



COMPASS ROSE

PUBLIC SCHOOLS

EMPLOYEE BENEFITS GUIDE

2023 - 2024 Plan Year



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Compass Rose Public Schools offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, <https://benefits.ffga.com/compassrosepublicschools>.

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

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Compass Rose Public Schools Human Resources
522 Billy Mitchell Blvd, San Antonio TX 78226
210.895.3274

ELIGIBILITY

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

BENEFITS ENROLLMENT

EMPLOYEE BENEFITS CENTER

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <https://benefits.ffga.com/compassrosepublicschools> today!

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. To make your new hire elections please contact the HR Department.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be available by phone to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

Online Enrollment

ENROLL ONLINE

To begin online enrollment, visit <https://benefits.ffga.com/compassrosepublicschools>.

LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

VIEW CURRENT BENEFITS

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates.

BEGIN ELECTIONS

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

QUALIFYING LIFE EVENTS INCLUDE:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption, or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

SECTION 125 PLAN INFORMATION AND RULES

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

Here's How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible – all you have to do is enroll.

Is It Right for Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer's Section 125 Plan – that's a 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 worksite that affects eligibility for coverage

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	(\$250)
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State 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 figures in the sample paycheck above are for illustrative purposes only.*

Medical



Cigna

Compass Rose Public Schools medical plans is offered through Cigna. From in- and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs, Cigna has been designed to flexibly meet your needs.

Cigna | www.mycigna.com | 1.800.997.1654



Cigna

Compass Rose Public School 2023-2024 Medical Premiums

Monthly	Low - LocalPlus	Base - OAP	Buy-UP - LocalPlus	Buy-Up - OAP
Employee Only	\$43.94	\$76.88	\$168.29	\$180.78
Employee + Spouse	\$581.73	\$732.46	\$865.84	\$986.79
Employee + Child(ren)	\$374.89	\$492.85	\$597.25	\$691.90
Employee + Family	\$912.67	\$1,115.82	\$1,295.61	\$1,458.62
Bi-Monthly	Low - LocalPlus	Base - OAP	Buy-UP - LocalPlus	Buy-Up - OAP
Employee Only	\$21.97	\$38.44	\$84.15	\$90.39
Employee + Spouse	\$290.87	\$366.23	\$432.92	\$493.40
Employee + Child(ren)	\$187.45	\$246.43	\$298.63	\$345.95
Employee + Family	\$456.34	\$557.91	\$647.81	\$729.31

**Cigna**

2023-2024 Medical Plan Summary

Compass Rose Public Schools medical plans will be provided through Cigna beginning the 2023-2024 plan year. www.mycigna.com 1-800-997-1654

Plan Name	Low	Base	Buy-UP - LocalPlus	Buy-UP - OAP
Network	LocalPlus	OAP	LocalPlus	OAP
Deductible				
In-Network	\$5,000 / \$14,700	\$5,000 / \$14,700	\$1,500 / \$4,500	\$1,500 / \$4,500
Out-of-Network	Not Covered	\$10,000 / \$20,000	Not Covered	\$10,000 / \$20,000
Out-of-Pocket Max	<i>Includes Deductible</i>	<i>Includes Deductible</i>	<i>Includes Deductible</i>	<i>Includes Deductible</i>
In-Network	\$9,100 / \$18,200	\$5,600 / \$14,700	\$4,500 / \$13,500	\$4,500 / \$13,500
Out-of-Network	Not Covered	\$28,000 / \$56,000	Not Covered	\$28,000 / \$56,000
Plan Coinsurance				
In-Network	70%	70%	100%	100%
Out-of-Network	Not Covered	50%	Not Covered	50%
Preventative Care				
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Physician Office Visit				
In-Network	\$45 copay	\$45 copay	\$30 copay	\$30 copay
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Telemedicine	\$0	\$0	\$0	\$0
Specialist Office Visit				
In-Network	\$90 copay	\$90 copay	\$60 copay	\$60 copay
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Diagnostic Lab & Radiology				
In-Network	30% AD	30% AD	\$0	\$0
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Emergency Room				
In-Network	\$500 + 30% AD	\$500 + 30% AD	\$500 + \$0 AD	\$500 + \$0 AD
Out-of-Network	\$500 + 30% AD	\$500 + 30% AD	\$500 + \$0 AD	\$500 + \$0 AD
Urgent Care				
In-Network	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Advanced Radiology (MRI/CT/PET)				
In-Network	30%	30% AD	\$0 AD	\$0 AD
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Inpatient & Outpatient Services				
In-Network	30% AD	30% AD	\$0 AD	\$0 AD
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Pharmacy – 30 Day				
Generic	\$10	\$10	\$10	\$10
Brand Preferred	\$50	\$50	\$50	\$50
Brand Non-Preferred	\$100	\$100	\$100	\$100
Specialty Preferred	\$50	\$50	\$50	\$50
Specialty Non-Preferred	\$100	\$100	\$100	\$100

“AD” refers to “After-Deductible”

Telehealth



MDLIVE | www.mdlive.com | 1.888.726.3171

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They are able to treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold/flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems

**See brochure for more details.*

HEALTH CARE THAT'S THERE FOR YOU WHEN AND WHERE YOU NEED IT

Head-to-toe virtual care¹ from MDLIVE.®



It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive.

That's why Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs.

Now you don't have to wait — or travel — for the care you need.

Connect with video or phone, whenever it's convenient for you. Best of all, virtual care from MDLIVE board-certified doctors is available to you and your eligible dependents as part of your health benefits.

MDLIVE®

Primary Care

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost² to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours



3 easy steps to connect to care

Virtual care visits are convenient and easy.
To schedule an appointment:



Access MDLIVE by logging into myCigna.com and clicking on “Talk to a doctor.” You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)

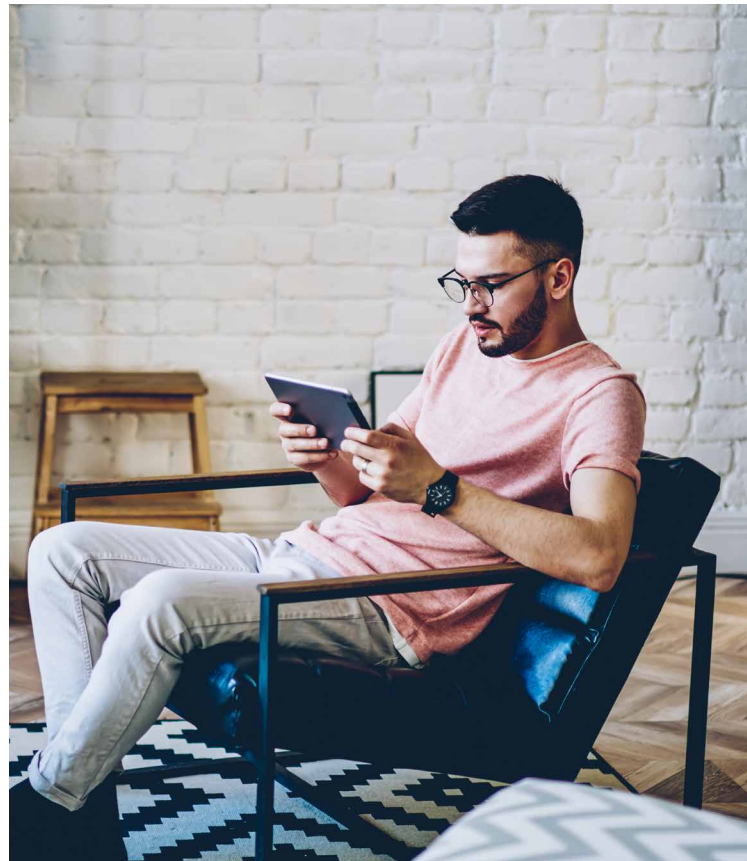


Select the type of care you need: medical care or counseling; cost will be displayed on both myCigna.com and MDLIVE



Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Appointments are available via video or phone, whenever it's most convenient for you. Virtual dermatology does not require an appointment.



Visit myCigna.com to make an appointment for virtual care today.

Together, all the way.®



1. Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

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DENTAL INSURANCE

Cigna | www.mycigna.com | 1.800.244.6224

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family’s dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crowns
- Root Canals

2023-24 Dental Premiums				
Payroll	Monthly	Monthly	Bi-Monthly	Bi-Monthly
Plan	Low	High	Low	High
Employee Only	\$7.05	\$23.24	\$3.53	\$11.62
Employee + Spouse	\$24.07	\$56.47	\$13.04	\$28.24
Employee + Child(ren)	\$31.89	\$71.38	\$15.95	\$35.69
Employee + Family	\$54.64	\$115.67	\$27.32	\$57.84





Compass Rose Public School 2023-24 Dental Plan Summary

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- X-Rays
- Tooth Extractions
- Crowns
- Cleanings
- Fillings
- General Anesthesia
- Root Canals

Plan	Low	High
Network	Cigna DPPO Advantage	Total Cigna DPPO
Type I - Preventative	90%	100%
Oral Examinations	Covered	Covered
Cleanings	Covered	Covered
Bitewing X-Rays	Covered	Covered
Topical Fluoride Treatment	Covered	Covered
Palliative Treatment (Relief of Pain)	Covered	Covered
Type II – Basic Services	70%	100%
Fillings	Covered	Covered
Oral Surgery	Covered	Covered
Periodontal Surgery	Covered	Covered
Periodontics	Covered	Covered
Extractions	Covered	Covered
General Anesthesia	Covered	Covered
Type III – Major Services	50%	60%
Crowns	Covered	Covered
Inlays and Onlays	Covered	Covered
Removable / Fixed Bridge Work	Covered	Covered
Partial or Complete Dentures	Covered	Covered
Denture Relines / Rebases	Covered	Covered
Repairs – Bridges, Crowns, Inlays,	Covered	Covered
Dentures	Covered	Covered
Implants	Not Covered	Covered
Type IV - Orthodontia	0%	50%
Orthodontia Lifetime Maximum	Not Covered	\$1,500
Orthodontia Eligibility (Adult/Child)	Not Covered	Child up to age 19
Calendar Year Deductible	II, III	II, III
Individual	\$50	\$50
Family	\$150	\$150
Dental Annual Maximum	\$1,000	\$1,500
UCR/Out-of-Network Percentile	MAC	MAC
Refer to plan summaries for coverage, waiting periods, and limitations		

VISION INSURANCE

Eyemed | www.eyemed.com | 1.866.939.3633

Proper vision care is essential to your overall wellbeing. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family’s needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

VISION PREMIUMS		
	Monthly	Semi-Monthly
EMPLOYEE ONLY	\$7.06	\$3.53
EMPLOYEE + SPOUSE	\$13.41	\$6.71
EMPLOYEE + CHILD(REN)	\$14.11	\$7.06
EMPLOYEE + FAMILY	\$20.75	\$5.71






More of what's best, not more of the same

Get the most out of your vision plan with these EyeMed highlights

- Eye360 features a \$0 eye exam and an additional \$50 dollars added to your frame allowance at PLUS providers.¹
- Ability to use the frame and contact lens allowances in the same benefit year-worth up to an extra \$150.00²
- Separate contact lens fit & follow-up coverage leaving the entire allowance for materials

Plus, with us, you always get

 NETWORK Reinventing choice and convenience	 BENEFITS Redefining flexibility and value	 EASY Reimagining simple and transparent
<ul style="list-style-type: none"> • America's Largest vision network ³ • Members save more at PLUS Providers ⁴– in-network locations that offer enhanced benefit value • The right mix of independent eye doctors and national and regional retail providers – so members can go where they want, when they want 	<ul style="list-style-type: none"> • The freedom to choose any prescription frame, lens or contact lens without restrictions at any of our retail and independent provider locations, or at one of our many online options. • Complimentary HealthyEyes wellness program that keeps the focus on eye health with online tools, articles and videos to make the conversation around vision even easier. • Members enjoy exclusive savings on LASIK at preferred providers, including \$800 off or 5% off the in-store promotional price ⁵ 	<ul style="list-style-type: none"> • Cost transparency with our Know Before You Go cost estimator • Digital Tools like online scheduling ⁶, a mobile app and personalized text alerts

¹ Not available in all states

² This document provides highlights of one or more EyeMed plans. Frame allowances may vary by plan. Please consult your EyeMed representative for more information

³ Based on the EyeMed Insight network, Spring 2022.

⁴ Not available in all states

⁵ Preferred lasik providers include LasikPlus, TLC Laser Eye Centers and The LASIK Vision Institute

⁶ At select locations

Benefits

1
Exam & Materials
Insight Network
Fully Insured
Shared Expense

Monthly rates

Subscriber
\$7.06

Subscriber + Spouse
\$13.41

Subscriber + Child(ren)
\$14.11

Subscriber + Family
\$20.75

SUMMARY OF BENEFITS

VISION CARE SERVICES

EXAM SERVICES (once every plan year)

Exam at PLUS Providers

Exam

IN-NETWORK MEMBER COST

\$0 copay

\$10 copay

OUT-OF-NETWORK MEMBER REIMBURSEMENT

Up to \$40

Up to \$40

FRAME (once every plan year)

Any available frame at PLUS Providers

Frame

\$0 copay; 20% off balance over \$200 allowance

\$0 copay; 20% off balance over \$150 allowance

Up to \$75

Up to \$75

STANDARD PLASTIC LENSES in lieu of contacts (once every plan year)

Single Vision

\$25 copay

Up to \$30

Bifocal

\$25 copay

Up to \$50

Trifocal/Lenticular

\$25 copay

Up to \$70

Progressive – Standard

\$80 copay

Up to \$50

Progressive – Premium Tier I, II, or III

\$110, \$120, or \$135 copay

Up to \$50

Progressive – Premium Tier IV

\$200 copay

Up to \$50

LENS OPTIONS

Anti Reflective Coating – Standard

\$45 copay

Up to \$23

Anti Reflective Coating – Premium Tier I, II, or III

\$57, \$68, or \$85 copay

Up to \$23

Polycarbonate – Standard < 19 years of age

\$0 copay

Up to \$20

Scratch Coating

\$0 copay

Up to \$8

CONTACT LENSES in lieu of lenses (once every plan year)

Contacts – Conventional

\$0 copay; 15% off balance over \$150 allowance

Up to \$75

Contacts – Disposable

\$0 copay; 100% of balance over \$150 allowance

Up to \$75

Contacts – Medically Necessary

\$0 copay; paid-in-full

Up to \$300

All plans are based on a 48 month contract and 48 month rate guarantee. Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier.

Plan Details

Quote for group situated in the State of TX and will be valid until the 09/01/2023 implementation date. Date Quoted 07/20/2023. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Plan Exclusions/Limitations

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If Compass Rose has chosen this benefit design, attach this document to the group application and sign here

We're committed to keeping money in our members' pockets. That's why we offer our members additional discounts above the proposed plan benefits

VISION CARE SERVICES

IN-NETWORK MEMBER COST

EXAM SERVICES

Retinal Imaging Up to \$39

CONTACT LENS FIT AND FOLLOW-UP

Fit and Follow-Up – Standard Up to \$40

Fit and Follow-Up – Premium 10% off retail price

LENS OPTIONS


Photochromic – Non-Glass \$75

Polycarbonate – Standard \$40

Tint – Solid or Gradient \$15


UV Treatment \$15

All Other Lens Options 20% off retail price



40%OFF

additional pairs of glasses



20%OFF

any item not covered by the plan,
including non-prescription sunglasses



15%OFF

retail price or 5% off promotional price
for Lasik or PRK from US Laser Network



UP
TO 64%OFF

hearing aids, with an extended
warranty and free batteries through
Amplifon Hearing Health Care Network



Members can get exclusive additional discounts and deals that are often stackable with their vision benefits at member.eyemedvisioncare.com

DISCOUNT DETAILS

Discounts are not insured benefits. Member receives a 20% discount on items not covered by the insurance plan at EyeMed In-Network locations. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

Life & AD&D Insurance



BCBS of Texas | www.bcbstx.com | 1.800.521.2227

EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$50,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

VOLUNTARY TERM LIFE AND AD&D INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. 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. Visit the Employee Benefits Center for more details.

Eligibility	All Active Full-Time Employees
Group Term Life Benefit: Employee	\$10,000 - \$300,000 in increments of \$10,000
Grandfathering	\$300,000 provided minimum participation requirement is met
Guarantee Issue Amount - Employee	\$100,000 (subject to eligibility rules and enrollment status guidelines)
Group Term Life Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$100,000 in increments of \$5,000, not to exceed 100% of the employee benefit amount
Guarantee Issue Amount - Spouse	\$25,000
Group Term Life Benefit: Child(ren)	Birth to 14 days: \$1,000 Age 15 days to 6 months: \$5,000 Age 6 months to 26 years: \$5,000 - \$10,000 in increments of \$5,000
Group Term Life Age Reduction Schedule	Same as Basic Life
Premium Waiver Type	Same as Basic Life
Accelerated Death Benefit (ADB)	Same as Basic Life
Portability Feature (Life Coverage)	Included (employee & spouse)
Conversion	Included

**See brochure for more details.*

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

ATTAINED AGE													
Benefit Amount	EE AD&D	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.19	\$0.76	\$0.76	\$0.76	\$0.87	\$1.32	\$2.02	\$3.18	\$5.16	\$8.18	\$12.53	\$20.97	\$36.73

Supplemental Life and AD&D

Premium Cost (Based on 24 payroll deductions per year)

		ATTAINED AGE											
Benefit Amount	EE AD&D	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.10	\$0.38	\$0.38	\$0.38	\$0.44	\$0.66	\$1.01	\$1.59	\$2.58	\$4.09	\$6.27	\$10.49	\$18.37

Disability Insurance



BCBS of Texas | www.bcbstx.com | 1.800.521.2227

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period of time you are unable to work due to those reasons. You are able to choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

SHORT TERM DISABILITY

Compass Rose Public Schools will begin contributing 50% of the Short-Term Disability (STD) premium on your behalf beginning September 1, 2021. Short-Term Disability is designed to protect you should you not be able to work. Benefits begin on the 8th day and will provide you with 60% of your basic weekly earnings for up to 12 weeks.

Monthly	
EMPLOYEE AGE/ \$10 PER WEEK UP TO 60%	
<24	0.56
25-29	0.49
30-34	0.49
35-39	0.38
40-44	0.13
45-49	0.18
50-54	0.13
55-59	0.22
60-64	0.21
65-69	0.23
70+	0.25

Semi-Monthly	
EMPLOYEE AGE/ \$10 PER WEEK UP TO 60%	
<24	0.28
25-29	0.245
30-34	0.245
35-39	0.19
40-44	0.065
45-49	0.090
50-54	0.065
55-59	0.11
60-64	0.105
65-69	0.115
70+	0.125

Compass Rose Public Schools contributes **50%** of the monthly premium for short term disability insurance.

SAMPLE PREMIUM CALCULATION

Annual Salary ÷ 52	=	Weekly Earnings	x	STD Benefit %	=	÷ 10 (max. \$150)	x	STD Rate (from table above)	=	Monthly Premium
\$45,000 ÷ 52	=	\$865	x	\$0.60	=	\$51.90	x	\$0.490	=	\$25.43

Your Premium Calculation

(Enter your salary and the rate for your current age from the table above)

Annual Salary ÷ 52	=	Weekly Earnings	x	STD Benefit %	=	÷ 10 (max. \$150)	x	STD Rate (from table above)	=	Monthly Premium
\$ ÷ 52	=	\$	x	\$0.60	=	\$	x	\$	=	\$

To determine Bi-Weekly Premium, multiply Monthly Premium by 12, and then divide by 26.

To determine Semi-Monthly Premium, multiply Monthly Premium by 12, and then divide by 24.

To determine Weekly Premium, multiply Monthly Premium by 12, and then divide by 52.

LONG TERM DISABILITY (LTD)

Compass Rose Public Schools provides long term disability insurance at **no cost** to the employee. LTD benefits begin 90 days and will provide you with 60% of your basic monthly earnings for up to five years.

*See brochure for more details.

Critical Illness Insurance



BCBS of Texas | www.bcbstx.com | 1.800.521.2227

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.

Eligibility	All Active Full-Time Employees
Benefit Amount: Employee	\$5,000 - \$20,000 in increments of \$5,000
Guarantee Issue Amount - Employee	\$20,000, available at annual enrollment
Benefit Amount: Spouse (Includes Domestic Partners)	\$2,500 - \$10,000 in increments of \$2,500, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount - Spouse	\$10,000, available at annual enrollment
Benefit Amount: Child(ren)	\$2,500 - \$10,000 in increments of \$1,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount - Child(ren)	\$10,000, available at annual enrollment
Coverage Maximum	Triple Protection: Up to 3 times the selected benefit amount
Waiting Period	None
Pre-existing Conditions	6/12
Diagnosis Qualification	First after the effective date
Recurrence Benefit	50% of the following covered conditions: Invasive Cancer, Heart Attack, Stroke, Benign Brain Tumor and Coma. 365 Days for the Separation Period.
Age Reduction Schedule	Benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70. Benefits Terminate at Retirement.
Separation Period	None
Portability	Benefits are portable to age 65. Spouse and dependents may port their coverage only if the employee is also ported. You must be covered under the plan for 12 months and under age 60 to be eligible for Portability.
Wellness Benefit	\$50 dollars per calendar year for Employee and covered Spouse

**See brochure for more details.*

Monthly	<29	30-39	40-49	50-59	60-64	65-99
Per \$5,000	\$2.22	\$3.12	\$5.82	\$12.46	\$17.43	\$34.67

Semi-Monthly	<29	30-39	40-49	50-59	60-64	65-99
Per \$5,000	\$1.11	\$1.56	\$2.91	\$6.23	\$8.72	\$17.33

Accident Insurance



BCBS of Texas | www.bcbstx.com | 1.800.521.2227

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

Accident Emergency Treatment	
Emergency Room	\$150
Urgent Care Center	\$150
Physician's Office	\$50
X-Ray	\$50
Accident Follow-up Treatment	\$50
Initial Hospital Admission	\$1,200
Initial ICU Admission	\$2,000
Accident Hospital Confinement	\$250
Intensive Care Unit Confinement	\$500
Surgical Procedures Benefit	
Arthroscopy	\$300
Open Abdominal	\$1,250
Cranial	\$1,250
Hernia	\$1,250
Thoracic Surgery	\$1,250
Repair of Tendons and/or ligaments	\$625
Repair of Torn Rotator Cuffs	\$625
Repair of Ruptured Discs	\$625
Repair of Torn Knee Cartilages	\$625
Miscellaneous Surgical Procedures	
Surgery with General Anesthesia	\$300
Surgery with Conscious Sedation	\$120
Outpatient Ambulatory Surgical Center Benefit	20%
Ambulance	
Ground Ambulance	\$200
Air Ambulance	\$1,500
Major Diagnostic Exams	\$200
Physical Therapy	\$35
Rehabilitation Unit	\$150

**See brochure for more details.*

Monthly	
Employee Only	\$9.94
Employee & Spouse	\$16.54
Employee & Children	\$19.00
Family	\$29.88

Semi-Monthly	
Employee Only	\$4.97
Employee & Spouse	\$8.27
Employee & Children	\$9.50
Family	\$14.94

Employee Assistance Program



BCBS of Texas | www.bcbstx.com | 1.800.521.2227

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 day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.

**See brochure for more details.*



BlueCross BlueShield of Texas

Wellbeing Management

Empower+ for Groups with 1-150 Members

A Complete Solution for a Healthier Workforce



Empower+ Package Highlights

- A blend of high-tech and high-touch
- Expanded targeting, outreach and interventions compared to Enable
- Potential for greater cost savings than Enable



Holistic Health Management

A care team, led by a health advisor, addresses the mental, physical and emotional aspects of health issues for the most costly and complex cases.¹ Members can interact with their health advisor through a variety of convenient channels, including the ability to schedule a callback.



Advanced Analytics

State-of-the-art algorithms help health advisors identify members earlier in their health journey when interventions can have the greatest impact on health outcomes and cost of care. Expanded targeting evaluates more conditions and identifies more high-cost and potential high-cost claimants than Enable.



Targeted Messaging

Automated touch points triggered by missed appointments, tests and refills help engage members across the health spectrum. Personalized reminders emphasize the importance of annual visits, preventive screenings and immunizations. Educational messages encourage members with chronic conditions, such as diabetes and asthma, to take actions to improve their health.



Utilization Management (UM)

Evidence-based care yields improved health and financial outcomes. Our UM processes help prevent misuse and overuse, which can improve member health and reduce medical spend. Programs address a wide spectrum of health care costs, including:

- Inpatient services
- Select outpatient services
- Specialty drug preauthorization



Behavioral Health

Integrating behavioral health with medical and pharmacy programs is fundamental to holistically managing employee health. Multi-disciplinary teams help identify, outreach and engage members with coexisting medical and behavioral conditions. The program also includes:

- Inpatient and outpatient utilization management
- Specialty teams for opioid and substance use, autism and eating disorders
- Support for members adjusting to a life event – or in need of intensive behavioral health services



Pharmacy²

Cohesive pharmacy benefits can improve the clinical and financial results of your employees' care. Our integrated medical and pharmacy programs can lead to:

- Improved medication adherence
- Better management of high-cost therapies
- A simpler, more inclusive member experience
- Access to affordable prescription drugs



Special Beginnings[®]

This structured maternity program enables early identification of high-risk pregnancies and supports and educates expectant mothers from early pregnancy to six weeks after delivery.



Well onTarget[®] Member Wellness Portal

Personalized action plans, along with fitness and nutrition device integration, jump start each employee's journey toward overall wellbeing. Convenient digital self-management programs address a variety of wellness and lifestyle topics, including:

- Stress
- Weight loss
- Tobacco cessation
- Asthma, diabetes and other chronic conditions
- Sleep health
- Financial wellbeing



Fitness Program³

Employees can design a fitness program to fit their family's budget and preferences. Flexible options include a choice of four tiers of gyms, studio classes and bundled discounts for dependents.



Blue PointsSM

Members can earn points for completing healthy activities like taking a Health Assessment, enrolling in a self-management program, joining the Fitness Program or using a fitness tracker.⁴ They can then redeem those points for merchandise.⁵



24/7 Nurseline

Nurses guide members to the appropriate level of care for their health issue, answer general health questions and direct members to an audio library of 1,000+ health topics. They can also access benefits information to direct members to other programs that may be helpful.



Comprehensive Reporting

Gain a deeper understanding of your population's behaviors through participation and outcome insights from multiple programs and channels. Hard-dollar savings and avoided costs are included to substantiate the value of the programs for your unique employee population.

To find out whether this solution can help your organization meet its goals for health benefits and cost management, contact your Blue Cross and Blue Shield of Texas Account Representative.

1. Communications and information from the program are not meant to replace the advice of health care professionals. Members should talk to their doctors about their health care needs. Decisions regarding course and place of treatment remain with members and their health care providers.
2. Applies to groups with BCBSTX carve-in pharmacy benefits.
3. The Fitness Program is provided by Tivity Health™, an independent contractor which administers the Prime Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers. Enrollment fees and monthly fees apply. Member costs depend on options selected.
4. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.
5. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.



Manage Your Employees' Wellness with the ondemand Employer Wellness Portal

For employee wellness programs to make a difference, employees must be engaged. The ondemand Employer Wellness Portal offers communication and training solutions to help you get the most out of the Well onTarget program.

An employee wellness program can be a rewarding experience with positive results for you and your employees. Rising health care costs make it more important than ever to help employees stay well. Employee wellness has been proven, time and again, to have a real impact on performance and the bottom line — by improving productivity, decreasing absenteeism and reducing direct health care costs.

The ondemand Employer Wellness Portal delivers an interactive web experience for employers, with access to a rich repository of communication materials.

Materials include:

- Engagement Toolkit
- Training guides
- A comprehensive suite of activity reports

These ondemand categories offer detailed information so you can develop a customized, turnkey engagement solution that fits your company's culture.



EMPLOYEE ENGAGEMENT MADE EASY

Employees engaged in wellness programming are motivated to make healthy choices. However, motivating people to change behavior is no easy feat.

We have created an engagement toolkit for you. This toolkit, available on the ondemand portal, is your go-to repository for a variety of motivational programs and materials. Click the [Engagement Toolkit](#) to access several categories of content – new content is added monthly. Categories include Engagement and Communication, Health Breaks, Know Your Numbers and more. Pick and choose from among options such as a wellness library, leader boards, healthy vending machine choices and a Wellness Champion Program. This toolkit even includes informational pieces to help your organization launch activities such as on-site challenges, company sports teams and health and wellness fairs.

WELLNESS EDUCATION CAN HELP MOTIVATE

We know that offering a menu of wellness programs and tools to employees does not necessarily guarantee they will use them. They need to understand why and how to use what you offer. The tools we provide in the portal offer a range of relevant materials to help you train your employees on using the health programs available to them and the benefits they will reap.

HOW WELL DO YOU KNOW YOUR WELLNESS IMPACT?

Proof of progress can be different for different audiences. Employees may look at pounds dropped or habits changed. Employers or managers may look at performance, absenteeism and health care costs. In order to satisfy multiple perspectives on how your program is working, we provide client reporting. Regularly updated activity reports allow benefit managers to monitor and track participation in specific programs and overall engagement strategy. Our reporting tool offers statistics in easy-to-understand graphs, dials and charts that display weekly and cumulative trends.

If you have any questions about our ondemand portal or the Well onTarget program, please contact your Account Representative.



Our ondemand Employer Wellness Portal, available on Blue Access for EmployersSM, offers you all the necessary information and tools to manage and improve your employees' wellness experience.

Worksite Wellness events and screenings are conducted by Health Solutions Services, Inc., a third-party vendor and wholly owned subsidiary of Interactive Health Solutions (dba, Interactive Health).

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Health Reimbursement Arrangement



FFGA | www.ffga.com | 1.866.853.3539

A Health Reimbursement Arrangement (HRA) is established by your employer and is designed to help you pay for certain out-of-pocket deductible and coinsurance expenses. In order to qualify for an HRA, you must participate in Compass Rose Public Schools' medical plan.

Your employer will contribute to the HRA on your behalf and those contributions are excluded from your taxable income. Withdrawals made from this account are tax free. Eligible expenses incurred for you, your spouse and dependents qualify for reimbursement.

HIGHLIGHTS

- Eligible expenses are reimbursed by submitting a receipt and claims form. You will be reimbursed upon approval of the claim.
- Covers both in-network and out-of-network deductibles.
- Money will not roll over into the next plan year.
- Online Secure portal and FF Mobile Account App available to view balances, file claims & check claim status
- Debit cards available to pay for your expenses at time of service. Substantiation will be required when using debit card.

HEALTH REIMBURSEMENT ARRANGEMENT	
	HRA PAYS
EMPLOYEE ONLY	\$1,000
EMPLOYEE + SPOUSE	\$2,000
EMPLOYEE + CHILD(REN)	\$2,000
EMPLOYEE + FAMILY	\$2,000

**See brochure for more details.*

CONTACT INFORMATION

Compass Rose Public Schools Benefits Office

522 Billy Mitchell Blvd, San Antonio TX 78226

210.895.3274

www.compassrosepublicschools.org

FIRST FINANCIAL GROUP OF AMERICA

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CONTACTS			
BENEFIT	CARRIER	WEBSITE	PHONE
Medical	Cigna	www.mycigna.com	800.997.1654
Telehealth	MDLIVE	www.mdlive.com	888.680.8646
Dental	Cigna	www.mycigna.com	800.997.1654
Vision	EyeMed	www.eyemed.com	866.939.3633
Term Life Insurance	Minnesota Life	www.bcbstx.com	800.521.2227
Disability Insurance	BCBS of Texas	www.bcbstx.com	800.521.2227
Critical Illness Insurance	BCBS of Texas	www.bcbstx.com	800.521.2227
Accident Insurance	BCBS of Texas	www.bcbstx.com	800.521.2227
Wellbeing Management	BCBS of Texas	www.bcbstx.com	800.521.2227
Well on Target	BCBS of Texas	www.wellontarget.com	877.806.9380
Health Reimbursement Arrangement	FFGA	www.ffga.com	866.853.3539

EMPLOYEE BENEFITS CENTER—<https://benefits.ffga.com/compassrosepublicschools>

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <https://benefits.ffga.com/compassrosepublicschools> today!

Notes

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