2025 BENEFITS INFORMATION GUIDE

Understanding your Options

HELLO!

Welcome to your 2025 Benefits Information Guide.

At Pflugerville ISD, we understand the importance of a well-rounded benefits program and are dedicated to providing you with unique benefits that meet the needs of you and your family. We are proud to offer a range of plans that help protect you in the case of illness or injury. This Benefits Information Guide is a comprehensive tool to help you become familiar with the plans and programs that you and your family can enroll in for the plan year.

Enclosed you will find:

- Step by step instructions on how to enroll
- Summary information about each medical, dental, vision, life, disability and worksite benefit option
- Information on additional benefits such as flexible spending, health savings account and the employee assistance program (EAP)
- Directory and contact information, in case you have questions

And much more!

We're here to help!

If you have any questions at all,
please contact the PfISD Benefits Department.

(512) 594-0026

benefits@pfisd.net

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The rates quoted for these benefits may be subject to change based on final enrollment and/or final underwriting requirements. This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of the plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.

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ENROLLMENT

Who can Enroll?

If you are an employee regularly working a minimum of 30 hours per week, you are eligible to participate in the benefits program. Eligible employees may also choose to enroll family members, including a legal spouse/domestic partner and/or eligible children.

When Does Coverage Begin?

The coverage plan year is January 1, 2025, to December 31, 2025. For new hires, coverage begins on the first day of the month following your hire date.

TIP

If you miss the enrollment deadline, you may not enroll in a benefit plan unless you have a change in status during the plan year. Please review details on IRS-qualified change in status events for more information.

HOW DO I ENROLL?

SMBO

To make enrollment easier, you now can enroll online or over the phone with an Enrollment Specialist. To enroll online, follow these steps:

- Visit www.pfisdbenefits.com and select Enroll Online
- Under Login, enter your employee ID Number with three zeros before the number – for example 000801001 or Social Security Number with no dashes. Do not use an e in front of your ID number.
- Under Personal ID Number (PIN), enter the last 4 digits of your Social Security Number and the last 2 digits of your birth year.
- Follow the steps displayed on the site and click “Next” to move on to the next section.
- Once you’ve completed all your elections on your benefits, you’ll be taken to a “Review/Sign Forms” screen. Click “Sign Form” after you have reviewed all of the forms to confirm all of your elections.

To enroll over the phone, follow these steps:

- Visit www.pfisdbenefits.com to review benefits.
- When ready, call the Benefits Call Center from Monday-Friday between 7:00 am and 5:00 pm CST to enroll at 877-282-0808.
- If possible, be in front of a computer and the Enrollment Specialist will share their screen and enroll you over the phone.

GoToSMBO.com
SEE MY BENEFITS ONLINE
A KEELER & ASSOCIATES CO.

WHAT IF MY NEEDS CHANGE DURING THE YEAR?

You are permitted to make changes to your benefits outside of the open enrollment period if you have a qualified change in status as defined by the IRS. Generally, you may add or remove dependents from your benefits, as well as add, drop, or change coverage if you submit your request for change within 60 days of the qualified event. Changes in benefit elections must correlate with your qualifying event. For example, if you have a child, you may add them as a dependent on your medical plan, but you would be unable to remove any previously elected coverages for your spouse until the next enrollment.

Change in status examples include:

- Marriage, divorce or legal separation.
- Birth or adoption of a child.
- Death of a dependent.
- You or your spouse's/domestic partner's loss or gain of coverage through our organization or another employer.
- You gain or lose eligibility for Medicaid, Medicare or state health insurance programs
- You have a change in employment status where you have a reduction in hours to an average below 30 hours of service per week, but continue to be eligible for benefits, and you intend to enroll in another plan. The plan must provide Minimum Essential Coverage that is effective no later than the first day of the second month following the date of revocation of your employer sponsored coverage.

DO I HAVE TO ENROLL?

You may elect to "waive" medical coverage if you have access to coverage through another plan. It is important to note that if coverage is waived, the next opportunity to enroll in our group benefit plans will be during open enrollment for an effective date of January 1, 2026, or if a qualifying status change has occurred.

Download The PfISD Insider App Now!

Scan the QR Code!

EVERYTHING YOU NEED IN ONE PLACE!

Step 1: From the camera on your smartphone scan the above QR code.

Step 2: Follow the steps to complete the registration and create a username and password.

Step 3: Choose your app store.

Step 4: Apple users click **"Done"** once your code has redeemed. Click the user icon and navigate to **"Purchased"**.

Step 5: Download and open your **free** app. Sign in with your newly created username and password. **Enjoy!**

If you have any questions, please email: app-support@ingaged.me

Available for Apple & Android Devices
Apple users must have iTunes installed

NO SE QUEDE SIN LA INFORMACIÓN DE SUS BENEFICIOS: ¡LLÉVELA A TODAS PARTES!

¡Descargue hoy la aplicación PfISD Insider! Recibirá un correo electrónico de Ingaged-No-Reply@pfisd.net en breve, asegúrese de registrarse y descargar la aplicación.

MEDICAL

What are my Options?

Use the chart below to help compare medical plan providers and determine which would be the best for you and your family.

	BLUECROSS BLUESHIELD (BCBS) - HIGH	BLUECROSS BLUESHIELD (BCBS) - HMO	HEALTHCARE HIGHWAYS (HCH) – LOW & HDHP
Network	**BlueChoice PPO** You must see a network provider. Out-of-network services will not be covered. Broad national network of providers. Network providers are found throughout the US.	**Blue Essentials** You must see a network provider. Out-of-network services will not be covered. Broad network of providers. Network providers are found in Texas.	**HCH Sync** You must see a network provider. Out-of-network services will not be covered. Limited local network of providers. Network providers are found in Texas and Oklahoma only.
Medical benefits	Medical benefits will be provided through BlueCross BlueShield of Texas. Services covered by BCBS medical plans are consistent with services covered by HCH. This includes any visit limits.	Medical benefits will be provided through BlueCross BlueShield of Texas. Services covered by BCBS medical plans are consistent with services covered by HCH. This includes any visit limits.	Medical benefits will be provided through Healthcare Highways. Services covered by HCH medical plans are consistent with services covered by BCBS. This includes any visit limits.
Prescription benefits	Prescription drugs will be covered by Express Scripts.	Prescription drugs will be covered by Express Scripts.	Prescription drugs will be covered by Express Scripts.
Claims Process	Providers will submit claims	Providers will submit claims	Providers will submit claims
Find a Provider	To find a provider online: • Visit www.bcbstx.com • Click on Find Care, then Find a Doctor or Hospital • Select Search as a Guest • Search where you would like care • Select the **Blue Choice PPO** under Plans to show In Network options You can also find a provider by calling 972-766-6900 or the number on the back of your membership ID card	To find a provider online: • Visit www.bcbstx.com • Click on Find Care, then Find a Doctor or Hospital • Select Search as a Guest • Search where you would like care • Select the **Blue Essentials** under Plans to show In Network options You can also find a provider by calling 972-766-6900 or the number on the back of your membership ID card	To find a provider online: • Visit www.healthcarehighways.com • Click Find a Provider in the top right corner • Select the HCH Sync – TX network You can also find a provider by calling 833-841-6703 or the number on the back of your membership ID card

MEDICAL

What are my Options?

Three health plans provided to you by Pflugerville ISD are EPO Plans. EPO stands for Exclusive Provider Organization. One plan is an HMO Plan. With all plans, you must access health care services from doctors, hospitals, and other care providers who are within the plan's network. Costs will not be covered when utilizing care outside of the plan's network. Under the HMO Plan, you must designate a primary care physician (PCP), and they must provide a referral to any specialists in order for the visit to be covered.

	EPO	HMO	EPO HDHP + HSA
	BCBS – High HCH - Low	BCBS - HMO	HCH – HDHP
Seeing a Primary Care Physician (PCP) or a Specialist	No referral required You will pay your copay for routine office visits until you meet your maximum out of pocket.	Referrals from your PCP **are required** to visit a specialist. You will need to select and designate your PCP. You will pay your copay for routine office visits until you meet your maximum out of pocket.	No referral required You will pay the full cost of the office visit until you meet your deductible. Then you will pay 30% of the cost until you meet your maximum out of pocket.
Prescription benefits	You will pay a copay for covered drugs.	You will pay a copay for covered drugs.	You will pay the full cost of your prescription until you meet your deductible. Then you will pay 30% of the cost until you meet your maximum out of pocket.
Inpatient Services and Outpatient Surgery	You will pay the full cost until you meet your deductible. Then you will pay 20%-30% of the cost until you meet your maximum out of pocket.	You will pay the full cost until you meet your deductible. Then you will pay 30% of the cost until you meet your maximum out of pocket.	You will pay the full cost until you meet your deductible. Then you will pay 30% of the cost until you meet your maximum out of pocket.
Claims Process	Usually providers will submit claims	Usually providers will submit claims	Usually providers will submit claims
Compatible with a Health Savings Account (HSA)	No	No	Yes
Compatible with a Flexible Spending Account (FSA)	Yes, compatible with a Health FSA, Limited Purpose FSA, and Dependent Care FSA	Yes, compatible with a Health FSA, Limited Purpose FSA, and Dependent Care FSA	Only compatible with a Limited Purpose FSA and a Dependent Care FSA
Other Important Tips	• This plan requires that you see a doctor in a specific network to receive coverage. • Out-of-Network services will not be covered. • Emergencies covered worldwide.	• This plan requires that you see a doctor in a specific network to receive coverage. • Out-of-Network services will not be covered. • Emergencies covered worldwide.	• This plan requires that you see a doctor in a specific network to receive coverage. • Out-of-Network services will not be covered. • Emergencies covered worldwide.

Please note the above examples are used for general illustrative purposes only. Please consult with your Benefits Office for more specific information as it relates to your specific plan. For a detailed view of your medical plan summaries, visit www.pfisd.net/benefits.

PRESCRIPTION DRUG COVERAGE

Many FDA-approved prescription medications are covered through the benefits program. Important information regarding your prescription drug coverage is outlined below:

Express Scripts Prescription Drug Plan

- The Express Scripts plan covers 4 different tiers of drugs: generic, preferred brand-name, non-preferred brand name, and specialty.
- The HMO, Low, and High plans' prescription drug plans require copay depending on the drug's tier. The HDHP plan requires a flat coinsurance after the deductible has been met.
- Generic prescriptions offer the greatest value compared to other drugs that treat the same conditions and are often the lowest cost. Generic drugs are required by the FDA to contain the same active ingredients as their brand-name counterparts.
- Preferred brand-name drugs have a moderate copayment. Some drugs may also have a generic equivalent.
- Non-preferred brand-name drugs have a higher copayment compared to the lower tiers, as they are higher-cost drugs. Some drugs on this list may have a generic or preferred brand-name counterpart.
- Specialty drugs are used to treat complex, chronic conditions, and may require special storage or close monitoring.

For a current version of the prescription drug list, go to www.express-scripts.com.

WHY PAY MORE?

There are a few ways you can save money when using the Prescription Drug Plan. Visit pfisd.mydrugcosts.com to find out more ways to save.

Mail Order

Save time and money by utilizing a mail order service for maintenance medications. A 90-day supply of your medication will be shipped to you, instead of purchasing a typical 30-day supply at a walk-in pharmacy.

Shop Around

Some pharmacies, such as those at warehouse clubs or discount stores may offer less expensive prescriptions than others. By calling ahead, you may determine which pharmacy provides the most competitive price.

Explore Over-the-Counter Options

For common ailments, over-the-counter drugs may provide a less expensive option that serve the same purpose as prescription medications.

COPAY PLAN HIGHLIGHTS	BCBS HIGH PLAN	HCH LOW PLAN	BCBS HMO PLAN
	In-Network Only	In-Network Only	In-Network Only
Annual Plan Year Deductible			
Individual	$3,000	$3,500	$4,000
Family	$6,000	$7,000	$8,000
Maximum Plan Year Out-of-pocket (1)			
Individual	$8,500	$6,000	$8,500
Family	$17,000	$12,000	$17,000
Professional Services			
Primary Care Physician (PCP)	$35	$20	$40
Specialist	$50	$35	$55
Virtual Visits	No Charge	No Charge	No Charge
Preventive Care Exam	No Charge	No Charge	No Charge
Diagnostic X-ray and Lab	No Charge	No Charge	No Charge
Complex Diagnostics (MRI/CT Scan)	80% after deductible	80% after deductible	70% after deductible
Therapy, including Physical, Occupational and Speech	$35 / $50	$35	$40 / $55
Hospital Services			
Inpatient	80% after deductible	80% after deductible	70% after deductible
Outpatient Surgery	80% after deductible	80% after deductible	70% after deductible
Emergency Room	$500 + 20% coinsurance	$500 + 20% coinsurance	$500 + 30% coinsurance
Urgent Care	$50	$35	$55
Maternity Care			
Physician Services (prenatal or postnatal)	$35	$20	$40
Hospital Services	80% after deductible	80% after deductible	70% after deductible
Mental Health & Substance Abuse			
Inpatient	80% after deductible	80% after deductible	70% after deductible
Outpatient	$35	$20	$40
Retail Prescription Drugs (30-day supply)			
Generic	$15	$15	$15
Preferred Brand	$40	$40	$50
Non-preferred Brand	$65	$65	$75
Specialty	10% copay capped at $2,500	10% copay capped at $2,500	10% copay capped at $2,500
Mail Order Prescription Drugs (90-day supply)	3x Retail	3x Retail	3x Retail
Monthly Employee Premiums	BCBS High Plan	HCH Low Plan	BCBS HMO Plan
Employee Only	$260	$130	$89
Employee & Spouse/Domestic Partner	$925	$761	$669
Employee & Child(ren)	$725	$545	$455
Employee & Family	$1,400	$1,153	$1,035

(1) Out-of-pocket maximum is based on the maximum allowable charge the carrier allows.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

HDHP PLAN HIGHLIGHTS	HCH HD PLAN
	In-Network Only
Annual Plan Year Deductible	
Individual	$6,000
Family	$12,000
Maximum Plan Year Out-of-pocket (1)	
Individual	$7,500
Family	$15,000
Professional Services	
Primary Care Physician (PCP)	70% after deductible
Specialist	70% after deductible
Virtual Visits	No charge after deductible
Preventive Care Exam	No Charge
Diagnostic X-ray and Lab	70% after deductible
Complex Diagnostics (MRI/CT Scan)	70% after deductible
Therapy, including Physical, Occupational and Speech	70% after deductible
Hospital Services	
Inpatient	70% after deductible
Outpatient Surgery	70% after deductible
Emergency Room	70% after deductible
Urgent Care	70% after deductible
Maternity Care	
Physician Services (prenatal or postnatal)	70% after deductible
Hospital Services	70% after deductible
Mental Health & Substance Abuse	
Inpatient	70% after deductible
Outpatient	70% after deductible
Retail Prescription Drugs (30-day supply)	
Generic	70% after deductible
Preferred Brand	70% after deductible
Non-preferred Brand	70% after deductible
Specialty	70% after deductible
Mail Order Prescription Drugs (90-day supply)	70% after deductible
Monthly Employee Premiums	HCH HD Plan
Employee Only	$40
Employee and Spouse/Domestic Partner	$611
Employee and Child(ren)	$411
Employee and Family	$970

(1) Out-of-pocket maximum is based on the maximum allowable charge the carrier allows.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

MEDICAL PREMIUMS

COVERAGE LEVEL	EMPLOYEE PAYROLL DEDUCTION
	Monthly
BCBS High Plan	
Employee Only	$260
Employee and Spouse/Domestic Partner	$925
Employee and Child(ren)	$725
Employee and Family	$1,400
HCH Low Plan	
Employee Only	$130
Employee and Spouse/Domestic Partner	$761
Employee and Child(ren)	$545
Employee and Family	$1,153
BCBS HMO Plan	
Employee Only	$89
Employee and Spouse/Domestic Partner	$669
Employee and Child(ren)	$455
Employee and Family	$1,035
HCH HD Plan	
Employee Only	$40
Employee and Spouse/Domestic Partner	$611
Employee and Child(ren)	$411
Employee and Family	$970

VIRTUAL VISITS

With MDLIVE, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home.

Don't risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks to see a doctor, when you can speak with a Virtual Visits doctor within minutes. They can even send a prescription to your local pharmacy.

Virtual Visits powered by MDLIVE and provided by BlueCross BlueShield and Healthcare Highways, are a convenient alternative for the treatment of more than 80 health conditions including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Sinus Infections
- Nausea

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Anxiety
- Depression
- Stress management

How Virtual Visits Work

- Connect Access where the mobile app, online video, or telephone service is available
- Interact Real-time consultation with an independently contracted, board-certified doctor or therapist
- Diagnose – Prescriptions sent to a pharmacy of your choice when appropriate

BlueCross BlueShield and Healthcare Highways both provide Virtual Visits through MDLIVE however, setting up an account for each carrier is completed differently. Once you have selected your medical plan please refer to the account information below for the corresponding carrier.

ACTIVATE YOUR BCBS MDLIVE ACCOUNT

Call MDLIVE at 888-680-8646
Go to www.mdlive.com/bcbstx
Text BCBSTX to 635-483
Download the MDLIVE app

ACTIVATE YOUR HCH MDLIVE ACCOUNT

Call MDLIVE at 855-848-8813
Go to www.mdlive.com/hch
Download the MDLIVE app

HEALTH SAVINGS ACCOUNT (HSA)

What is it?

By enrolling in the HCH HD health plan, you will have access to a Health Savings Account (HSA), which provides tax advantages and can be used to pay for qualified health care expenses, such as your deductible and other out-of-pocket expenses.

What are the benefits?

Administered by Inspira, an HSA accumulates funds that can be used to pay current and future health care costs.

- You can contribute to your HSA on a pre- tax basis, for federal tax purposes, or you can contribute on a post-tax basis and take the deduction on your tax return.
- HSA funds can grow on a tax-free basis, subject to state law.
- A HSA reduces your taxable income and may allow you to make tax-free withdrawals from the account when paying for qualified health care expenses (tax regulations vary by state).
- Because you own the HSA, there are no “Use it or Lose it” provisions, so unused HSA funds roll over from year-to-year, and can be used to reimburse future eligible out-of-pocket expenses.
- If you choose to contribute funds, PfISD will match your contribution dollar for dollar up to $300 annually or $25 per month.
- Because you own the HSA, the money in your account is yours to keep if you leave the district.

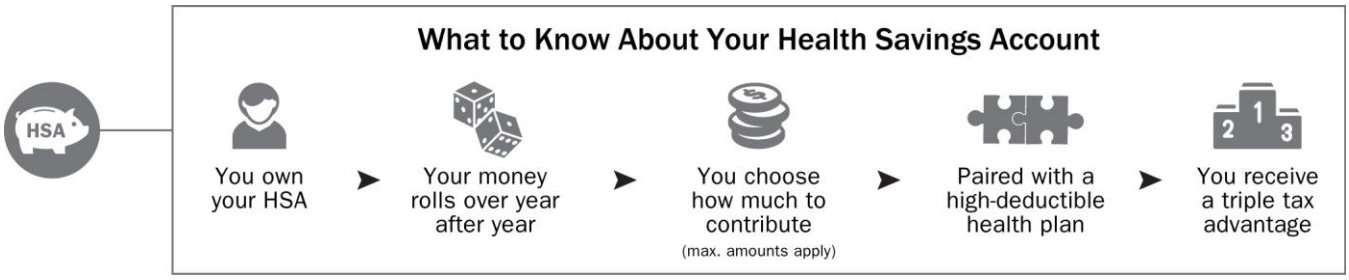
How do I qualify for an HSA?

The IRS has guidelines regarding who qualifies for an HSA. You are considered eligible if:

- You are covered under a qualified medical plan.
- You are not enrolled in non-qualified health insurance outside of Pflugerville ISD’s HDHP EPO plan.
- You are not enrolled in Medicare.
- You are not claimed as a dependent on someone else’s tax return.
- You are not enrolled in a general Health Care Flexible Spending Account (Health FSA) or general Health Reimbursement Arrangement (HRA).

How can I access my account?

Once the HSA is activated, you can manage your account at any time by visiting www.inspirafinancial.com. If questions arise regarding account activation, contact Inspira or visit www.inspirafinancial.com. Consult your tax advisor for taxation information or advice.



A few rules you need to know:

- In 2025, the maximum contribution limit is $4,300 for individuals and $8,550 for families, which includes employee and employer contributions combined.
- If you're 55 or older you can contribute an additional catch up contribution of $1,000 per year.
- It's important to monitor your contributions to avoid going over the IRS limit, as contributions in excess of the IRS limit are subject to standard income tax rates, plus a 6% excise tax.
- There is a 20% penalty for using HSA funds on non-qualified health care expenses if you are under age 65. For more details about what are considered qualified health care expenses, visit www.irs.gov/publications/p502.
- You may not be able to contribute to your HSA if you are entitled to Medicare. However, funds accumulated before Medicare entitlement may be used to reimburse your qualified medical expenses.
- You may not contribute to your HSA if you are covered under any medical benefits plan which is not an HSA-qualified high deductible medical plan (e.g., a spouse's non-HDHP medical plan, a general purpose Health Care FSA, or Medicare). However, you may be covered by a Limited Purpose Health Care FSA.
- Typically, the maximum amount an employee is eligible to contribute to an HSA per calendar year is based upon a **pro-rata** portion of the number of months an employee is eligible to contribute to an HSA. For example, an employee would normally be able to contribute 4/12 of the maximum annual limit in his/her first year of enrollment into the HSA plan, if the employee first joins the HSA plan on September 1. However, an employee is allowed to contribute the maximum annual amount, regardless of the number of months he/she was eligible to contribute to an HSA in the first year, if he/she is eligible to contribute to an HSA on December 1 of the first year and continues to be eligible to contribute to an HSA until December 31 of the following year (i.e., for the entire subsequent year).

TIP

How do I manage my HSA?

- **The most convenient way to pay for qualified expenses is to utilize the debit card**
- **You can also use your own cash or a personal credit card and reimburse yourself through your online HSA account**
- **It is recommended that you keep receipts of HSA purchases, should you ever be audited by the IRS**
- **View the status of your claims and check your HSA balance at www.inspirafinancial.com**

FLEXIBLE SPENDING ACCOUNTS (FSA)

A flexible spending account lets you use pre-tax dollars to cover eligible health care and dependent care expenses. Starting in 2025, Pflugerville ISD will be offering this benefit through Inspira. Here are a number of different types of FSAs that help to reduce your taxable income when paying for eligible expenses for yourself, your spouse and eligible dependents, as outlined below:

FSA TYPE	DETAIL
Health Care FSA	• Can reimburse for eligible health care expenses not covered by your medical, dental and vision insurance • Maximum contribution for 2024 is $3,200*
Limited Purpose FSA	• Option for employees enrolled in a Health Savings Account (HSA) eligible plan • Use this FSA to reimburse for eligible preventive care, dental and vision expenses • Maximum contribution for 2024 is $3,200*
Dependent Care FSA	• Can be used to pay for qualified child care and/or caregivers for a disabled family member in the household who is unable to care for themselves • Maximum contribution for 2024 is $5,000 or $2,500 if married and filing separately*

***The 2025 limits have not been published by the IRS. This will be updated when the limits are released.**

What are the benefits?

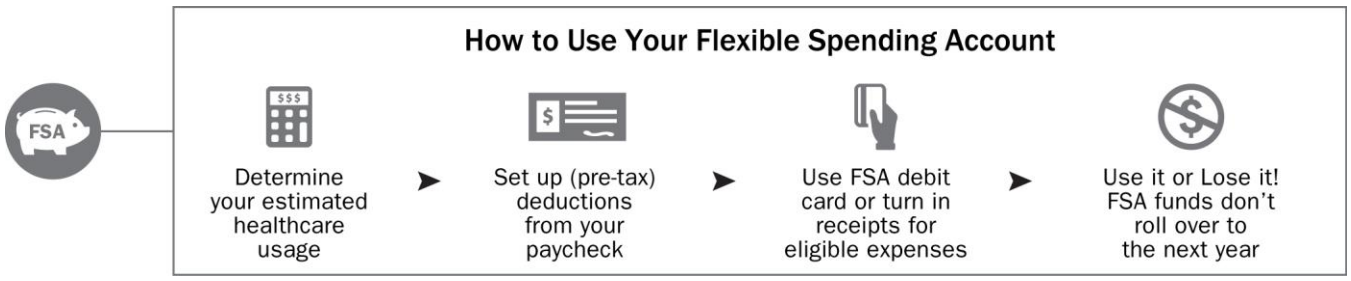
- Your taxable income is reduced and your spendable income increases!
- Save money while keeping you and your family healthy

How do I use it?

You must enroll in the FSA program within 30 days of your hire date or during annual open enrollment. At this time, you must establish an annual contribution amount within the maximum limit. Once enrolled, you will have online access to view your FSA balance, check on a reimbursement status and more. Visit https://inspirafinancial.com to access Inspira's online portal.

A few rules you need to know:

- You will not be able to make updates to your FSA elections during the year unless you have a qualifying event, so it is important to estimate your expenses and choose the amount you want to contribute carefully.
- Although the plan year runs from January 1, 2025 through December 31, 2025, the plan allows an annual run out period through March, 30, 2026, allowing you to seek reimbursement for any expenses incurred during the plan year (from January 1, 2025 to December 31, 2025)



DENTAL PLAN

Your Dental PPO Plan

This year, you and your eligible dependents have the opportunity to enroll in a dental plan offered by The Standard.

Using the Plan

The PfISD dental plans are designed to give you the freedom to receive dental care from any licensed dentist of your choice. You'll receive the highest level of benefit from the plan if you select an in-network dentist versus an out-of-network dentist who has not agreed to provide services at the negotiated rate. Additionally, no claim forms are required when using in-network dentists.

To view a complete plan summary, visit www.pfisd.net/benefits.

PLAN HIGHLIGHTS	STANDARD DENTAL PLANS		
	High	Mid	Low
Calendar Year Deductible			
Individual	$50	$50	$50
Family	N/A	N/A	$150
Annual Maximum	$2,000	$1,250	$1,250
Preventive	100%	100%	100%
Basic Services	80%	80%	80%
Major Services	50%	50%	Not Covered
Orthodontia Services	50%	50%	Not Covered
Adult	Covered	Not Covered	Not Covered
Child up to age 26	Covered	Covered	Not Covered
Lifetime Maximum	$1,500	$1,500	Not Covered
Out-of-Network Reimbursement	80th percentile	80th percentile	80th percentile

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

TIP

Find your Favorite Dentist

When using a Dental PPO plan, you can receive services from dental providers both in and out of your insurance network. However, you'll receive better coverage when you use an in-network dentist. To determine whether your dentist is in or out of your insurance network, go to www.standard.com/dental, select "Find a Provider", and select "Search the Dental Network". Your network is the Ameritas Classic Network.

Dental Max Rollover

The Save Your Unused Claims Dollars for When You Need Them the Most
For employees enrolled in the High Dental PPO Plan - Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.guardiananytime.com.

	PLAN ANNUAL MAXIMUM	THRESHOLD	MAXIMUM ANNUAL ROLLOVER	MAXIMUM ROLLOVER ACCOUNT LIMIT
Description	Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Amount Maximum for future years	Overall maximum dollars added to Plan Annual Amount
High Plan	$2,000	$800	$400	$1,500

Here's how the benefits work:

- **YEAR ONE:** Jane starts with a $2,000 Plan Annual Maximum on the High Dental Plan. She submits $500 in dental claims. Since she did not reach the $800 threshold, she receives a $400 rollover that will be applied to Year Two.
- **YEAR TWO:** Jane now has an increased Plan Annual Maximum of $2,400. This year, she submits $50 in claims and receives an additional $400 rollover added to her Plan Annual Maximum.
- **YEAR THREE:** Jane now has an increased Plan Annual Maximum of $2,800. This year, she submits $2,000 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.
- **YEAR FOUR:** Jane's Plan Annual Maximum is $2,800 ($2,000 Plan Annual Maximum + $800 remaining in her Maximum Rollover Account).

VISION PLAN

Your Vision Plan

Vision coverage is offered by VSP as a Preferred Provider Organization (PPO) plan.

Using the Plan

As with a traditional PPO, you may take advantage of the highest level of benefit by receiving services from in-network vision providers and doctors. You will only be responsible for a copayment at the time of your service. However, if you receive services from an out-of-network doctor, you pay all expenses at the time of service and submit a claim for reimbursement up to the allowed amount.

Please note VSP Vision does not provide identification cards. At the provider's office, your social security number will serve as your identification.

To view a complete plan summary, visit www.pfisd.net/benefits.

To find an in network provider, please go to www.vsp.com

PLAN HIGHLIGHTS	VSP VISION PPO	
	In-Network	Out-of-Network Reimbursement
Exam – Once every plan year	$10	Up to $45
Lenses – Every 12 months	$25	See Below
Single	100% after copay	Up to $40
Bifocal	100% after copay	Up to $60
Trifocal	100% after copay	Up to $80
Frames – Every 12 months	$175 allowance + 20% off	Up to $50
Contacts – Every 12 months, in lieu of lenses & frames		
Medically Necessary	100%	Up to $210
Cosmetic	$175 allowance	Up to $150

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

TIP

Five Tips for Superior Vision

Don't take your eyes for granted! The following pointers can help you keep your vision strong:

- **Eat lots of leafy greens and dark berries.**
- **Get regular eye exams.**
- **Give your eyes a rest from staring into the computer screen.**
- **Wear sunglasses to protect your eyes from bright light.**
- **Wear safety eyewear whenever necessary.**

DENTAL PREMIUMS

COVERAGE LEVEL	EMPLOYEE PAYROLL DEDUCTION		
	Monthly		
Guardian Dental Plans	Low Plan	Mid Plan	High Plan
Employee Only	$28.68	$34.70	$52.62
Employee and Spouse/Domestic Partner	$57.84	$69.34	$116.94
Employee and Child(ren)	$48.48	$93.54	$106.06
Employee and Family	$74.38	$128.18	$150.88

VISION PREMIUMS

COVERAGE LEVEL	EMPLOYEE PAYROLL DEDUCTION
	Monthly
VSP Vision Plan	
Employee Only	$7.14
Employee and Spouse/Domestic Partner	$12.82
Employee and Child(ren)	$13.58
Employee and Family	$20.34

VOLUNTARY LIFE AND AD&D

Protect your loved ones

In the event of your death, Life Insurance will provide your family members or other beneficiaries with financial protection and security. Additionally, if your death is a result of an accident or if you become dismembered, your Accidental Death & Dismemberment (AD&D) coverage may apply.

Your coverage

All full-time employees have a $10,000 basic life and AD&D benefit that is paid by the district. You may choose to purchase additional voluntary coverage for yourself and your dependents:

- Employee Voluntary Life insurance can be elected in $10k increments up to 5x salary or $500,000 max. The guarantee issue amount is $200,000*. Elections over this amount require Evidence of Insurability**.
- Spouse Voluntary Life insurance can be elected in $5k increments up to $100,000, not to exceed the employee election. The guarantee issue amount is $50,000. Elections over this amount require Evidence of Insurability*. The rate is based on Employee age.
- Child Voluntary Life insurance can be elected in the amount of $10,000 and cannot exceed 100% of the employee's life benefit.

At 65, the benefit amount will reduce to 65% of the original election for employees and spouse.

* New hire enrollments can elect up to the guarantee issue amount without providing Evidence of Insurability. New enrollments or increases in volume to existing enrollments will require completion of the Evidence of Insurability form.

**The Evidence of Insurability form can be found at www.standard.com/mybenefits/mhs_ho.html or contact the Benefits office.

TIP

Required! Are Your Beneficiaries Up to Date?

Beneficiaries are individuals or entities that you select to receive benefits from your policy.

- **You can change your beneficiary designation at any time.**
- **You may designate a sole beneficiary or multiple beneficiaries to receive payment in the percent allocated.**
- **To select or change your beneficiary, contact the Benefits Office.**

VOLUNTARY DISABILITY

Added income protection

Should you experience a non-work related illness or injury that prevents you from working, disability coverage acts as an income replacement to protect important assets and help you continue with some level of earnings.

Your coverage

If you want to change your existing policy during open enrollment, you can increase your benefit level up to $300 per month up to the maximum allowed or go down a level on your benefit waiting period.

The benefits outlined below are provided on a voluntary basis by The Standard:

- You can elect the following elimination periods (Accident/ Illness):
    - 0/3 days
    - 14/14 days
    - 30/30 days
    - 60/60 days
    - 90/90 days
    - 180/180 days
- You can elect the minimum benefit amount of $200 up to the lesser of $8,000 or two-thirds of your earnings.
- The maximum benefit period is 3 years for illness, or to age 65 for accident.

*For pre-existing conditions, benefits are only available for the first 90 days of disability. A pre-existing condition is any condition, for which you have received treatment or care within 90 days of becoming effective. After 12 months of continuous coverage, the condition is no longer considered pre-existing.

TIP

Disability Facts and Figures

- **One in every 7 people will become disabled for five years or more in their lifetime.**
- **30% of people use disability coverage.**
- **Nearly half (46%) of all foreclosures are caused by financial hardship due to a disability.**

Source: www.affordableinsuranceprotection.com/disability_facts

VOLUNTARY WORKSITE BENEFITS

Bridging the Gap

Should you experience an injury or illness, Accident, Critical Illness, and Hospital Indemnity policies can assist in supplementing your other insurance coverage and help offset out-of-pocket medical expenses. These policies are designed to enhance your underlying medical coverage, not replace it. A Whole Life policy guarantees financial security in the event of your death. To view a complete plan summary, visit www.pfisd.net/benefits.

YOUR PLANS	COVERAGE OVERVIEW
Accident	• Accident insurance is designed to help cover deductible gaps and daily living expenses with a cash benefit for unexpected injuries. • Benefits are paid out for things like urgent care visits, emergency room treatment, hospital admission and confinement, ambulance, and x-rays. • You can choose from a good, better, or best plan option. • You can also receive benefits for getting a wellness check-up.
Critical Illness	• Critical illness insurance can pay for costs not covered by traditional insurance. This type of insurance policy compensates policyholders with a lump sum payment after getting diagnosed with a specific illness, such as a heart attack, cancer, or a stroke. • You can purchase a benefit of $10,000, $15,000, or $25,000 for yourself, as well as coverage for your spouse, domestic partner, and dependent children. • You can also receive benefits for getting a wellness check-up.
Hospital Indemnity	• Hospital Indemnity insurance, is a plan that pays you benefits when you are admitted or confined to a hospital, whether for planned or unplanned reasons or for other medical services. • Cigna will pay $500, $1000, or $1,500 a day depending on which plan you select. • You can also receive benefits for getting a wellness check-up.
Whole Life	• Whole life insurance is a permanent policy offered by Trustmark, which gives you guaranteed protection for your loved ones that lasts a lifetime. • The Trustmark policy also includes a benefit for Long Term Care, in which you can access your benefit while you are living for home health care, assisted living, or nursing home care.
Allstate Identity Protection	• The identity protection benefit with Allstate protects a wide array of identity threats including credit reports, dark web monitoring, financial transactions, and social media interactions. This benefit provides peace of mind while navigating the technological world we live in today. • In the event of fraud, Allstate's $1 million Identity theft insurance policy with reimburse you. • The plan features include checking your identity health score, monitoring your TransUnion credit score and reporting fraud, receiving real-time financial and identity alerts, and the ability to protect yourself as well as your family.

ACCIDENT

PLAN HIGHLIGHTS	LOW PLAN	MID PLAN	HIGH PLAN
Accident			
Emergency Room Treatment	$100	$200	$300
Physician Office Visit	$50	$100	$150
Diagnostic Exam	$10	$50	$50
Ambulance (Ground/Air)	$200 / $800	$300 / $1,200	$400 / $1,600
Hospital Admission	$500	$1,000	$1,500
Hospital Stay	$100	$200	$300
Intensive Care Unit Stay	$200	$400	$600
Fractures and Dislocations	$50 - $4,000	$100 - $8,000	$150 - $10,000
Follow Up Physician Office Visit	$50	$75	$125
Follow Up Physical Therapy Visit	$25	$50	$75
Lacerations	$50 - $400	$100 - $600	$150 - $800
Concussion	$200	$400	$600
Coma	$5,000	$10,000	$15,000
Accidental Death*	$25,000 - $75,000	$50,000 - $100,000	$75,000 - $100,000
Accidental Dismemberment*	$1,000 - $20,000	$2,000 - $30,000	$3,000 - $40,000
Wellness Benefit	$50	$75	$100

*Amounts shown are for employee coverage. Spouse and Child benefits are 50% and 25% of the benefit shown, respectively.

HOSPITAL INDEMNITY

PLAN HIGHLIGHTS	LOW PLAN	MID PLAN	HIGH PLAN
Hospital Indemnity			
Hospital Admission*	$500	$1,000	$1,500
Hospital Stay**	$100 per day; 30 days max	$200 per day; 30 days max	$200 per day; 30 days max
Hospital ICU Stay**	$200 per day; 30 days max	$400 per day; 30 days max	$400 per day; 30 days max
Hospital Chronic Condition Admission**	$50 per day; 1 day max	$100 per day; 1 day max	$100 per day; 1 day max
Hospital Observation Stay***	$100 per 24-hour period	$200 per 24-hour period	$200 per 24-hour period
Wellness Benefit	$50	$50	$50

* Benefit limited to once every 365 days

** Benefit limited to once every 90 days

*** 24-hour elimination period applies; limited to 72 hours

Hospital Indemnity	Low	Mid	High
Employee Only	$12.82	$23.12	$28.74
Employee and Spouse/Domestic Partner	$23.12	$42.02	$52.18
Employee and Child(ren)	$23.94	$41.98	$51.26
Employee and Family	$34.24	$60.88	$74.72

CRITICAL ILLNESS

PLAN HIGHLIGHTS	LOW PLAN	MID PLAN	HIGH PLAN
Critical Illness			
Employee Benefit Amount	$10,000	$15,000	$25,000
Spouse Benefit Amount	$5,000	$7,500	$12,500
Child Benefit Amount	$5,000	$7,500	$12,500
Maximum Lifetime Limit	5x benefit amount		
Covered Conditions:	*Benefit / Recurrence*		
Invasive Cancer	100% / 100%		
Carcinoma in Situ	25% / 25%		
Heart Attack	100% / 100%		
Stroke	100% / 100%		
Coronary Artery Disease	25% / 25%		
Advance Alzheimer's Disease	25% / Not Available		
Amyotrophic Lateral Sclerosis	25% / Not Available		
Parkinson's Disease	25% / Not Available		
Multiple Sclerosis	25% / Not Available		
Benign Brain Tumor	100% / 100%		
Blindness	100% / Not Available		
Coma	100% / 25%		
End Stage Renal Disease	100% / 100%		
Major Organ Failure	100% / 100%		
Paralysis	100% / 100%		
Loss of Hearing	100% / Not Available		
Loss of Speech	100% / Not Available		
Systemic Lupus	25% / 25%		
Systemic Sclerosis	25% / 25%		
Skin Cancer	$250 per lifetime		
Second Opinion Cancer	$500 per lifetime		
Wellness Benefit	$100		

WHOLE LIFE WITH LONG TERM CARE

PLAN HIGHLIGHTS

Whole Life Details	
Employee Coverage Amount	Up to $300,000
Spouse Coverage Amount	Up to $300,000
Child Coverage Amount	Up to $10,000
Accelerated Death Benefits for Terminal Illness	75% of benefits up to $225,000
Accelerated Death Benefits for Long Term Care (LTC)*	4% of the benefit payable each month for 25 months Member must be unable to perform 2 out of 6 activities of daily living or be cognitively impaired and be receiving long-term care services
Death Benefit Restoration	Restores your coverage by 100% if benefits were reduced with accelerated death benefit for long-term care

ALLSTATE IDENTITY PROTECTION

PLAN HIGHLIGHTS

Identity Protection Details	Pro Plan	Pro Plus Plan
Insurance Protection	Minimum $1 million	
Identity Restoration Benefit	Included	
Lost Wallet Protection	Included	
IP Address Monitoring	Included	
Credit Monitoring and Bank Account Activity Alerts	Included	
Tri-Bureau Monitoring	Not Included	Included
Social Media Monitoring	Not Included	Included
401(k) and HSA Stolen Funds Reimbursement	Not Included	Included
Rates		
Per Person / Month	$6.95	$8.95
Per Family / Month	$12.95	$16.95

The above information is a summary only. Please refer to your plan document for complete details of plan benefits, limitations, and exclusions.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Pflugerville ISD understands that you and your family members might experience a variety of personal or work-related challenges. Through the Optum EAP, you have access to resources, information, and counseling that are fully confidential and no cost to you.

PROGRAM COMPONENT	COVERAGE DETAILS
Who Can Utilize	All employees, dependents of employees, and members of your household
Topics May Include	• Childcare • Eldercare • Legal services • Identity theft • Marital, relationship or family problems • Bereavement or grief counseling • Substance abuse and recovery • Financial support • Consumer information
Number of Sessions	3 face-to-face sessions per year per member per incident

TIP

How to Access:

- **By Phone: 866-248-4094**
- **Online: www.liveandworkwell.com**
- **Website password: pfisd**

PET INSURANCE

Customizable insurance for your furry friends who complete your family

You can access pet insurance with MetLife at a discounted rate for Pflugerville ISD employees. Pet insurance can help reimburse you for unexpected veterinary expenses for your pet. You are able to enroll and change your coverage throughout the year as your needs change. Rates are based on the plan you build for your pet, as well as the pet's age, breed, and home location.

You can enroll by visiting www.metlife.com/getpetquote and selecting Pflugerville ISD as the employer or by calling 1-800-GET-MET8.

Be on the lookout for more information coming from MetLife on when enrollment will open in January.

PLAN HIGHLIGHTS

Pet Insurance Plan Highlights	
Types of plans available	Accident, Wellness, Comprehensive
Annual deductible options	$0 - $2,500
Reimbursement options	50% - 100%
Dental cleanings	Included in wellness plans
No upper age limits or breed restrictions	
Real-time lost pet notification	
Includes death benefits	
Pre-existing conditions are limited	
Policy records can be viewed online	
Access to 24/7 vet chat and telehealth services	

COST BREAKDOWN

VOLUNTARY DISABILITY

Elimination Period	Benefit Amount	Monthly Cost per $100
0 accident/ 3 illness	$200 - $8,000 or 66.6% of earnings	$2.80
14 accident/ 14 illness	$200 - $8,000 or 66.6% of earnings	$2.19
30 accident/ 30 illness	$200 - $8,000 or 66.6% of earnings	$1.61
60 accident/ 60 illness	$200 - $8,000 or 66.6% of earnings	$1.40
90 accident/ 90 illness	$200 - $8,000 or 66.6% of earnings	$1.24
180 accident/ 180 illness	$200 - $8,000 or 66.6% of earnings	$1.17

Calculating your Disability Cost:

_____	X	_____	÷	100	=	_____
Rate		Benefit Amount				Monthly Rate

VOLUNTARY LIFE/AD&D

Voluntary Life	Rates	
Age	Employee	Spouse
<25	$0.048	$0.048
25-29	$0.048	$0.048
30-34	$0.057	$0.057
35-39	$0.076	$0.076
40-44	$0.094	$0.094
45-49	$0.150	$0.150
50-54	$0.250	$0.250
55-59	$0.443	$0.443
60-64	$0.457	$0.457
65-69	$0.997	$0.997
70-74	$0.997	$0.997
75-79	$0.997	$0.997
Child Rate per $1,000	$0.215	

Calculating your Voluntary Life/AD&D Cost:

_____	X	_____	÷	1,000	=	_____
Rate		Benefit Amount				Monthly Rate

COST BREAKDOWN

ACCIDENT

Hospital Indemnity	Low Plan	Mid Plan	High Plan
Employee Only	$7.52	$13.98	$19.68
Employee and Spouse/Domestic Partner	$11.14	$20.88	$30.86
Employee and Child(ren)	$14.24	$26.70	$38.08
Employee and Family	$18.34	$34.38	$49.28

CRITICAL ILLNESS

Cost per $1,000	Employee		Employee and Spouse		Employee and Child(ren)		Employee and Family	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	$0.624	$0.694	$1.056	$1.164	$1.088	$1.156	$1.520	$1.628
25-29	$0.732	$0.880	$1.208	$1.430	$1.196	$1.342	$1.672	$1.894
30-34	$0.934	$1.230	$1.512	$1.968	$1.396	$1.694	$1.976	$2.432
35-39	$1.188	$1.794	$1.906	$2.846	$1.652	$2.258	$2.370	$3.310
40-44	$1.490	$2.416	$2.398	$3.860	$1.954	$2.880	$2.862	$4.324
45-49	$1.890	$3.302	$3.080	$5.380	$2.354	$3.766	$3.544	$5.842
50-54	$2.328	$4.158	$3.876	$6.832	$2.790	$4.622	$4.338	$7.296
55-59	$2.860	$5.080	$4.834	$8.480	$3.324	$5.544	$5.298	$8.944
60-64	$3.320	$5.746	$5.678	$9.712	$3.784	$6.210	$6.142	$10.174
65-69	$3.746	$6.176	$6.272	$10.132	$4.210	$6.640	$6.736	$10.596
70-74	$4.008	$6.146	$6.376	$9.726	$4.472	$6.610	$6.840	$10.190
75-79	$4.496	$6.502	$7.580	$10.706	$4.960	$6.966	$8.044	$11.170
80-84	$5.146	$7.490	$8.704	$12.310	$5.610	$7.952	$9.168	$12.774
85+	$5.940	$7.226	$9.976	$12.006	$6.402	$7.688	$10.438	$12.470

Calculating your Critical Illness Cost:

_____	X	_____	÷	1,000	=	_____
Rate		Employee Benefit Amount Low =$10,000 Mid = $15,000 High= $25,000				Monthly Rate

MEMBER SUPPORT

Understanding your employee benefits options can be confusing and complicated. The Benefits Service Center through Marsh & McLennan Agency provides answers and information at your fingertips.

You're Not Alone

Plan options, copays, and deductibles...

Planning for you and your family's health and welfare needs can be an overwhelming task. The Benefits Service Center is your resource for guidance when navigating your benefits plan, from open enrollment to handling life's many changes.

Just a Call or Click Away

Bilingual member support is available Monday through Friday, 8:00 a.m. – 6:00 p.m. Central Time.

- **Toll-free:** (855) 550-9885
- PIN: 1083
- **Email:** PflugervilleISD@MarshMMA.com

Dedicated Benefits Resource

As a company-sponsored benefit, the Benefits Service Center gives you unlimited direct access to insurance professionals who are dedicated to knowing our plan options inside and out. Whether you're a new employee looking for information on how to continue your coverage, or your insurance needs are changing, you're bound to have questions on your plan options and programs.

TIP

The Benefits Service Center can assist with:

- **General benefit questions**
- **Finding a network provider or facility**
- **Reviewing bills**
- **Assistance with claims**

Contact PfISD Benefits Office for:

- **Verification of eligibility**
- **Processing qualifying life events**
- **Available 8:00 a.m. - 5:00 p.m.**
- **Phone: (512) 594-0026**
- **Email: benefits@pfisd.net**

DIRECTORY & RESOURCES

INFORMATION REGARDING	GROUP / POLICY #	CONTACT INFORMATION	
Enrollment & Eligibility			
• Benefits Office • Enrollment Vendor: SMBO		512-594-0026 877-282-0808	benefits@pfisd.net www.pfisdbenefits.com
Benefits Service Center			
• General benefit questions • Finding a network provider or facility • Reviewing bills • Assistance with claims		855-550-9885 PIN: 1083	PflugervilleISD@MarshMMA.com
Medical Coverage			
BlueCross BlueShield • High and HMO Plans	323155 395396	877-262-3037	www.bcbstx.com
Healthcare Highways • Low and HD Plans	HCH1008	833-841-6703	www.healthcarehighways.com
Dental Coverage			
Standard	649561	800-547-9515	www.standard.com
Vision Coverage			
VSP	40149702	800-877-7195	www.vsp.com
Life, AD&D and Disability			
The Standard • Voluntary Life / AD&D • Disability	649561	800-628-8600 800-368-1135	www.standard.com
Pharmacy			
Express Scripts		1-800-334-8134	www.express-scripts.com pfisd.mydrugcosts.com
Health Savings Account			
Inspira		844-729-3539	www.inspirafinancial.com
Flexible Spending Account			
Inspira		844-729-3539	www.inspirafinancial.com
Employee Assistance Program			
Optum		866-248-4094	www.liveandworkwell.com Code: pfisd
Accident			
Cigna	AI961211	800-754-3207	www.cigna.com
Critical Illness			
Cigna	CI961164	800-754-3207	www.cigna.com
Hospital Indemnity			
Cigna	HC960547	800-754-3207	www.cigna.com
Whole Life			
Trustmark		800-918-8877	TrustmarkVB.com
Identity Protection			
Allstate		1-800-789-2720	www.infoarmor.com
Retirement Plan Adviser			
TCG Group Holdings		1-800-943-9179	www.tcgservices.com