



# Employee Benefits Guide

Bryan Independent School District



**PLAN YEAR 2023**



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# Contact Information

Bryan ISD is excited to offer you access to all available benefits and is happy to assist you or your dependents with questions. Below is a list of points of contact for all available benefits offered through our benefits program.

Additional information regarding benefit plans can be found at [go.bryanisd.org](http://go.bryanisd.org). Click on My Files, choose TeamConnect, and click on Benefits. You may also contact Employee Benefits & Risk Management for benefit-related questions.

## Carrier Customer Service

BENEFIT / SERVICE	CARRIER	PHONE NUMBER	WEBSITE
Michael Stires - Employee Benefits	Bryan ISD	(979) 209-1133	michael.stires@bryanisd.org
Monica Sauseda - Employee Benefits	Bryan ISD	(979) 209-1092	monica.sauseda@bryanisd.org
JR Cornejo, Sr. - Employee Benefits	First Financial Group of America	(903) 245-3889	jr.cornejo@ffga.com
Medical	Blue Cross Blue Shield of Texas	(800) 521-2227	www.bcbstx.com
Dental	Blue Cross Blue Shield of Texas	(800) 521-2227	www.bcbstx.com
Hospital Indemnity	The Standard	(866) 851-5505	www.standard.com
Vision	United HealthCare	(800) 638-3120	www.myuhcvision.com
Flexible Spending Account	Optum Financial	(888) 339-3685	www.optumfinancial.com
Health Savings Account	UMB Bank	(866) 520-4472	www.hsa.umb.com
Long-Term Disability	The Standard	(800) 368-1135	www.standard.com
Cancer Care	Colonial Life	(800) 325-4368	www.coloniallife.com
Critical Illness	Lincoln Financial Group	(877) 815-9256	www.lfg.com
Accident	Lincoln Financial Group	(877) 815-9256	www.lfg.com
Voluntary Life and AD&D	Lincoln Financial Group	(800) 423-2765	www.lfg.com
LifeTime Benefit Term	Chubb / Combined	(855) 241-9891	www.chubb.com
Employee Assistance Program (EAP)	Deer Oaks	(866) 327-2400	www.deeroakseap.com
Employee Health Center	City of Bryan/BISD Employee Health Center	(979) 821-7690	
TRS Mandatory Retirement	TRS	(800) 223-8778	www.trs.texas.gov
457 Retirement Plans	TCG Administrators	(800) 943-9179	http://region10rams.org
403 (b) Plan - FICA Alternative	TSA Consulting	(888) 796-3786	www.tsacg.com
COBRA	Blue Cross Blue Shield of Texas	(866) 859-5209	www.bcbstx.com
Identity Theft Protection	iLock360	(855) 287-8888	www.ilock360.com

This guide summarizes the benefit plans that are available to Bryan ISD-eligible employees and their dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels, and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Employee Benefits and Risk Management Department. Information provided in this brochure is not a guarantee of benefits.

# Eligibility

## Who is Eligible?

All employees working full and part-time are eligible to enroll in the Bryan ISD Employee Benefits program. You must work 20 hours a week or more to be eligible for benefits unless you are a bus driver. Bus drivers are eligible for benefits if they work 16 hours a week or more.

## When Does Coverage Begin?

The effective date for your benefits elected during Open Enrollment is January 1, 2023. All newly eligible employees will be effective in Bryan ISD benefit programs on the first day of the month following the first day of employment. Newly hired employees who are benefit-eligible will have 31 days from the first day of work or the first day of eligibility to enroll in benefits. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualifying life event. Reminder: Health Insurance Premiums are deducted one month in advance.

For those employees wishing to resign or retire and work less than a 12-month contract and fulfill it, termination of coverage will be handled under HB973. Coverage will either be terminated at the end of the summer, August 31, or the date other coverage begins. If the contract is not fulfilled then coverage ends on the last day of the month you resigned. A 12-month employee's coverage will terminate on the last day of the month resigned or retired in.

## Who is Considered an Eligible Dependent(s)?

If you are eligible for Bryan ISD benefits, your dependents are too. In general, eligible dependents include your legal spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the certificate for disability is provided. Children may include natural, adopted, step-children, foster children, children placed for adoption, and children obtained through court-appointed legal guardianship. A child not listed above but whose primary residence is your household and to whom you are legal guardian or related by blood or marriage and who is dependent upon you for more than one-half of his/her support as defined by the IRS. This also includes married children under the age of 26. If you are married to another Bryan ISD employee, you may not cover your spouse as a dependent, and only one of you may cover any dependent children.

## Open Enrollment Period

With a few exceptions, Open Enrollment is the only time of the year when you can make changes to your benefit plans. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverages.
- Add, or drop dependents from coverage.
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits or HSA contributions, you must re-enroll each plan year.

# Qualifying Life Events

A Qualifying Life Event (QLE) is an increase or decrease in dependents or a change in the immediate family's insurance eligibility status. If you experience a qualifying life event and would like to make changes to your benefits, you will need to submit benefit election changes within 31 calendar days of the event date. Failure to do so will require you to wait until the next open enrollment period (unless you experience another qualifying life event).

Note: You will be required to provide written documentation of the event (e.g., a marriage license or birth certificate).

Examples of qualified life events include:

- marriage
- divorce/legal separation
- death of a spouse or dependent
- birth/adoption of a child
- the dependent child turns 26 years of age
- loss of coverage
- changes in employment status for you or your spouse
- qualified medical child support orders
- entitlement to Medicare, Medicaid, or Children's Health Insurance Program (CHIP)

## Benefit Costs

Bryan ISD pays the full cost of some of your benefits including Basic Life and Accident Death and Dismemberment (AD&D). The cost of most voluntary benefits you elect will be your responsibility.

	Who Pays	Tax Treatment
<b>Medical/Dental/Rx</b>	Bryan ISD and You	Pre-tax
<b>Medical Gap</b>	You	Pre-tax
<b>Vision</b>	You	Pre-tax
<b>Term Life and AD&amp;D</b>	Bryan ISD	No Tax Impact
<b>Voluntary Life and AD&amp;D</b>	You	After-tax
<b>Long-Term Disability</b>	You	After-tax
<b>Cancer Care</b>	You	Pre-tax
<b>Accident &amp; Critical Illness</b>	You	Pre-tax
<b>LifeTime Benefit Term</b>	You	After-tax
<b>Flexible Spending Account</b>	You	Pre-tax
<b>Health Savings Account</b>	You	Pre-tax
<b>Employee Assistance Program</b>	Bryan ISD	No Tax Impact
<b>Identity Theft Protection</b>	Bryan ISD or You	After-tax
<b>TRS Retirement Mandatory</b>	Bryan ISD and You	Pre-tax
<b>Voluntary 403b &amp; 457 Plans</b>	You	Pre-tax

# Section 125 Cafeteria Plans

## Section 125 Cafeteria Plan Information & Rules

A Section 125 Cafeteria Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. If you elect to participate, the funds are automatically deducted from your paycheck on a pre-tax basis. Bryan ISD maintains the Section 125 Cafeteria Plan to meet the requirements of the internal revenue code section 125. Those who elect to participate in the plan contribute a portion of their gross earnings each pay period to cover the cost of the benefits.

## Here's How It Works

Contributions to the Section 125 Cafeteria Plans are withheld on a pre-tax basis, thereby lowering your taxable income, which means you will pay less in Federal Income and Medicare taxes. Reducing an employee's taxes can increase your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, this plan is available to you at no cost, and you're already eligible - all you must do is accept or reject this benefit to enroll.

## Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For example, you could potentially take home about \$70 more each month if you participated in Bryan ISD Section 125 Plan - which means savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS-specified changes in family status include:

- Change in legal married status.
- Change in number of dependents.
- Termination or commencement of employment.
- Dependent satisfies or ceases to satisfy dependent eligibility requirements.
- Change in residence or workplace that affects eligibility for coverage.

SECTION 125 PLAN - EXAMPLE PAYCHECK		
	WITHOUT SECTION 125	WITH SECTION 125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed. at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	N/A
Take Home Pay	\$1,197	\$1,267

**YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!**

\*The numbers in the example paycheck above are for illustrative purposes only.  
Section 125 Plan for employees on an 18-pay schedule will vary slightly from the amounts listed above.

# Medical Plan Options

## Terms You Need To Know

### In-Network Care

Each plan features BCBSTX In-Network and Out-of-Network coverage, individual and family deductibles, copays, co-insurance, and out-of-pocket maximums. The HDHP HSA plan offers a lower monthly cost with a higher deductible while the PPO and HMO plan costs more each month but offers a lower deductible and copays.

Keep in mind, while you can seek services with in-network or out-of-network providers, you will always pay less if you are treated within the provider network because the plan pays a higher percentage of your covered expenses. With the HMO plan, you must select a primary care provider and you're only able to visit in-network providers to receive care. With the HDHP HSA, you must meet the annual deductible before the medical plan begins to cover your healthcare expenses. Once the deductible is met, the medical plan begins to pay a percentage of covered expenses (co-insurance) on certain in-network benefits and co-insurance for services when using an out-of-network provider, up to the out-of-pocket maximum. Prescriptions are subject to the deductible and out-of-pocket maximum.

Out-of-pocket maximums apply to all three medical plans. This is the maximum amount you will pay for health care costs in a calendar year, January 1st - December 31st. Once you have paid the in-network out-of-pocket maximum, the plans will cover the remaining eligible medical expenses at 100% for the rest of the year. If you utilize out-of-network provider, you are responsible for charges that are above "reasonable and customary."

When active employees enroll in the HDHP HSA Plan, they will have the opportunity to set up an HSA account at UMB Bank. UMB Bank provides unique opportunities to invest HSA funds in self-directed investment options. Once you create your account you will receive your debit card in the weeks following.

### PPO Gold Plan

If you are enrolled for family coverage in the PPO Gold Plan, each individual within the family will not pay more than the individual deductible and individual out-of-pocket maximum. However, the family's medical costs are combined to meet the family deductible and out-of-pocket maximum.

### Blue HMO Plan

If you are enrolled for family coverage in the Blue HMO Plan, each individual within the family will not pay more than the individual deductible and individual out-of-pocket maximum. However, the family's medical costs are combined to meet the family deductible and out-of-pocket maximum.

### HDHP HSA Plan

If you are enrolled for family coverage in the HDHP HSA Plan, you must meet the full family deductible before benefits are paid 100%. One member of the family could satisfy the family deductible before the plan begins to pay. The family's medical and prescription costs are combined to meet the deductible and the out-of-pocket maximum.

It is up to you to decide which plan will work best for you and your family depending on the monthly cost of coverage, the annual deductible, the out-of-pocket maximum, and the funding account you will use.



# Medical Plan Options

## Terms You Need To Know

### Deductible

A fixed dollar amount that you pay before the plan will begin paying benefits.

### Co-Insurance

A percentage of the medical plan costs that you pay after your deductible is met.

### Out-Of-Pocket Maximum

The maximum amount you will pay for your benefits until treatment is covered at 100%.

### In-Network

Doctors, hospitals, and other providers with whom the medical plan has an agreement to care for its members. Covered employees and dependents have a lower out-of-pocket costs when using in-network providers.

### Out-Of-Network

Care received from a doctor, hospital, or provider with whom the plan does not have an agreement with. Covered employees and dependents pay more to use out-of-network providers.

### Calendar Year

The period beginning January 1st of any year and ending December 31st of the same year.

### Copayment or Copay

The dollar amount required to be paid by you or on your behalf at the time of service to a participating provider in connection with covered services provided as described in the medical plans.

### Dependent(s)

The covered employee's family members who meet the eligibility requirements of the plans and have been enrolled by the covered employee.

### Limited Provider Network

A subnetwork within an HMO delivery network in which contractual relationships exist between physicians, certain providers, independent physician associations and/or physician groups which limit your access to only the physicians and providers in the subnetwork.

### Open Enrollment Period

Those periods of time (at least thirty-one (31) days) established by Group and the Claim Administrator from time to time, but no less frequently than once in any twelve (12) consecutive months, during which eligible persons who have not previously enrolled with the medical plans may do so.

# Medical Plan Options

Bryan ISD offers medical coverage through Blue Cross Blue Shield of Texas (BCBSTX). The chart below is a brief outline of the plans and reflects your cost for services rendered. A *Silver Hospital Indemnity* is offered at no cost for employees who have full coverage through another source. *This is not an insurance plan.*

Remember, you will always pay less if you are treated within the provider network because the plan pays a higher percentage of your covered expenses. To find an in-network provider you may visit [www.BCBSTX.com](http://www.BCBSTX.com). Please refer to the summary benefit coverage (SBC) for complete plan details.

Benefits Coverage	BCBSTX PPO GOLD PLAN GROUP #029608		BCBSTX BLUE HMO PLAN GROUP #350453		BCBSTX HDHP HSA PLAN GROUP #099852	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>ANNUAL DEDUCTIBLE</b>						
Individual	\$2,500	\$5,000	\$2,000	Not Covered	\$4,000	\$8,000
Family	\$7,500	\$15,000	\$6,000	Not Covered	\$8,000	\$16,000
Co-Insurance	30%	50%	20%	Not Covered	100%	100%
<b>MAXIMUM OUT-OF-POCKET</b>						
Individual	\$7,500	\$15,000	\$6,000	Not Covered	\$4,000	\$13,000
Family	\$15,000	\$30,000	\$12,000	Not Covered	\$8,000	\$26,000
<b>PHYSICIAN OFFICE VISIT</b>						
Preventive Care	\$0	50% co-ins.	\$0	Not Covered	\$0	30% co-ins.
Primary Care	\$45 copay	50% co-ins.	\$35 copay	Not Covered	\$0 after deduct.	30% co-ins.
MDLIVE Virtual Visits	\$44 copay	50% co-ins.	\$44 copay	Not Covered	100% co-ins.	100% co-ins.
Specialty Care	\$65 copay	50% co-ins.	\$60 copay	Not Covered	\$0 after deduct.	30% co-ins.
<b>DIAGNOSTIC SERVICES</b>						
X-ray and Lab Tests	\$0	50% co-ins.	20% co-ins.	Not Covered	\$0 after deduct.	30% co-ins.
Complex Radiology	30% co-ins.	50% co-ins.	20% co-ins.	Not Covered	\$0 after deduct.	30% co-ins.
Urgent Care Services	\$75 copay	50% co-ins.	\$75 copay	Not Covered	\$0 after deduct.	30% co-ins.
Emergency Services	\$300 copay + 30% coinsurance	\$300 copay + 30% coinsurance	\$250 copay + 20% coinsurance	\$250 copay + 20% coinsurance	\$0 after deduct.	\$0 after deduct.
Inpatient/Outpatient Facility	30% co-ins.	50% co-ins. +\$250 per-admission	\$250 copay after deductible	20% co-ins. after deductible	\$0 after deduct.	30% co-ins.
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>						
Inpatient	30% co-ins.	50% co-ins. +\$250 per-admission	\$250 copay + 20% coinsurance	Not Covered	\$0 after deduct.	30% co-ins.
Outpatient	\$45 copay (30% coinsurance for all other services)	50% co-ins.	\$35 copay (20% coinsurance for all other services)	Not Covered	\$0 after deduct.	30% co-ins.
<b>OTHER SERVICES</b>						
Chiropractic (35-day calendar year maximum)	\$65 copay (30% coinsurance for all other services)	50% after deduct. (50% coinsurance for all other services)	\$60 copay (20% coinsurance after deductible)	Not Covered	\$0 after deduct.	30% co-ins. after deduct.
Airrosti	\$45 copay	50% after deduct.	\$35 copay	Not Covered	\$0 after deduct.	30% co-ins. after deduct.

Bryan ISD medical plans are offered through Blue Cross Blue Shield of Texas, which is self-insured by the District. This allows the District greater plan design flexibility and affordability without compromising the quality of healthcare. We also offer a comprehensive menu of supplemental benefits to enrich your medical plan elections. Bryan ISD contributes \$470 towards your monthly health insurance premiums. Employee Benefits will offer you the opportunity to enroll in the Section 125 Cafeteria Plan, more details are available in the Employee Handbook.

# Finding the Care You Need

The following BCBSTX resources may help you better understand your medical benefits and provide ways to maintain or improve your health and reduce out-of-pocket costs.

Always use the lowest level of care appropriate for your immediate needs. When you log into your BCBSTX account at [www.BCBSTX.com](http://www.BCBSTX.com), or through the mobile app, you can locate nearby providers, facilities, and cost estimates for certain services. You will also have access to your electronic ID card.

## Co-pay Comparison by Level of Care - In-Network

	BCBSTX PPO GOLD PLAN GROUP #029608	BCBSTX BLUE HMO PLAN GROUP #350453	BCBSTX HDHP HSA PLAN GROUP #099852
Preventive Care	\$0	\$0	\$0
MDLIVE Virtual Visits	\$44 copay	\$44 copay	100% co-ins.
Primary Care	\$45 copay	\$35 copay	\$0 after deduct.
Specialty Care	\$65 copay	\$60 copay	\$0 after deduct.
Urgent Care Services	\$75 copay	\$75 copay	\$0 after deduct.
Emergency Services	\$300 copay + 30% coinsurance	\$250 copay + 20% coinsurance	\$0 after deduct.
Free Standing ER Services	\$500 copay + 50% coinsurance	\$500 copay + 30% coinsurance	\$0 after deduct.

### Doctor's Office / Employee Health Center

The best place to go for routine care or preventive care is to keep track of medications and basic diagnosis and treatment of common illnesses and medical conditions.

### Urgent Care Center

Fills a critical need when seeking immediate care that is not life-threatening. Locate the nearest Urgent Care Center near you. Staffed by nurses and doctors and usually have extended hours.

### MDLIVE Virtual Visits

Take control of your health when, where, and how it best works for you day or night, from home, at work, or on the go. You can speak with a doctor for help with minor acute conditions. They can also submit prescriptions to your local pharmacy.

### BCBSTX Mobile App

The BCBSTX mobile app holds important information such as electronic ID cards, deductibles, and claims. It also allows you to quickly locate nearby providers, costs, and contact information for facilities.

### 24/7 Nurse Line

Get guidance and support from a nurse, 24 hours a day, 7 days a week, 365 days a year. This service is provided at no extra cost to you as part of your plan. BCBSTX Nurse Line is 800-581-0368.

### Hospital Emergency Room (ER)

For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to the nearest emergency room.

### "Freestanding" Emergency Room

In Texas, there are many "freestanding" emergency room (ER) locations. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other healthcare facilities.

### Hospital Admission & ER Information

Copayment amounts will be required for facility charges for each outpatient hospital emergency room/treatment room visit as indicated on your schedule of coverage. If admitted for the ER visit, the copay will be waived and prior authorization of the inpatient hospital admission will be required.

# Prescription Plan Coverage

Participants in the medical plans will receive a combined medical and prescription ID card. Participants should present their ID card each time they fill a prescription through a retail pharmacy.

Benefit Value Advisors are specially-trained customer service representatives who assist participants by comparing costs and providing information on participating providers for certain types of healthcare services. A BVA helps you navigate your benefits, call 800-521-2227 to speak with a BVA today!

	BCBSTX PPO GOLD PLAN GROUP #029608		BCBSTX BLUE HMO PLAN GROUP #350453		BCBSTX HDHP HSA PLAN GROUP #099852	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>PRESCRIPTION DRUGS (INDIVIDUAL/FAMILY)</b>						
<b>Retail Prescription Drugs (30-day supply)</b>						
• Generic	\$10	\$10 copay*	\$10	Not Covered	\$0 after deduct.	\$0 after deduct.
• Brand Preferred	\$50	\$50 copay*	\$50	Not Covered	\$0 after deduct.	\$0 after deduct.
• Brand Non-Preferred	50% co-ins.	50% co-ins.*	50% co-ins.	Not Covered	\$0 after deduct.	\$0 after deduct.
• Specialty	\$200	Not Covered	\$200	Not Covered	\$0 after deduct.	\$0 after deduct.
<b>Mail Order Prescription Drugs (90-day supply)</b>						
• Generic	\$20	\$20 copay*	\$20	Not Covered	\$0 after deduct.	\$0 after deduct.
• Brand Preferred	\$100	\$100 copay*	\$100	Not Covered	\$0 after deduct.	\$0 after deduct.
• Brand Non-Preferred	50% co-ins.	50% co-ins.**	50% co-ins.	Not Covered	\$0 after deduct.	\$0 after deduct.
• Specialty	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

\*plus 20% co-insurance

\*\*plus 20% additional charge

## Important Prescription Coverage Information

The formulary is the list of medications covered by the plans and is updated annually on the latest research and clinical evidence. The member's cost share or co-pays is determined by the prescription tier:

**Tier 1 Generics** - Safe, effective, and have the same active ingredients as a brand name medication, but for much less.

**Tier 2 Brand Preferred** - Lower cost or more clinically effective than non-preferred or excluded medications.

**Tier 3 Brand Non-Preferred** - Highest cost or medications, with clinical alternatives.

**Specialty** - Generally tier 3, high-complexity medications, must be purchased through a Specialty Pharmacy.

**Excluded** - Medications with clinical alternatives or generics that are not covered by the plan. Drugs that are not included on the drug list include new-to-market FDA-approved drugs that have not been reviewed by the plans for inclusion on the drug list. Drugs that have not been reviewed by the plans for inclusion on the drug list.

The formulary also determines which medications require treatment protocols including:

**Quantity Limits** - for safety and cost reasons, the plan limits the number of drugs they cover over a certain period.

**Prior Authorizations** - to be sure that medications are prescribed and used correctly before the plan will cover a particular drug, your prescriber must first show that you have a medically necessary need for that particular drug and/or have met the requirements for the drug.

**Step Therapy** - you must first try a less expensive drug on the formulary that has been proven effective for most people with your condition before you can move a "step" to a more expensive drug. However, if you have already tried the more affordable drug and it didn't work or if your prescriber believes that it is medically necessary for you to be on a more expensive drug, they can contact the plan to request an exception.

# Employee Health Center

The District is happy to provide you and your family with the **City of Bryan/BISD Employee Health Center**. Through a partnership between the City of Bryan, Bryan ISD, and CHI/St. Joseph Regional Health Center is an innovative approach to controlling the cost of health care. It is a super convenient option for employees and eligible dependents who are enrolled on Bryan ISD health insurance plans to receive medical care. If you are enrolled in the BCBSTX PPO Gold, Blue HMO, or the HDHP medical plans you and eligible dependents can visit the Health Center for a \$0 co-pay. Employees enrolled in the BCBSTX Silver Indemnity plan are not covered for use at the Health Center. Call for an appointment today!

The Health Center is conveniently located and is staffed with qualified nurse practitioners, nurses, and office assistants. All medical records are owned and maintained by CHI/St. Joseph Regional Health Center. The Health Center hours are subject to change, employees will be notified of any changes via email. The Health Center location and hours are listed below:



2308 E. Villa Maria, Suite 100  
Bryan, Tx 77802

Phone: 979-821-7690  
Fax: 979-821-7691

## Employee Health Center Hours:

- Monday - Thursday: 7:30am - 5:30pm  
(closed during the noon hour)
- Friday: 7:30am - 3:00pm  
(open during the noon hour)
- Saturday: 8:00am - 12:00pm  
(minor acute illnesses only, appointment by telehealth)  
Saturday Clinic open September - April during peak season

**Don't forget!  
It's included  
in your health  
premiums!**

## Health Center Quick Facts:

- No copay is required for a clinic visit.
- Children 2-5 years of age can be seen for acute illnesses only.
- Patients must be enrolled in the Bryan ISD medical plan and coverage must be effective.

## Health Center Services:

- Medical examinations
- Minor medical treatment
- Vaccine administration
- Wellness consultations
- Chronic disease management
- Sports physicals
- Allergy injection administration
- Behavioral health services\*

\*Limited to 6 FREE sessions a year, members enrolled in the HMO plan are not eligible to receive benefits.

# Additional Health Benefits Under BCBSTX

## BCBSTX Member Rewards:

- Save money by comparing costs and quality for similar procedures.
- Get estimates for out-of-pocket costs.
- Earn cash for utilizing the rewards program.
- Simple to use.
- Access the members rewards at [bcbstx.com](http://bcbstx.com) or by calling 1-800-521-2227.
- Once procedure is completed and verified, you'll receive rewards within 4-6 weeks.

## Airrosti:

- Musculoskeletal care.
- Surgical avoidance.
- Evaluations done during first consultation.
- Treatment plans available, average number of visits is 3.2.
- If treatment plans are not available, you'll be notified on the first visit.
- Two convenient locations:

*Airrosti at Physicians Centre Hospital  
3201 University Dr E Ste 320  
Bryan, Tx 77802*

*Airrosti South College Station  
1645 Greens Prairie Rd West Ste 503A  
College Station, Tx 77845*

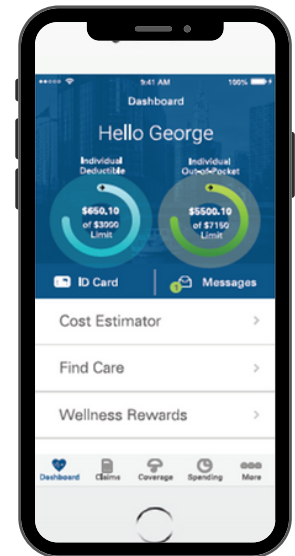
## Blue Cross Blue Shield Mobile App:

- Find an in-network doctor, hospital or urgent care facility.
- Access your claims, coverage and deductible information.
- View and email your member ID card.
- Log in securely with your fingerprint.
- Access Health Care Accounts and Health Savings Accounts.
- Download and share your Explanation of Benefits.
- Get Push Notifications and access to Message Center.

Text **BCBSTXAPP** to **33633** to get the app.

## MDLIVE Virtual Visits:

- Go to Blue Access for Members or [MDLIVE.com/bcbstx](http://MDLIVE.com/bcbstx).
- Download the MDLIVE app from Apple's App Store or Google Play.
- Call MDLIVE at 888-680-8646.
- Text BCBSTX to 635-483 (MDLIVE's online assistant Sophie will help you activate your account).



## Nurseline:

Need advice on health conditions? Medication? Your Options?

- Bilingual nurse (English & Spanish) available 24/7.
- 800-581-0368.
- FREE.

# Medical Plan Monthly Premium Cost

The medical plan premiums listed below include medical, prescription drug benefits, and Employee Health Center services. If you choose NOT to participate in the District's medical plans the Silver Hospital Indemnity is offered at no cost for employees who have full coverage through another source. This is not an insurance plan.

Please refer to the summary benefit coverage (SBC) for complete plan details. Medical premiums for employees on an 18-pay schedule will vary slightly from the amounts listed below.

Your medical plan options include:

- PPO - PPO Gold Plan
- HMO - Blue HMO Plan
- HDHP - HDHP HSA Plan

Health Premiums are deducted one month in advance

PLAN OPTIONS	PPO GOLD	BLUE HMO	HDHP HSA
Employee Only	\$120.96	\$112.00	\$39.22
Employee + Spouse	\$612.36	\$567.50	\$393.26
Employee + Child(ren)	\$380.16	\$352.00	\$200.34
Employee + Family	\$705.24	\$653.00	\$477.00



**BlueCross BlueShield  
of Texas**

The District's contribution to employee medical benefit premiums is determined annually by the Board of Trustees. New employees must complete enrollment forms within the first 31 days of employment following the first date of employment. Current employees can make changes in their benefit coverage during the District's annual open enrollment. The annual open enrollment period generally begins the last full week of each October and continues for the first 14 calendar days in November. Enrollment dates are subject to change. Employees should contact Employee Benefits at 979-209-1092 for more information.

# Dental Plan Options

The District's dental plan options are administered through Blue Cross Blue Shield of Texas (BCBSTX). The chart below is a brief outline of the plans and reflects your cost for services rendered. There are three different options to choose from with coverage benefits varying across the dental plans.

Remember, you will always pay less if you are treated within the provider network because the plan pays a higher percentage of your covered expenses. To find an in-network provider you may visit [www.BCBSTX.com](http://www.BCBSTX.com). Please refer to the summary benefit coverage (SBC) for complete plan details.

Benefits Coverage	BCBSTX BlueCare DENTAL PPO - PLATINUM		BCBSTX BlueCare DENTAL PPO - GOLD		BCBSTX BlueCare DENTAL PPO - SILVER	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>ANNUAL DEDUCTIBLE</b>						
Individual	\$50	\$50	\$0	\$0	\$25	\$25
Family	\$150	\$150	\$0	\$0	\$75	\$75
3-Month Deduct. Carryover	Yes	Yes	Yes	Yes	Yes	Yes
Prior Ins. Deduct. Carryover	No	No	No	No	No	No
<b>DENTAL BENEFIT &amp; SERVICES</b>						
Annual Maximum	\$1,500	\$1,500	\$1,000	\$1,000	\$750	\$750
Preventive / Misc	100% / 80%	100% / 80%	75% / 75%	75% / 75%	100% / 80%	100% / 80%
Basic	80%	80%	75%	75%	80%	80%
Major	50%	50%	75%	75%	Not Covered	Not Covered
<b>ORTHODONTIA</b>						
Benefit Percentage	50%	50%	50%	50%	Not Covered	Not Covered
Adult	Yes	Yes	Yes	Yes	Not Covered	Not Covered
Dependent Child(ren)	Yes	Yes	Yes	Yes	Not Covered	Not Covered
Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$1,500	Not Covered	Not Covered
Benefit Waiting Periods	No	No	No	No	Not Covered	Not Covered

Dental Premiums are deducted one month in advance

PLAN OPTIONS	PLATINUM	GOLD	SILVER
Employee Only	\$16.82	\$15.72	\$0.00
Employee + Spouse	\$44.68	\$41.86	\$10.24
Employee + Child(ren)	\$63.20	\$56.78	\$20.36
Employee + Family	\$100.20	\$89.18	\$33.16





# Vision Plan Options

The District's vision plans provide Vision insurance through UnitedHealthCare. Vision plans provide coverage for routine eye exams and also pay for all or portion of the cost of glasses or contact lenses if you need them.

You can see in-network and out-of-network providers, however, keep in mind that out-of-network providers require you to pay upfront and you'll be reimbursed at a lower benefit level than if you went to an in-network provider. The chart below is a brief outline of the vision plans. Please refer to the plan summary for more plan details.

Benefits Coverage	UnitedHealthCare VISION HIGH PLAN		UnitedHealthCare VISION LOW PLAN	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>COPAY</b>				
Exam(s)	\$0	\$100**	\$10	\$40**
Materials	\$0	\$100**	\$25	\$40**
<b>FRAME BENEFIT</b>				
Private Practice Provider	\$130	\$50**	\$130	\$45**
Retail Chain Provider	\$130	\$50**	\$130	\$45**
<b>CONTACT LENS BENEFIT</b>				
Selection Lens - Disposable	\$0 / 4 boxes*	\$125**	\$25 / 4 boxes*	\$105**
Non-Selection Lens	\$125 Allow.*	\$125**	\$105 Allow.*	\$105**
Necessary Lens	\$0*	\$210**	\$25*	\$210**
<b>BENEFIT FREQUENCY</b>				
Comprehensive Exam(s)	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Spectacle Lenses	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months	Every 24 months	Every 24 months
Contact Lenses	Every 12 months	Every 12 months	Every 12 months	Every 12 months

\*Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames

\*\*Out-of-Network Reimbursements amounts are listed above, Copays do not apply

PLAN OPTIONS	HIGH PLAN	LOW PLAN
Employee Only	\$12.60	\$5.90
Employee + Spouse	\$23.26	\$10.88
Employee + Child(ren)	\$24.36	\$11.40
Employee + Family	\$36.48	\$17.06

Vision Premiums for employees on an 18-pay schedule will vary slightly from the amounts listed above.

Vision Premiums are deducted one month in advance



# Benefits at No Cost

## Basic Term Life & AD&D Insurance



Group Term Basic Life and Accidental Death & Dismemberment (AD&D) insurance is paid for by Bryan ISD. It protects your loved ones in the event something were to happen to you. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. Bryan ISD truly cares about all of our employees. The ISD provides a \$20,000 benefit to all full-time employees. The cost of this policy is paid for 100% by the District. This is a term life policy that is in effect while you are employed and it's administered by Lincoln Financial.

## Employee Assistance Program (EAP)



Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in the day to fit it all in. When life gets you stressed, call the Employee Assistance Program that is provided by the District. Your EAP is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices, or locating further help. Your EAP is available 24/7.

**It's free...**The District covers the cost of the initial assessment, additional problem-solving sessions, and referral services. You get six (6) free sessions with a professional counselor for covered issues. If there is a need for further counseling or treatment, your counselor will help you explore various options.

**It's confidential...**Your EAP has been set up with Deer Oaks, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your file.

If you need help or guidance, Deer Oaks is only a phone call away at 866-324-2400 or by visiting [www.deeroakseap.com](http://www.deeroakseap.com). Use Login/Password: **bryisd** iConnectYou App passcode: **58496**

If you find yourself in need of professional support to deal with personal, work, financial, or family issues, your Employee Assistance Program (EAP) can help. You and your immediate family (spouse or domestic partner, dependent children, parents, and parents-in-law) can use the EAP for help with:

- Marriage and family problems
- Job-related issues
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Identity theft counseling
- Financial planning
- Free 30 minute telephone consultation with an attorney
- Free 30 minute in-person consultation with a plan attorney
- 25% discount off of hourly attorney fees if additional legal support is needed
- Online library of articles, tip sheets and legal FAQs
- Nearly 100 do-it-yourself legal forms available online
- Interactive online simple will preparation
- Various other related issues

# Accident Insurance

No one plans to have an accident, but it can happen at any moment throughout the day, whether at work or play. The costs associated with an injury can add up. Between hospital visits, exams, treatments, and out-of-pocket costs, you could end up in financial hardship. Most major medical insurance plans only pay a portion of the bills. This policy can help pick up where other insurance leaves off and provide cash benefits to cover the expenses. It's comforting to know that an accident insurance policy can be there through all stages of your care, from the initial treatment to follow-up care.

Group Voluntary Accident coverage can pay benefits for on and off-the-job accidents, plus some benefits that correspond with medical care. The coverage can be used on its own or to fill a gap left by other coverage. It pays a benefit up to a specified amount for accidental death, dismemberment, dislocation/fracture, initial hospitalization confinement, hospitalization confinement, concussion, intensive care, ambulance service, air ambulance service, medical expenses, outpatient physician's treatment, and more. Please see the plan summary for full coverage details, benefit schedules, and rates.

EMERGENCY TREATMENT	YOUR CASH BENEFIT
Ambulance	\$300
Air Ambulance	\$1,500
Emergency Care	\$200
X-ray	\$40
Initial Care Visit	\$100
Major Diagnostic Exam	\$200

SPECIFIC INJURIES	
Blood, plasma, platelets	\$500
2nd or 3rd degree burns	\$150 - \$15,000
Skin Grafts	25% of burn benefit
Concussion	\$200
Dental Crown	\$200
Dental Extraction	\$100

HEALTH ASSESSMENT BENEFIT	
Every year for you & covered family members	\$50

RECOVERY ASSISTANCE BENEFIT	
Family Care	\$100
Companion Lodging (100+ miles from home)	\$200 per night up to 30 nights
Transportation (100+ miles from home)	\$400 per trip up to three trips

ADDITIONAL PLAN BENEFITS	
Portability	Included
Child Sports Injury Benefit	Included

PLAN OPTIONS	MONTHLY PREMIUM
Employee Only	\$14.57
Employee + Spouse	\$24.25
Employee + Child(ren)	\$26.65
Employee + Family	\$36.12

Accident Premiums for employees on an 18-pay schedule will vary slightly from the amounts listed to the left.



# Critical Illness Insurance

The signs pointing to a critical illness are not always clear and may not be preventable. This coverage can help offer financial protection in the event you are diagnosed. If you've heard of heart attacks, strokes, renal (kidney) failure, or invasive cancer, then you're familiar with a critical illness. It's likely you or someone you know has experienced one of these life-altering events.

Oftentimes, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

Group Voluntary Critical Illness coverage can pay benefits for non-medical, critical illness-related expenses your medical plan might not cover. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Additionally, there are plans available to provide coverage for you, your spouse, and your dependent children. Prepare now for the unexpected with a critical illness insurance plan.

This benefit is Guarantee Issue and offers a \$50 health assessment benefit. Please see the plan summary for full coverage details, benefit schedules, and rates.

EMPLOYEE COVERAGE	
Guaranteed Coverage Amount	\$25,000
Maximum Coverage Amounts	\$10,000 or \$15,000 or \$25,000
Waiting Period & Medical History	No

HEALTH ASSESSMENT BENEFIT	
Every year for you & covered family members	\$50

SPOUSE COVERAGE		50% of employee amount
Guaranteed Coverage Amount	\$12,500	
Maximum Coverage Amounts	\$5,000 or \$7,500 or \$12,500	
Waiting Period & Medical History	No	

RECOVERY ASSISTANCE BENEFIT	
Family Care	\$25 per day up to 30 days
Companion Lodging (100+ miles from home)	\$50 per night up to 15 nights
Transportation (100+ miles from home)	\$200 per trip up to two trips

DEPENDENT COVERAGE	
Guaranteed Coverage Amount	\$2,500 or \$5,000 or \$10,000



EMPLOYEE AGE RANGE	NON-TOBACCO			TOBACCO		
	\$10,000	\$15,000	\$25,000	\$10,000	\$15,000	\$25,000
17-19	\$3.85	\$5.78	\$9.63	\$4.18	\$6.27	\$10.45
20-29	\$3.85	\$5.78	\$9.63	\$4.18	\$6.27	\$10.45
30-39	\$6.21	\$9.32	\$15.53	\$7.49	\$11.24	\$18.73
40-49	\$12.69	\$19.04	\$31.73	\$19.33	\$29.00	\$48.33
50-59	\$25.26	\$37.89	\$63.15	\$47.09	\$70.64	\$117.73
60-69	\$46.34	\$69.51	\$115.85	\$98.94	\$148.41	\$247.35
70-99	\$111.10	\$166.65	\$277.75	\$204.73	\$307.10	\$511.83

Critical Illness Premiums for employees on an 18-pay schedule will vary slightly from the amounts listed to the left.

\*Table above reflects employee only rates\*

# Cancer Care Insurance

The risk of developing cancer, unfortunately, is very real. Thousands of Americans are diagnosed with cancer each day. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a Cancer Care Insurance plan. Likely, your major medical coverage will not cover all of the costs associated with a cancer diagnosis. Cancer Care insurance offers three different plan options for you to choose from.

Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays, deductibles, specialists, experimental treatment, cancer care hospitals, travel expenses, in-home care, and more. Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money.

This benefit offers a cancer screening/wellness benefit and the amount paid to you depends on which plan you enrolled in. Please see the plan summary for full coverage details, benefit schedules, and rates.

Cancer coverage from Colonial Life offers the protection you need to concentrate on what is most important - your care.

## Features of Colonial Life's Cancer Insurance:

- Pays benefits to help with the cost of cancer screening and cancer treatment.
- Provides benefits to help pay for the indirect costs associated with cancer, such as:
  - Loss of wages or salary.
  - Deductibles and co-insurance.
  - Travel expenses to and from treatment centers.
  - Lodging and meals.
  - Child care.
- Pays regardless of any other insurance you have with other insurance companies.
- Provides a cancer screening benefit that you can use even if you are never diagnosed with cancer.
- Benefits are paid directly to you unless you specify otherwise.
- Flexible coverage options for employees and their families.
- Scheduled type plans will pay for ongoing treatment.
- Any initial diagnosis will pay a cash benefit.

PLAN OPTIONS	LEVEL 1	LEVEL 3	LEVEL 4
Employee Only	\$9.60	\$20.10	\$27.75
Employee + Family	\$16.75	\$33.35	\$46.05



# Disability Insurance

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? Disability insurance replaces a portion of income for the time you are unable to work due to those reasons. There are eight (8) different options for various waiting periods depending on your personal needs. Maternity is covered the same as illness. Benefits are paid regardless if you are still receiving paychecks from the District. Coverage is available in increments of \$100 from \$300 to \$8,000. Benefits are paid year-round, regardless of the employee's summer or holiday breaks.

The Standard also offers access to an Employee Assistance Program (EAP) specifically designed for employees and their dependents who are enrolled in the disability benefit.

This benefit is a guaranteed issue and requires no medical underwriting. Please see the plan summary for full coverage details, benefit schedules, and rates.

## Benefit Waiting Period

The benefit waiting period is the time that you must be continuously disabled before benefits become payable. Below are the waiting periods available:

- 0 days
- 14 days
- 30 days
- 60 days

## First Day Hospital Benefit

If you are hospitalized on the first date of disability for at least 4 hours, charged room and board, and have elected the 14-day or 30-day elimination period, then benefits are payable on the first day of hospitalization.

## Pre-Existing Condition Waiver

Benefits may be paid up to 30 days even if you have a pre-existing condition on elections of \$300 or more and you have elected the 14-day or 30-day benefit waiting period. See pre-existing condition exclusion and waiver for more information.

DISABILITY COVERAGE	OPTION 1
Starting Teacher Salary	\$50,000
Monthly Benefits Paid	\$2,800
Cost per paycheck	\$44.54
DISABILITY COVERAGE	OPTION 8
Starting Teacher Salary	\$50,000
Monthly Benefits Paid	\$2,800
Cost per paycheck	\$35.58

**Options 1 - 4: Maximum Benefit Period of 5 years for Accident + 3 years for Sickness**

**Options 5 - 8: Maximum Benefit Period of To SSNRA for Sickness and Accident**

Social Security Normal Retirement Age (SSNRA)



Disability Premiums for employees on an 18-pay schedule will vary slightly from the amounts listed to the above.

# Flexible Spending Accounts (FSA)

Flexible Spending Accounts allow you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses. It's an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. Because that portion of your income is not taxed, you end up with more money in your pocket. An FSA comes with a grace period option, giving you additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

**Note: If you are enrolled in the Health Savings Account (HSA), you can only enroll in the Dependent Care FSA plan, you must re-enroll every year.** Please see the plan summary for full coverage details and benefits.

Through payroll deductions, you may set aside money on a pre-tax basis in a Flexible Spending Account and reduce taxable income. Employees may reimburse themselves for eligible expenses up to the maximums listed on the table. Some FSAs have limitations:

- Health Care FSA Account - Reimburse for Medical, Dental & Vision.
- Dependent Care Account - Reimburse for dependent care expenses.

Account Type	Maximum Contributions*	Account Details
Health Care FSA	\$3,050*	Used to pay for medical, dental or vision costs such as copays, co-insurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
Dependent Care FSA	\$5,000**	Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

\*Listed maximums are for 2023.  
\*\*\$2,500 pre-tax contribution maximum per person if married and filing separate tax returns



## Health Care FSA Highlights:

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative - any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront so you don't have to spend money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

## Dependent Care FSA Highlights:

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or adult-dependent incapable of self-care.
- Contributions are not loaded upfront. Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

# Health Savings Account (HSA)

If you enroll in the HDHP HSA medical plan you may be eligible to open a Health Savings Account; see additional HSA eligibility requirements posted in TeamConnect. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. HSAs allow you to deposit pre-tax dollars into your account, earn interest on a tax-free basis, and pay zero tax on qualified expenses. The money you save in this account allows you to pay for deductibles, copays, co-insurance, prescriptions, dental care, vision care, and more that are reserved for eligible medical expenses you incur in the future. You may use the funds to pay for current and future qualified expenses for yourself and eligible dependents. Best of all, unspent HSA dollars **roll over automatically every year**, you never lose the money even if you were to change to a non-HDHP plan or leave Bryan ISD.

Your pre-tax contributions are deducted from each paycheck and deposited into your HSA. Unlike other benefit elections, you may change your HSA contribution amount at any time during the plan year.

**Note: If you are enrolled in the Health Savings Account (HSA), you must re-enroll every year.** Please see the plan summary for full coverage details and benefits.

2023 Maximum Annual Contributions	Your Maximum Contributions	IRS Contribution Limits
Employee Only	\$3,850	\$3,850
Employee + Dependents	\$7,750	\$7,750
Age 55+ Catch Up Contribution	\$1,000	\$1,000



## HSA Eligibility Requirements:

To be eligible to open and contribute towards a Health Savings Account, you **MUST** meet the following requirements:

- Be covered by Bryan ISD-qualified HDHP (HDHP HSA).
- NOT covered by another medical insurance plan that is not a qualified HDHP including:
  - Individual plan or your spouse's medical plan.
  - Medicare / Medicaid.
  - Tricare.
- NOT claimed as a dependent on someone else's tax return.
- You or your spouse cannot participate in a Healthcare Flexible Spending Account, only a Limited Purpose FSA.
- A Dependent Care FSA will NOT disqualify you from opening an HSA.



# FSA vs. HSA - Know the Difference

It is important to understand the difference between an FSA and HSA. See the below chart for a comparison.

	FSA	HSA
<b>Summary</b>	FSA's allow employees to pay for medical expenses (deductions, copays, and services not covered by their plan) tax-free.	HSAs are created at a financial institution in the employee's name and allow the employee to save and pay for medical expenses tax-free. It requires enrollment in a High Deductible Health Plan (HDHP).
<b>Account Owner</b>	Employer.	Employee. No effect if you change jobs or retire.
<b>Who contributes?</b>	You.	You.
<b>Pre-tax contributions?</b>	Yes. IRS Contribution Limits are as follows: \$3,050 Health Care FSA \$5,000 Dependent Care FSA	Yes. IRS Contribution Limits are as follows: \$3,850 Employee Only \$7,750 Employee + Dependents
<b>Does interest accrue?</b>	No.	Yes; Earnings grow tax-free.
<b>Contributions</b>	Money is deducted (pre-tax) from your salary every pay period. Additional individual contributions are <b>NOT</b> allowed.	Additional employee contributions up to the limit of \$3,850, if you enroll only yourself or \$7,750 if you enroll in coverage with dependents, <b>ARE</b> allowed.
<b>Can I change my contribution?</b>	Only for Qualifying Life Events, such as a marriage, divorce, birth, or during Open Enrollment.	Yes, at any time, by contacting Employee Benefits.
<b>Disbursement of funds</b>	Your entire annual contribution amount is available as of January 1, 2023, for a Health Care FSA, even if the account is not fully funded yet.	Funds are available to use once they are deposited (per pay period for your contributions).
<b>Eligible Expenses &amp; Distributions</b>	213(d) medical expenses, dental, vision, and prescriptions. Cannot access it for non-medical reasons. Child Care expenses if Dependent Care (FSA) is elected.	213(d) medical expenses, dental, vision, Medicare and LTC premiums, COBRA (if unemployed), health premiums at age 65, and may withdraw at any time for any reason (subject to 10% penalty and tax consequences).
<b>Claims</b>	Optum Financial Plan (Administrator) must substantiate expenses.	Employee maintains supporting records. No employer or administrator is required.
<b>Portability &amp; Forfeiture</b>	You lose any unspent money when employment ends or at the end of the year.	This account goes with you even if you leave Bryan ISD, and the unused funds roll over every year.
<b>Expiration of Funds</b>	The "Use it or Lose it" rule applies. All money in an FSA expires at the end of the plan year.	Money in your account never expires and is always your money.

# Hospital Indemnity Insurance

Planned or unplanned, a trip to the hospital can be scary. It can be even more frightening to know that your medical insurance probably won't cover all your costs. Group Hospital Indemnity insurance can help cover unexpected out-of-pocket expenses such as copays, deductibles, co-insurance, out-of-network charges, and everyday living expenses. It pays a benefit directly to you for hospital-related events, regardless of your treatment costs or other insurance coverage you may have. You'll receive \$350 for each day you're hospitalized, up to a maximum of 15 days. And, if you are confined for more than 30 days, your premium payment will be waived until the last day of the month of your hospitalization.

This benefit is a guaranteed issue and requires no medical underwriting. Please see the plan summary for full coverage details, benefit schedules, and rates.

## Here's how it works

Megan is out of town on a business trip when she experiences abdominal pain and racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit.

Megan's husband leaves their two kids with their daycare provider and rushes to be at her side. The family now faces additional costs for travel and childcare. Please see the sample illustration to the right to see how this insurance helped Megan.

### SAMPLE OUT-OF-POCKET EXPENSES

Medical plan deductible/coinsurance .....	\$3,000
Other non-medical expenses .....	\$475
Travel expenses (flights, change fees, etc.).....	\$350
Childcare.....	\$500
<b>Total Expenses.....</b>	<b>\$4,325</b>
Benefit for:	
Hospital admission.....	\$1,500
Hospital confinement (10 days x \$350 per day).....	\$3,500
CCU confinement (3 days x \$50 per day) .....	\$150
<b>Total paid to you.....</b>	<b>\$5,150</b>
Remaining Benefit for Other Expenses.....	\$825

Costs are hypothetical. Actual costs will vary by state, condition, treatments received and personal factors.

Benefits	
Waiver of Premium	Premium waived if you are confined to a hospital for more than 30 days.
Hospital Admission (max. 1 per calendar year)	\$1,500 per day
Daily Hospital Confinement (max. 15 days per stay)	\$350 per day
Daily Critical Care Unit Confinement* (max. 15 days per stay)	\$50 per day

\*Payable in addition to the Daily Hospital Confinement benefit you may be eligible to receive.



PLAN OPTIONS	MONTHLY PREMIUM
Employee Only	\$24.85
Employee + Spouse	\$43.19
Employee + Child(ren)	\$34.86
Employee + Family	\$63.21

# Chubb LifeTime Benefit Term

Providing a good life for your family is no easy task. However, what if something happened to you? Would your family be able to continue covering expenses you have today like mortgage payments, childcare, credit card payments, college tuition, and other lifestyle expenses? Have you thought about burial expenses or long-term care expenses like nursing homes or assisted living care? Don't worry many families would struggle, especially if the primary wage earner died. Few families can afford nursing home care without some type of financial assistance.

LifeTime Benefit Term helps protect you and your family if something happened to you. Your family can receive cash benefits paid directly to them upon your death. They can use the funds to help cover all of life's expenses. Cash benefits can also be paid directly to you while you are living in assisted care and you can access up to 4% of the overall death benefit.

This benefit is a guaranteed issue and requires no medical underwriting for all new hires. Please see the plan summary for full coverage details, benefit schedules, and rates.

## How LifeTime Benefit Term Can Be Used



Three Options	Life Situation	Death Benefit	Long Term Care	Total Benefits
1. Life Insurance	You live a full life and do not need Long Term Care (LTC)	\$100,000	-----	\$100,000
2. Long Term Care (LTC)	You live a full life and need assisted living or nursing home care	-----	\$100,000	
3. Split your Death Benefits for LTC & Life insurance	You live a full life but also need some LTC funds (Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	
<b>Additional Coverage for Death Benefits</b>				
Restore your Death Benefit	If you deplete your entire Death Benefit due to LTC, we restore your Death Benefit to 50% of your original death benefit	\$50,000	-----	\$50,000
<b>Option 1, 2 or 3 + Restoration of Death Benefit = TOTAL COVERAGE \$150,000</b>				

## LifeTime Benefit Term Plan Highlights:

- **Guaranteed Premiums** - Premiums will never increase and are guaranteed to age 100.
- **Long-Term Care (LTC)** - Access 4% of your death benefit while you're living in assisted care.
- **Guaranteed Benefits During Working Years** - Death Benefit is guaranteed 100% for the longer of 25 years or age 70.
- **Guaranteed Benefits After Age 70** - The benefit is guaranteed to never be less than 50% of the original death benefit.
- **Paid-Up Benefits** - After 10 years, paid-up benefits begin to accrue, if you stop paying the premium a reduced paid-up benefit is issued and can never lapse.
- **Terminal Illness** - After two years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.

# Life and AD&D Insurance - Voluntary

In addition to the employer-paid Basic Life and AD&D coverage, you have the option to purchase additional Voluntary Life and AD&D insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Your election, however, could be subject to medical questions and Evidence of Insurability (EOI)\*.

Bryan ISD makes it possible for you to protect your loved ones by offering you term life insurance from Lincoln Financial Group. We have enhanced your benefits package, allowing employees to enroll in \$10,000 increments up to 5x your annual earnings to a maximum of \$500,000. Spouses can enroll in \$5,000 increments up to 50% of your elections. Your dependents can get \$10,000 in coverage.

This benefit is a guaranteed issue and requires no medical underwriting for all new hires up to \$250,000. Please see the plan summary for full coverage details, benefit schedules, and rates.

## What is available for coverage



Voluntary Life and AD&D	
<b>Employee</b>	
Benefit Increments	\$10,000
Benefit Maximum	\$500,000
Guaranteed Issue*	\$250,000
<b>Spouse</b>	
Benefit Maximum	\$250,000
Guaranteed Issue*	\$100,000
<b>Children</b>	
Benefit Maximum	\$10,000
Guaranteed Issue*	\$10,000

\*Guarantee Issue (GI) available for new hires during their initial 31 day enrollment period. Only amounts over the GI will require to submit an Evidence of Insurability (EOI). NOTE: The above coverage will begin to decrease by 50% at age 75. See plan highlights for details.

LIFE & AD&D INSURANCE	EXAMPLE
Age Range	30-34
Total Death Benefit Elected	\$150,000
Cost per paycheck	\$9.00

LIFE & AD&D INSURANCE	EXAMPLE
Age Range	30-34
Total Death Benefit Elected	\$250,000
Cost per paycheck	\$16.25

## Life and AD&D Plan Highlights:

- **Accidental Death & Dismemberment (AD&D)** - Provides coverage for covered accidental bodily injury that directly causes dismemberment.
- **Accelerated Death Benefit** - Provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill.
- **Guarantee Issue** - For timely entrants enrolled within 31 days of becoming eligible, the guarantee issue amount is available without any Evidence of Insurability requirement.
- **Conversion** - If you end employment with the District, you can convert all or part of the coverage amount in force to an individual life policy without any Evidence of Insurability.
- **TravelConnect<sup>SM</sup>** - Travel assistance services are available for employees and eligible dependents traveling more than 100 miles from home.

Voluntary Life and AD&D insurance deductions for employees on an 18-pay schedule will vary slightly from the amounts selected.

# iLock360 Identity Theft Protection

Comprehensive identity theft protection and credit monitoring service from iLock360 helps safeguard your finances, credit, and good name. In today's always-connected world, that's more important than ever. You're at risk every time you bank online, search, shop, text, or tweet.

iLock360 helps stop identity fraud before the damage can be done, and if you do become a victim, they know exactly what to do. iLock360 protects you in ways that you can't protect yourself.

Please see the plan summary for full coverage details, benefit schedules, and rates.

## iLock360 Offers 3 Layers of Protection:

- **Defend** - Go ahead, and live free knowing iLock360 is searching over a trillion data points every day looking for potential threats to your identity 24/7/365.
- **Protect** - When iLock360 finds something suspicious, they will let you know of potential threats for immediate action.
- **Restore** - If you do become a victim, iLock360 will handle your case every step of the way. iLock360 will spend up to \$1 million to hire the experts necessary to restore your good name.

PLAN FEATURES	Basic	Plus	Premium
<b>CyberAlert™ monitors:</b> • 1 - Social Security Number    • 2 - Medical ID Numbers • 2 - Phone Numbers                • 5 - Bank Accounts • 2 - Email Addresses             • 1 - Drivers License Number • 5 - Credit/Debit Cards          • 1 - Passport	✓	✓ ✓	✓ ✓
Change of Address Monitoring		✓	✓
Court/Criminal Records		✓	✓
Sex Offender Alerts		✓	✓
Payday Loan Monitoring		✓	✓
Lost Wallet Protection		✓	✓
Full-service Identity Theft Restoration		✓ ✓	✓ ✓
\$1M Identity Theft Insurance		✓	✓
Social Security Number Trace		✓ ✓	✓ ✓
Daily monitoring of Experian Credit Bureau		✓	✓
Daily monitoring of TransUnion Credit Bureau			✓
Daily monitoring of Equifax Credit Bureau			✓
ScoreTracker			✓

✓ children up to age 18

PLAN OPTIONS	Basic	Plus	Premium
Employee Only	District Paid	\$8.00	\$15.00
Employee + Spouse	----	\$15.00	\$22.00
Employee + Child(ren)	----	\$13.00	\$20.00
Employee + Family	----	\$20.00	\$27.00



All district employees receive district-paid Basic coverage that includes only CyberAlert.

Plans with children include coverage for up to 10 children. Eligible children up to age 18.

iLock360 Identity Theft Protection deductions for employees on an 18-pay schedule will vary slightly from the amounts selected.

# Retirement Savings Program

Bryan ISD offers three retirement savings plans - a mandatory retirement plan "TRS", a Voluntary 403(b) Retirement Plan through TSA Consulting Group, and a Voluntary 457 Deferred Compensation Plan through TCG Administrators. All retirement plans offer an easy way to save for your future through payroll deductions.

## TRS Mandatory Retirement Plan

(800) 223-8778

[www.trs.texas.gov](http://www.trs.texas.gov)

## Voluntary 403(b) Plan

(888) 796-3786

[www.tsacg.com](http://www.tsacg.com)

## Voluntary 457 Plan

(800) 943-9179

<http://region1Orams.org>

## TRS Mandatory Retirement Plan



All personnel employed regularly for at least four and one-half months are members of the Teacher Retirement System of Texas (TRS). A substitute not receiving TRS service retirement benefits who work at least 90 days a year is eligible to purchase a year of creditable service in TRS. TRS provides members with an annual statement of their account showing all deposits and the total account balance for the year ending August 31, as well as an estimate of their retirement benefits.

Employees who plan to retire under TRS should notify TRS as soon as possible. Information on the application procedures for TRS benefits is available from TRS at their offices located at Teacher Retirement System of Texas, 1000 Red River Street, Austin, Tx 78701-2698, or call 800-223-8778 or 512-542-6400. TRS information is also available on the web ([www.trs.texas.gov](http://www.trs.texas.gov)). For more information see Employment after Retirement in Texas Public Schools.

## Voluntary 403(b) Retirement Plan



Public school employees have the option to enter into a tax-sheltered 403(b) retirement plan. Enrollment in this plan can be done anytime during the year. Contributions to 403(b) plans are made available through payroll deductions. The IRS limits the amount that employees can contribute to their retirement plans. A key advantage to a 403(b) retirement plan includes faster vesting of funds and the ability to make additional catch-up contributions. Bryan ISD makes it possible for you to choose from over twenty different investment vendors to invest with.

## Voluntary 457 Retirement Plan



Public school employees have the option to enter into a tax-sheltered 457 retirement plan. Enrollment in this plan can be done anytime during the year. An important advantage of a 457 plan is that any contributions made through payroll deductions are NOT subject to the 10% early distribution penalty tax for payments received under age 59 1/2. Any assets rolled from another type of retirement plan such as a 401(a), 401(k), or IRA, become subject to the 10% early distribution penalty tax for payments received under age 59 1/2. Roth contributions are also available. While you do not receive a tax benefit for your contributions, your earnings may be tax-free.

# COBRA

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group medical coverage such as medical, dental, and vision insurance for a limited time.

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**Medical & Dental - BCBSTX**

(866) 859-5209

[www.bcbstx.com](http://www.bcbstx.com)

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**Vision - UnitedHealthCare**

(800) 638-3120

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

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## COBRA Highlights:

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member is responsible for notifying Employee Benefits of a divorce, legal separation, or child losing dependent status within 60 days of the event. In the case of termination, death, or reduction in hours, Employee Benefits will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

Employees with questions or concerns regarding COBRA benefits should contact Employee Benefits at 979-209-1092.

# Workers' Compensation

Bryan ISD provides coverage for treatment and cares for on-the-job injuries and illnesses per the Texas Workers' Compensation Act. If you have an on-the-job injury or illness, it must be reported immediately by the employee to their principal or supervisor. Employees shall be provided appropriate medical attention as soon as possible.

Under the Texas Workers' Compensation Act employees are allowed 30 days to notify his/her principal or supervisor of an occupational injury or illness. An injured employee must report the injury as soon as possible to be eligible for Bryan ISD Temporary Income Benefits (TIBs).

Temporary Income Benefits (TIBs) pay for the first 40 hours of work time lost due to an occupational injury. Workers' Compensation benefits are not paid until the eighth day of lost time.

## Injury Treatment

Injured employees have the freedom to choose where they seek care, however, the provider must accept workers' compensation insurance to be seen for care. Bryan ISD attempts to send all injured employees to Baylor Scott & White Occupational Medicine located at 1700 University Drive East, College Station, Texas 77840. Injured employees are encouraged to call ahead at 979-207-3458 to let the provider's staff know you are en route. If the injury is minor and can be treated there, the Occupational Clinic provider will treat the injury. If the injury is more serious, the staff will provide direction and refer you to an authorized health physician or appropriate specialist.

## Payment for Injury Treatment

Injured employees DO NOT PAY for medical treatment received under Workers' Compensation. You will NEVER receive a copay under Workers' Compensation insurance. All bills are paid by Bryan ISD through a Third-Party Administrator - Sedgwick, per the Texas Workers' Compensation Act for all treatment that is considered reasonable and necessary under Texas law. The office of the treating provider should obtain verification and billing information from Risk Management. The bills for services received should never be sent directly to the injured employee. If you receive a bill, contact Risk Management immediately.

## Prescriptions

When an injured employee is given a prescription by a treating provider, the employee must go to a pharmacy that accepts Workers' Compensation. The pharmacy can call Risk Management for verification and billing information.

## Modified Duty / Return-To-Work Program

Bryan ISD has a governed Return-To-Work Program. If you are unable to do your regular job duties, we have temporarily limited job duties that will be assigned while you are recovering from your injury. Your physician will evaluate whether it is medically appropriate for you to participate in the District's Modified Duty / Return-To-Work Program.







This employee benefits guide summarizes the benefit plans that are available to Bryan ISD eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail this benefits guide. These documents are available upon request through the Employee Benefits and Risk Management Department. Information provided in this benefits guide is not a guarantee of benefits.