	\$14.46	\$21.50	\$21.95	\$33.70	\$23.19	\$35.23
50-54	\$19.41	\$29.54	\$20.64	\$31.07	\$35.09	\$54.02	\$36.32	\$55.55
55-59	\$27.00	\$41.37	\$28.24	\$42.90	\$51.90	\$80.10	\$53.14	\$81.63
60-64	\$39.70	\$61.07	\$40.94	\$62.60	\$80.37	\$124.13	\$81.61	\$125.66
65-69	\$55.94	\$85.81	\$57.17	\$87.34	\$119.52	\$184.14	\$120.75	\$185.67
70-74	\$38.97	\$59.86	\$39.60	\$60.65	\$81.46	\$125.96	\$82.09	\$126.74
75-79	\$51.92	\$79.50	\$52.56	\$80.28	\$97.41	\$150.38	\$98.04	\$151.17

Critical Illness Insurance

The Hartford

EMPLOYEE BENEFITS

COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

COVERAGE AMOUNTS	
Employee Coverage Amount	\$5,000; \$10,000; \$20,000 or \$30,000
Spouse Coverage Amount	50% of your coverage amount
Child(ren) Coverage Amount	\$5,000
COVERED ILLNESSES	BENEFIT AMOUNTS
CANCER CONDITIONS	
Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount
Non-invasive Cancer	25% of coverage amount
VASCULAR CONDITIONS	
Heart Attack (Myocardial Infarction)*; Heart Failure/Transplant*; Stroke*	100% of coverage amount
Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage amount
OTHER SPECIFIED CONDITIONS	
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Failure/Transplant*; Paralysis	100% of coverage amount
Bone Marrow Transplant	25% of coverage amount
ADDITIONAL BENEFITS	BENEFIT AMOUNTS
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of your coverage amount
Second Opinion Cancer	\$500 per diagnosis
Prosthesis/Wig	\$500 one time
Health Screening Benefit	\$50 one time
FEATURES	BENEFIT AMOUNTS
Coverage Maximum – Primary Insured & Spouse	500% of coverage amount
Coverage Maximum – Child(ren)	300% of coverage amount

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis, and are less than age 80.

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?

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts. 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.

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, or when you reach the age of 80, 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.

ABOUT LIFE INSURANCE

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.

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



BASIC LIFE AND AD&D

Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like helping to cover everyday expenses, pay off debt, and protect savings. AD&D provides additional benefits if you die or suffer a covered loss in an accident, such as losing a limb or your eyesight.

AT A GLANCE:

- A cash benefit of \$10,000 to your loved ones in the event of your death, plus an additional cash benefit if you die in an accident.
- AD&D Plus: If you suffer an AD&D-covered loss in an accident, you may also receive benefits for the following in addition to your core AD&D benefits: coma, plegia, education, childcare, spouse [OR domestic partner] training. Additional conditions are outlined in your policy.
- Includes LifeKeys® services, which provide access to counseling, financial, and legal support services.
- TravelConnect® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home.

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates. See the enclosed optional life insurance information for details.

ADDITIONAL DETAILS

Continuation of Coverage for Ceasing Active Work: You may be able to continue your coverage if you leave your job for reasons including and not limited to Family and Medical Leave, Lay-off, Leave of Absence, or Leave of Absence Due to Disability.

Waiver of Premium: A provision that allows you not to pay premiums during a period of disability that has lasted for a particular length of time.

Accelerated Death Benefit: Enables you to receive a portion of your policy death benefit while you are living. To qualify, a medical professional must diagnose you with a terminal illness with a life expectancy of fewer than 12 months.

Conversion: You may be able to convert your group term life coverage to an individual life insurance policy if your coverage reduces or you lose coverage due to leaving your job or for other reasons outlined in the plan contract.

VOLUNTARY TERM LIFE

Provides a cash benefit to your loved ones in the event of your death or if you die in an accident

- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for 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

Employee Life	
Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of 7 times Annual Earnings (rounded up to the nearest \$10,000) or \$500,000
Minimum coverage amount	\$10,000

Guaranteed Life coverage amount	\$250,000
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Your coverage will be reduced by 55% when you reach age 75.

Spouse Life

The amount of Dependent Life Insurance coverage cannot be greater than 100% of the Employee Benefit.

Coverage Options	Increments of \$5,000
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Maximum coverage amount	This amount may not exceed the lesser of 7 times Annual Earnings (rounded up to the nearest \$5,000) or \$500,000
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Minimum coverage amount	\$5,000
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Guaranteed Life coverage amount	\$50,000
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Dependent Child(ren) Life

At least one day but under 26 years.	Increments of \$2,000 to a maximum of \$10,000
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ABOUT PERMANENT LIFE INSURANCE

Permanent life insurance is a type of life insurance policy that provides coverage for the insured's entire lifetime, as long as the premiums are paid. It complements term life insurance, which covers the insured for a specified period of time. Permanent life insurance is the coverage you can keep when your employment ends.

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



Voluntary permanent life insurance can be an ideal complement to the group term and voluntary term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

The contract, PureLife-plus, is underwritten by Texas Life Insurance Company, and it has the following features:

- **HIGH DEATH BENEFIT.** Written on a minimal cash-value Universal Life frame, PureLife-plus features one of the highest death benefits per payroll-deducted dollar offered at the worksite.¹
- **REFUND OF PREMIUM.** Unique in the workplace, PureLife-plus offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. (Conditions apply.)
- **ACCELERATED DEATH BENEFIT DUE TO TERMINAL ILLNESS RIDER.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. (Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)
- **MINIMAL CASH VALUE.** Designed to provide a high death benefit at a reasonable premium, PureLife-plus helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **LONG GUARANTEES.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).²

¹ Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022

² As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. 45 years average for all ages based on our actuarial review.

WHO CAN APPLY FOR COVERAGE?

Actively at work employees at issue ages 17-70 are eligible. Spouses, issue age 17-60, children ages 15 days to 26 years, and grandchildren ages 15 days to 18 years are eligible to apply for this coverage as well³. Employees do not have to participate in order to apply for coverage on eligible dependents.

SAMPLE RATES

Non-Tobacco, Monthly Premiums

Issue Age	\$25,000 Coverage	\$50,000 Coverage
25	\$11.00	\$19.75
35	\$15.25	\$28.25
45	\$28.75	\$55.25
55	\$53.00	\$103.75

3 QUICK QUESTIONS

You can qualify by answering just 3 questions⁴ – no exams or needles.

During the last six months, has the proposed insured:

- 1 Been actively at work on a full time basis, performing usual duties?
- 2 Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
- 3 Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

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3 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

4 Issuance of coverage will depend on the answer to these questions.

Important Note: Texas Life does not offer legal or financial advice. Contact an attorney and a financial advisor in your state for legal and financial information on wills, estates and trusts.

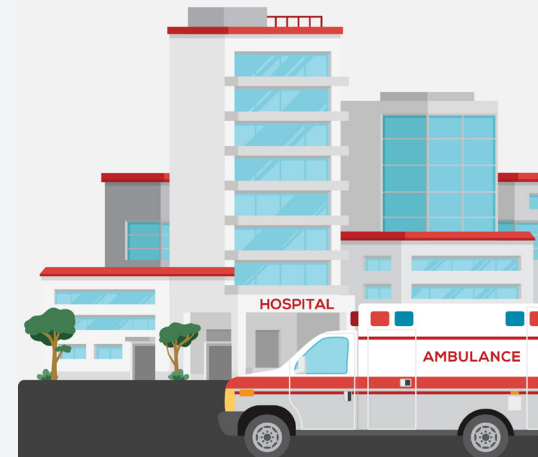
PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the Purelife-plus brochure for costs and complete details. Contract Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO.

ABOUT MEDICAL TRANSPORT

Medical Transport covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter, depending on the plan.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/duncanvilleisd



A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network. After the group health plan pays its portion, MASA MTS works with providers to deliver our members' \$0 in out-of-pocket costs for emergency transport.

Emergent Air Transportation – In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

Emergent Ground Transportation – In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

Non-Emergency Inter-Facility Transportation – In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

Repatriation/Recuperation – Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

Should you need assistance with a claim contact MASA at **(800) 643-9023**. You can find full benefit details at www.mybenefitshub.com/duncanvilleisd.

Monthly Rate	
	Emergent Plus
Family	\$14.00

Identity Theft and Legal Protection

LegalShield

EMPLOYEE
BENEFITS

ABOUT ID THEFT AND LEGAL 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/duncanvilleisd



Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

	Accident		
	IDShield	LegalShield	LegalShield & ID Shield
Employee	\$8.45	\$15.95	\$24.90
Employee and Family	\$15.95	\$15.95	\$28.40

The LegalShield Membership Includes:	The IDShield Membership Includes:
<ul style="list-style-type: none"> • Dedicated Law Firm Direct access, no call center • Legal Advice/Consultation on unlimited personal issues • Letters/Calls made on your behalf • Contracts/Documents Reviewed up to 15 pages • Residential Loan Document Assistance for the purchase of your primary residence • Will Preparation - Will/Living Will/Health Care Power of Attorney • Speeding Ticket Assistance (15 day waiting period) • IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll) • Trial Defense (if named defendant/respondent in a covered civil action suit) • Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment) • 25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.) • 24/7 Emergency Access for covered situations 	<ul style="list-style-type: none"> • High Risk Application and Transaction Monitoring We can detect fraud up to 90 days earlier than traditional credit monitoring services; we carefully watch all your accounts, reorders, loans and more. If a new account is opened, you will receive an alert. • Social Media Monitoring for privacy concerns and reputational risks • Credit Monitoring continuous credit monitoring through TransUnion • Monthly Score Tracker watch your credit score and map your credit trends • Credit Inquiry Alerts (instant hard inquiry alerts) • Consultation on any cyber security question • \$1 Million Insurance (coverage for lost wages, legal defense fees, stolen funds and more) • Full Service Restoration & Unlimited Service Guarantee We don't give up until your identity is restored! • 24/7 Emergency Access in the event of an identity theft emergency

Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

For more information, contact your Independent Associate:

Mark Seguin

Mark@MyLegalShieldUSA.com

(903) 533-9123 x 101

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/duncanvilleisd



Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to set aside pretax dollars from each paycheck to pay for certain IRS-approved health and dependent care expenses.

Health Care FSA

The Health Care FSA covers qualified medical, dental, and vision expenses for you or your eligible dependents. 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 enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA).

How the Health Care FSA Works

You can access the funds in your Health Care FSA two different ways:

- Use your FSA debit card to pay for qualified expenses, doctor visits, and prescription copays.
- Pay out-of-pocket and submit your receipts for reimbursement:
 - Fax – **(866) 419-3516**
 - Email – flexclaims@higginbotham.net
 - Customer Service – flexsupport@higginbotham.net
 - Phone – **(866) 419-3519**

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 daycare or babysitter 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 (and your spouse, if married) must be gainfully employed, looking for work, a full-time student, or incapable of self-care.

Dependent Care FSA Considerations

- 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.

2025 Annual Maximum FSA Contributions

	Health Care FSA	Dependent Care FSA
Maximum	\$3,300	\$5,000 if filing jointly or head of household and \$2,500 if married filing separately.
Carryover	\$660	No carryover — use it or lose it

ABOUT RETIREMENT PLANS

A 403(b) plan is a U.S. tax-advantaged retirement savings plan available for public education organizations.

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



What is a 403(b) Savings Plan?

A 403(b) is a voluntary retirement plan that allows you to save money in a pre-tax (Traditional) or after-tax (Roth) account. Contributions to the plan are salary-deducted from your paycheck and automatically deposited into your 403(b) retirement savings account. Early withdrawals from a 403(b) account are subject to a 10% early withdrawal penalty. TCG is the 403(b) plan administrator—managing your contributions, distributions, and personal updates. Money and investments are held with the vendor of your choice.

To get started, visit www.region10rams.org/enroll and find your employer's 403(b) Approved Vendor List. Open an account by contacting one of the approved 403(b) providers directly. Next, register access to your RAMS 403(b) administration account and set up salary deferrals at www.region10rams.org.

Traditional Savings Account (Pre-Tax)

- Contributions are made before tax, meaning your money grows faster
- Withdrawals are taxed (ordinary income)
- Tax benefits are available same year
- Suitable for those looking to reduce their current income tax liability

Roth Savings Account (After-Tax)

- Contributions are made after tax, meaning your money grows tax-free
- Withdrawals are tax-free (certain conditions apply)
- No tax deductibility for current year
- Suitable for investors who want tax-free income during retirement

2025 Annual Contribution Limits

In 2025, you can contribute 100 percent of your compensation up to \$20,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,500 for a total of \$26,000. You may simultaneously contribute to both 403(b) and 457(b) plans.

Get started at www.region10rams.org

Enrollment assistance is available at www.region10rams.org/telewealth or by calling the Enrollment Hotline at **(512) 600-5204**.

How to Register

Step One: Create an account with an approved vendor

1. Visit www.region10rams.org.
2. Search for your employer and open the 403(b) Approved Vendor list.
3. Evaluate and contact a vendor on the list and contact them directly to establish your retirement account.

Plan Description
403(b) Deadline Dates for Payroll Changes
403(b) Approved Vendor List ◀
2020 Contribution Limits
403(b) Admin Summary Plan Description

Step Two: Set up your RAMS 403(b) account

1. Visit www.region10rams.org/enroll and click Enroll.
2. Enter the name of your employer and select the 403(b) Admin Plan.
3. Follow each step until you get a completion notice.
4. You're done! Login your account any time you wish to make contribution adjustments.

Let's begin your journey to financial independence!

Begin by entering the name of your employer:

Enrollment Hotline

Call **800-943-9179** for help getting started

For questions, please call us @ **(800) 943-9179** or schedule a virtual meeting at www.region10rams.org/telewealth

What is a 457(b) plan?

A 457(b) plan is a retirement savings plan that allows employees to make contributions on a pretax basis, thus income taxes are deferred until your assets are withdrawn. Most plans allow you to start, stop, increase or decrease contributions at any time.

The contribution limits are separate from those of 401(k) and 403(b) plans and more flexible withdrawal options are often available.

The employer sponsored 457(b) plan offers:

- *Easy-to-choose, professionally managed portfolio options
- No 10% early distribution penalty tax
- No surrender charges and no hidden fees
- Employer oversight of plan investments
- No-load mutual funds

Sick Leave Bank

DISD

EMPLOYEE BENEFITS

For full plan details, please visit your benefit website:

www.mybenefitshub.com/duncanvilleisd



The Duncanville Sick Leave Bank (SLB) is defined as a pool of local sick leave days contributed by eligible district employees. Benefits are for catastrophic illness or injury of the SLB member, and for absences due to catastrophic illness or injury, or death of immediate family members. An Immediate Family Member is defined as the covered employees' spouse, mother, father, or child whether biological, adopted, foster, or step. The employee must be responsible for providing care to the immediate family member. All Full-time employees of Duncanville ISD my join the Sick Leave Bank (SLB) by contributing two local leave days during the open enrollment period or within the first 30 days of employment.

The purpose of the SLB is to provide additional paid sick leave days to members of the SLB in the event of a catastrophic illness or injury, medically necessary (non-elective) surgery, or other injury-related temporary disability which renders him/her unable to perform the duties of his/her position. A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation from the district.

2025 - 2026 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 Duncanville 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 Duncanville 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.

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