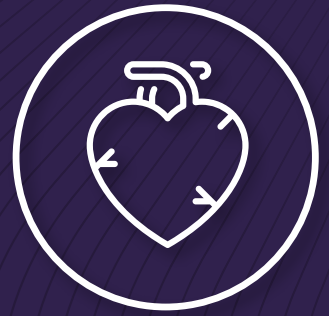




benefits guide

September 1, 2025 - August 31, 2026



2025
26



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or their children, where applicable by state law
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective September 1, 2025 - August 31, 2026.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP or child
- ▶ You lose coverage under your spouse's/DP's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

Inside

- Medical
- Dental
- Vision
- Flexible Spending Accounts (FSAs)
- Life and AD&D
- Disability
- Employee Assistance Program (EAP)
- Voluntary Benefits
- Valuable Extras
- Cost of Benefits
- Contact Information

Enrollment

Go to **Employee Navigator**. There, you will find detailed information about the plans available to you and instructions for enrolling.

To review the array of benefit options offered by Carrizo Springs CISD, please visit the Employee Benefits Center: **MyCarrizoBenefits**

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Blue Cross Blue Shield of Texas HDHP HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **NOTE:** If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. **NOTE:** If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100% for any one individual.

Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ In addition, we will contribute to your HSA; company contribution amounts can be found on the medical overview grid.
- ▶ Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2025	2026
Employee Only	\$4,300	\$4,400
Family (employee + 1 or more)	\$8,550	\$8,750
Catch-up (age 55+)	\$1,000	\$1,000

- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- ▶ For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.



Blue Cross Blue Shield of Texas PPO

These plans give you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

Medical (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Blue Cross Blue Shield of Texas Savings Plan HDHP HSA		Blue Cross Blue Shield of Texas Bronze Plan PPO		Blue Cross Blue Shield of Texas Silver Plan PPO	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	\$4,500 / \$9,000	\$9,000 / \$18,000	\$3,000 / \$9,000	\$6,000 / \$18,000	\$2,000 / \$6,000	\$10,000 / \$20,000
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$6,900 / \$13,800	Unlimited / Unlimited	\$7,350 / \$14,700	Unlimited / Unlimited	\$6,000 / \$15,800	Unlimited / Unlimited
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible employees)						
Individual / Family	\$600 ³ / \$600 ³		N/A / N/A		\$600 / \$600	
Covered Services						
Office Visits (physician/specialist)	20%	40%*	\$50 / \$100 copay	50%*	\$35 / \$70 copay	50%*
Virtual Visits	20%	40%*	\$50 / \$100 copay	50%*	\$35 / \$70 copay	50%*
Routine Preventive Care	No charge	40%*	No charge	50%*	No charge	50%*
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	30%*	50%*	No charge	50%*
Complex Imaging	20%*	40%*	30%*	50%*	No charge*	50%*
Chiropractic Services	20%* ²	40%* ²	30%* ²	50%* ²	No charge* ²	50%* ²
Ambulance	20%*	40%*	30%*	30%*	No charge*	No charge*
Emergency Room	20%*	20%*	\$500 copay + 30%	\$500 copay + 30%	No charge*	\$500 copay
Urgent Care Facility	20%*	40%*	\$75 copay	50%*	\$75 copay	50%*
Inpatient Hospital Stay	20%*	40%*	30%	50%*	No charge*	50%*
Outpatient Surgery	20%*	40%*	30%	50%*	No charge*	50%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)						
Retail Pharmacy (30-day supply)	10%-20% / 20%-30% / 30%-40% / 40%-50%*	10%-20% / 20%-30% / 30%-40% / 40%-50%*	\$0-\$10 / \$50-\$100 / \$150-\$250	\$0-\$10 / \$50-\$100 / \$150-\$250	\$0-\$20 / \$50-\$70 / \$100-\$120 / \$150-\$250	\$10-\$20 / \$70 / \$120 / \$150-\$250 + 50% additional charge
Mail Order (90-day supply)	10% / 20% / 30% / N/A*	10%-20% / 20%-30% / 30%-40% / 40%-50%*	\$0-\$30 / \$150 / \$300 / N/A	N/A	\$0-\$30 / \$150 / \$300 / N/A	N/A

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. For Outpatient, limited to combined 35 visits per year, including Chiropractic.
3. Contribution of \$300 on September 1, \$50 per month from March - August

Dental

We are proud to offer you a choice of dental plans.

Blue Cross Blue Shield of Texas DPPO

These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Blue Cross Blue Shield of Texas network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	Blue Cross Blue Shield of Texas DPPO		Blue Cross Blue Shield of Texas DPPO	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic and major services combined)				
Per Individual	\$1,250	\$1,250	\$1,250	\$1,250
Covered Services				
Preventive Services	No charge	No charge	No charge	No charge
Basic Services	20%*	20%*	20%*	20%*
Major Services	Not covered	Not covered	50%*	50%*
Orthodontia (Child Only)	Not covered	Not covered	50%	50%

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan.

Blue Cross Blue Shield of Texas

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the Blue Cross Blue Shield of Texas network.

The following is a high-level overview of the coverage available.

Key Vision Benefits	Blue Cross Blue Shield of Texas	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$30
Materials Copay	\$10	Up to \$25
Lenses (once every 12 months) Single Vision Bifocal Trifocal	\$10	Up to \$25
		Up to \$40
		Up to \$55
Frames (once every 12 months)	\$130 allowance / 20% off balance over \$130	Upt to \$65
Contact Lenses (once every 12 months; in lieu of glasses)	\$130 allowance / 15% off balance	Up to \$104

Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by HSA Bank. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

You may contribute up to \$3,300 (subject to change)¹ to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions and Over-the-Counter Drugs
- ▶ Menstrual Care Products
- ▶ Dental Treatment
- ▶ Orthodontia
- ▶ Eye Exams, Materials, LASIK

NOTE: If you enroll in the HSA medical plan, you may not participate in a health care FSA.



FSA Grace Period

The Grace Period is an extension of time after the plan year ends of 2 full calendar months and 15 calendar days of the third month during which participants can incur eligible expenses and use remaining funds in their accounts to cover these expenses.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through United Healthcare.

Benefit Amount	
Employee	\$20,000

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through United Healthcare for yourself and your eligible family members.

Benefit Option		Guaranteed Issue ¹
Employee	\$10,000 increments; minimum of \$10,000 up to \$300,000 not to exceed 5 times annual earnings	\$150,000
Spouse/DP	Increments of \$5,000, to a maximum of \$150,000 not to exceed 50% of employee amount	\$20,000
Child(ren)	Increments of \$2,000, to a maximum of \$10,000 not to exceed 50% of employee amount for each child	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability	
Provided at an affordable group rate through UNUM	
Benefit Percentage	66%
Weekly Benefit Maximum	\$8,000
When Benefits Begin	After 7th day of disability
Maximum Benefit Duration	ADEA II for injury/3 YR ADEA for sickness
Voluntary Long-Term Disability	
Provided at an affordable group rate through UNUM	
Benefit Percentage	66%
Monthly Benefit Maximum	\$8,000
When Benefits Begin	After 7th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through United Healthcare.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Substance abuse
- ▶ Relationships or marital conflicts
- ▶ Grief and loss
- ▶ Child and eldercare
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three (3) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Valuable Extras

We also offer the following additional benefits:

- ▶ Emergency Transportation | MASA
- ▶ Legal Plan | MetLife
- ▶ Universal Life Insurance | Texas Republic

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through United Healthcare and The Standard Insurance are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Critical Illness - United Healthcare

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Hospital Indemnity Insurance - United Healthcare

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

Accident Insurance - The Standard Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. MetLife Accident and Critical Illness Impact Study.



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Employee Contribution					
	Blue Cross Blue Shield of Texas Savings Plan		Blue Cross Blue Shield of Texas Bronze Plan		Blue Cross Blue Shield of Texas Silver Plan	
	Semi-Monthly	20 Pay Periods	Semi-Monthly	20 Pay Periods	Semi-Monthly	20 Pay Periods
Employee Only	\$0.00	\$0.00	\$95.81	\$114.97	\$178.85	\$214.62
Employee + Spouse/RDP	\$681.83	\$818.19	\$800.57	\$960.68	\$1,038.76	\$1,246.51
Employee + Child(ren)	\$348.45	\$418.14	\$416.12	\$499.34	\$569.68	\$683.61
Family	\$722.73	\$867.27	\$847.74	\$1,017.29	\$1,096.29	\$1,315.55

Dental

Coverage Tier	Employee Contribution			
	Blue Cross Blue Shield of Texas High Plan		Blue Cross Blue Shield of Texas Low Plan	
	Semi-Monthly	20 Pay Periods	Semi-Monthly	20 Pay Periods
Employee Only	\$15.45	\$18.54	\$11.37	\$13.64
Employee + Spouse/RDP	\$37.20	\$44.63	\$26.99	\$32.38
Employee + Child(ren)	\$35.91	\$43.09	\$24.42	\$29.30
Family	\$55.00	\$66.00	\$37.97	\$45.56

Vision

Coverage Tier	Employee Contribution	
	Blue Cross Blue Shield of Texas Dearborn Vision	
	Semi-Monthly	20 Pay Periods
Employee Only	\$3.80	\$4.56
Employee + Spouse/RDP	\$7.22	\$8.66
Employee + Child(ren)	\$7.60	\$9.12
Family	\$11.18	\$13.41

Domestic Partner (DP) Contributions: Your contributions to cover an DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an DP must be taken on an after-tax basis.

Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.

Contact Information

Coverage	Carrier	Group #	Phone #	Website/Email
Medical	Blue Cross Blue Shield of Texas	367900	800-451-0287	Blue Cross Blue Shield of Texas Medical
Prescription Drug Coverage	Blue Cross Blue Shield of Texas	367900	800-451-0287	Blue Cross Blue Shield of Texas Medical
Dental	Blue Cross Blue Shield of Texas	367900	800-451-0287	Blue Cross Blue Shield of Texas Dental
Vision	Blue Cross Blue Shield of Texas	VF029305	877-442-4207	Eye Med Vision Care
Life/AD&D	United Healthcare	370332	800-657-8205	United Healthcare Life/AD&D
Disability	UNUM	916191	866-779-1054	UNUM Disability
Flexible Spending Account (FSA)	HSA Bank - HSA/FSA	-	800-357-6246	HSA Bank - HSA/FSA
Employee Assistance Program (EAP)	United Healthcare - EAP	370332	877-660-3806	United Healthcare EAP
Voluntary Benefits	MASA	53804	800-643-9023	MASA Global Emergency Transportation
Payroll & Benefits Specialist	Vanessa Salgado-Villanueva	-	830-876-3503 Ext 1102	vvillanueva@cscisd.net
Benefit Support Center	-	-	830-240-8809	-

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

