



**FLOUR BLUFF** ISD



**2020**

**EMPLOYEE BENEFIT HIGHLIGHTS**

*Flour Bluff Independent School District*



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[www.flourbluffschoools.net](http://www.flourbluffschoools.net)



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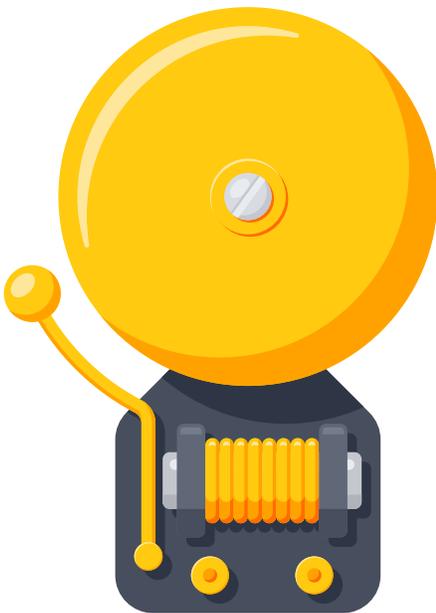
# INTRODUCTION

Flour Bluff ISD will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment this year. PEC's Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

Each year, we strive to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of our benefit plan for January 1 to December 31, 2020. Please read this guidebook carefully as you prepare to make your elections for the upcoming 2020 Plan Year.

## About this Benefits Guidebook

This Benefits Guidebook describes the highlights of Flour Bluff ISD's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any and all elements of Flour Bluff ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules or otherwise as decided by Flour Bluff ISD.



**To enroll in your benefits or for questions contact one of our Benefits Counselors at the Benefits Service Center to learn more about your benefits and complete your enrollment process.**

**Before you speak with a Benefit Counselor, please have the following information ready:** dependents' names, birth dates, social security numbers, addresses, and phone numbers.

**Benefits Service Center  
(855) 731-4460**

**Monday - Friday: 8am – 7pm CST  
Saturday: 9am – 3pm CST**

# ELIGIBILITY

## ELIGIBILITY

Full-time employees who work a minimum of 20 hours per week and are at least age 18 are eligible to participate in the benefits program, with an effective date of the first of the month following date of hire.

Once your enrollment is completed, you may not make any changes to your elections unless you have a Qualifying Life Event or your hours worked per week drop below the minimum.

## QUALIFYING LIFE EVENTS

If you experience a Qualifying Life Event (QLE), such as getting married or having a baby, please contact HR; proof of the QLE must be submitted to your HR department within 30 days to change current benefit election.

### Examples of QLEs include:

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age or change in student status);
- A change in associate's, spouse's, or dependents' work hours;
- A termination or commencement of employment of associate's spouse or eligible dependent with coverage;
- An entitlement to Medicare or Medicaid;
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.



# MEDICAL

Managed by  
**Aetna**

The medical program, administered by Aetna, provides the framework for your health and well-being. To better meet the varying needs of our employees, Flour Bluff ISD offers the medical plans described below.

	1500 Broad Plan		3000 Broad Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (Calendar Year)	\$1,500 per individual \$3,000 per family	\$4,500 per individual \$9,000 per family	\$3,000 per individual \$6,000 per family	\$9,000 per individual \$18,000 per family
<b>Maximum</b> (Out-of-Pocket)	\$3,000 per member \$6,000 per family	\$9,000 per individual \$18,000 per family	\$4,000 per individual \$8,000 per family	\$12,000 per individual \$24,000 per family
<b>Physician Office Visit</b>	\$20 copay (deductible waived)	30% after deductible	\$25 per visit (deductible waived)	30% after deductible
<b>Specialist Office Visit</b>	\$35 copay (deductible waived)	30% after deductible	\$40 per visit (deductible waived)	30% after deductible
<b>Preventive Care</b>	No charge (deductible waived)	30% after deductible	No charge (deductible waived)	30% after deductible
<b>Diagnostic X-ray/ Laboratory</b>	100% after deductible	30% after deductible	100% after deductible	30% after deductible
<b>Inpatient Hospital Care</b>	No charge after deductible	30% after deductible	No charge after deductible	30% after deductible
<b>Outpatient Surgery</b>	No charge after deductible	30% after deductible	No charge after deductible	30% after deductible
<b>Urgent Care</b>	\$75 copay (deductible waived)	30% after deductible	\$75 copay (deductible waived)	30% after deductible
<b>Emergency Room</b>	\$250 copay (deductible waived)		250 copay (deductible waived)	
<b>Prescription Drugs</b> (Retail/Home delivery)				
Generic	\$10/\$25	N/A	\$10/\$25	N/A
Preferred Brands	\$25/\$62.50		\$25/\$62.50	
Non-preferred Brands <sup>1</sup>	\$50 <sup>2</sup> /\$125		\$50 <sup>2</sup> /\$125	

1. No generic and generics available

2. Penalties may be applied when filling brand medications when a generic equivalent is available.

	Bi-Weekly & Monthly Period Deductions			
	1500 Broad Plan		3000 Broad Plan	
	Bi-Weekly (24)	Monthly	Bi-Weekly (24)	Monthly
<b>Employee Only</b>	\$249.68	\$499.35	\$135.31	\$270.61
<b>Employee + Spouse</b>	\$714.31	\$1,428.62	\$485.62	\$971.23
<b>Employee + Child(ren)</b>	\$598.17	\$1,196.33	\$398.04	\$796.07
<b>Employee + Family</b>	\$1,062.83	\$2,125.65	\$748.37	\$1,496.74

### Manage your prescriptions online and on the go

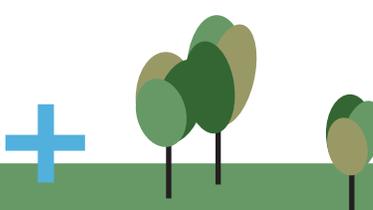
- Refill home delivery prescriptions
- Find potential lower-cost options
- Check order status
- Find the nearest in-network pharmacy



**Express-Scripts.com**  
*Sign in today!*



**The Express Scripts Mobile App.**  
*Download it for FREE today from your app store!*



# MEDICAL PLAN COMPARISON

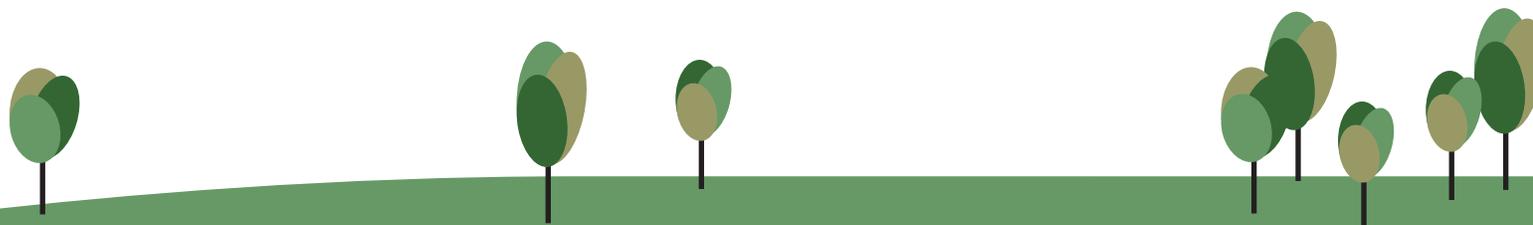
	3000 Narrow Plan		4000 HDHP Plan*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (Calendar Year)	\$3,000 per individual \$6,000 per family	\$9,000 per individual \$18,000 per family	\$4,000 per individual \$8,000 per family	\$12,000 per individual \$24,000 per family
<b>Maximum</b> (Out-of-Pocket)	\$4,000 per member \$8,000 per family	\$12,000 per individual \$24,000 per family	\$4,000 per individual \$8,000 per family	\$12,000 per individual \$24,000 per family
<b>Physician Office Visit</b>	\$25 copay (deductible waived)	30% after deductible	100% (of the negotiated charge) per visit	100% (of the recognized charge) per visit
<b>Specialist Office Visit</b>	\$40 copay (deductible waived)	30% after deductible	100% (of the negotiated charge) per visit	100% (of the recognized charge) per visit
<b>Preventive Care</b>	No charge (deductible waived)	30% after deductible	No charge (deductible waived)	100% (of the recognized charge) per visit
<b>Diagnostic X-ray/ Laboratory</b>	100% after deductible	30% after deductible	100% (of the negotiated charge) per visit	100% (of the recognized charge) per visit
<b>Inpatient Hospital Care</b>	No charge after deductible	30% after deductible	100% (of the negotiated charge) per visit	100% (of the recognized charge) per visit
<b>Outpatient Surgery</b>	No charge after deductible	30% after deductible	100% (of the negotiated charge) per visit	100% (of the recognized charge) per visit
<b>Urgent Care</b>	\$75 copay (deductible waived)	30% after deductible	100% (of the negotiated charge) per visit	100% (of the recognized charge) per visit
<b>Emergency Room</b>	\$250 copay (deductible waived)		100% (of the negotiated charge) per visit	
<b>Prescription Drugs</b> (Retail/Home delivery)			100% (of the recognized charge) prescription or refill	
Generic	\$10/\$25	N/A		
Preferred Brands	\$25/\$62.50			
Non-preferred Brands <sup>1</sup>	\$50 <sup>2</sup> /\$125			

\*Flour Bluff ISD contributes \$100 per month to employees HSA

1. No generic and generics available

2. Penalties may be applied when filling brand medications when a generic equivalent is available.

	Bi-Weekly & Monthly Period Deductions			
	3000 Narrow Plan		4000 HDHP Plan	
	Bi-Weekly (24)	Monthly	Bi-Weekly (24)	Monthly
<b>Employee Only</b>	\$44.02	\$88.04	\$20.65	\$41.30
<b>Employee + Spouse</b>	\$303.05	\$606.10	\$256.31	\$512.61
<b>Employee + Child(ren)</b>	\$238.29	\$476.58	\$197.39	\$394.77
<b>Employee + Family</b>	\$497.34	\$994.67	\$433.06	\$866.12



# HEALTH SAVINGS ACCOUNT

Employees must be enrolled in the 4000 HDHP Medical Plan to participate.

## Using Your Health Savings Account:

- You can use the money in the account to pay for any “qualified medical expense” permitted under federal tax law. This includes most medical care including services for dental and vision care.
- You can use the money in your account to pay for medical expenses for yourself, your spouse or your dependent children. You can pay for expenses for your spouse and dependent children even if they are not covered by your High Deductible Health Plan (HDHP).
- Any amount used for purposes other than to pay for “qualified medical expenses” are taxable as income and subject to an additional 20% tax penalty.
- After you turn age 65, the 20% additional tax penalty no longer applies. If you become disabled and/or enroll in Medicare, the account can be used for other purposes without paying the additional 20% penalty.

2020 Health Savings Account Contributions				
	Employee	Employee + Spouse	Employee + Children Employee + Family	“Catch-up” Contributions for individuals age 55 and older
<b>IRS Maximum Allowable Contribution</b>	\$3,550 / year	\$7,100 / year	\$7,100 / year	\$1,000.00 / year

**Note:** Employer contributes \$100 per month if employee is enrolled in the 4000 HDHP Medical Plan (limitation includes the employers contribution).

## Using Your Health Savings Account

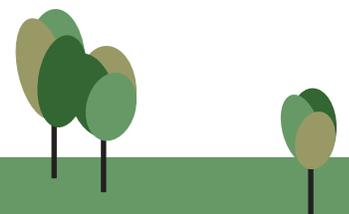
A health savings account (also known as an HSA) is a tax-advantaged bank account you can open when you are enrolled in a qualified HDHP. The HSA provides a way to save for current and future health care expenses - with tax advantages along the way. HSAs are commonly referred to as a triple tax advantaged account, meaning:

- Your individual contributions to an HSA can be tax-free, up to an annual maximum set by the IRS
- Earnings on contribution (through interest and investments) can be tax-free
- You can use the money in your HSA, tax-free, for eligible health care expenses.

## You Own Your HSA

Your HSA is owned by you and goes with you if you become unemployed, change jobs or retire. You can:

- Leave the money in your current account
- Transfer the money to another HSA
- However, if you make an early withdrawal - or use your HSA for non-eligible expenses - the money may be subject to penalty or taxes.



# FLEXIBLE SPENDING ACCOUNT

## Why should I participate in the Flexible Benefits Plan?

There are some great advantages to using a Flexible Benefits Plan!

- Reduced taxes - the money contributed to an FSA is not subject to taxes (federal income and FICA taxes and most state and local income taxes)
- Increase your take-home pay – less taxes, more money in your pocket
- The Benny Card – pay for expenses at point of purchase

A Flexible Benefits Plan applies to out-of-pocket expenses you cover with your spendable income, but allows you to pay for these expenses with income before you are taxed.

Another advantage to participating in the Plan is the opportunity it offers to budget for health care expenses by withholding a small amount from each paycheck. With proper planning, you won't be faced with having to come up with large amounts of money at one time. This is especially advantageous if you are scheduling a surgery, anticipating maternity expenses or if you do not have other coverage for dental and vision expenses. Even those with coverage for medical, dental and vision usually have deductibles, co-pays and other out-of-pocket expenses to cover.

## What is a Dependent Care FSA?

You can use pre-tax dollars to cover eligible work-related dependent care expenses for qualified dependents, or if you are married, while you and your spouse work or your spouse attends school full-time.

**Note:** Employees cannot have an FSA if participating in an HSA at the same time.

	FSA
<b>Owner</b>	Employer-owned
<b>Eligibility</b>	<b>Anyone is eligible, although you can't be enrolled in both an HSA and a Medical FSA</b>
<b>Carryover</b>	Depending on your employer's plan, you may be eligible to carry over up to \$500 per year. Beyond that, any unused funds are forfeit at the end of the plan year
<b>Portability</b>	FSAs are employer-owned accounts, so the funds are forfeit if you change jobs
<b>Investment Options</b>	You cannot invest FSA funds
<b>Maximum Contributions (2019)</b>	FSA Maximum Contribution: \$2,700 DCFSA Maximum Contribution (single): \$5,000 DCFSA Maximum Contribution (joint): \$5,000 DCFSA Maximum Contribution (married filing separate): \$2,500
<b>Substantiation</b>	The IRS requires substantiation for some FSA expenses to show the eligibility of the expense
<b>Availability of Funds</b>	All funds for the plan year are available on the first day



# DENTAL

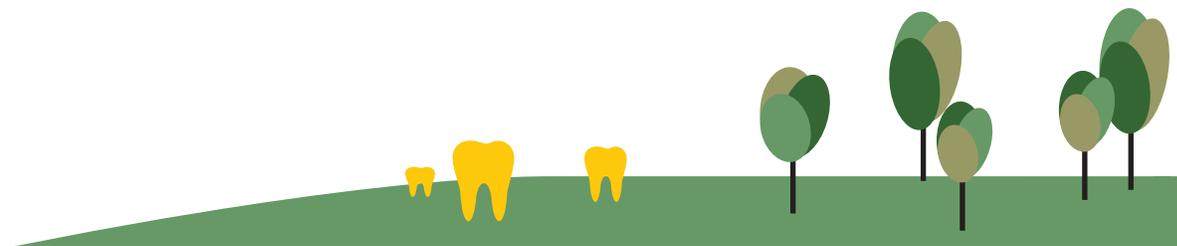
Managed by  
**Aetna**

Aetna gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in the Aetna Network. The following are summaries of the major plan provisions.

	Preventative Plus Base Plan		Traditional Plus Plan	
	In-Network		In-Network	
<b>Annual Deductible</b>	\$50 per individual \$150 per family		\$50 per individual \$150 per family	
<b>Annual Maximum</b>	\$1,000		\$1,000	
<b>Preventive Services</b> oral exams, cleanings, x-rays, fluoride, sealants, space maintainers	100%		100%	
<b>Basic Services</b> amalgam/composite fillings, stainless steel crowns, uncomplicated extractions, removal surgery	50%		80%	
<b>Major Services</b> inlays, onlays, crowns, dentures, scaling/root planing, root canals, extractions	Not Covered		50%	
<b>Orthodontic Services</b> (Covered only for children)	Not Covered		50%	
<b>Orthodontic Lifetime Maximum</b>	Not Covered		\$1,000	

	Bi-Weekly & Monthly Period Deductions			
	Preventative Plus Base Plan		Traditional Plus Plan	
	Bi-Weekly (24)	Monthly	Bi-Weekly (24)	Monthly
<b>Employee Only</b>	\$8.98	\$17.96	\$16.63	\$33.25
<b>Employee + Spouse</b>	\$19.63	\$39.26	\$37.36	\$74.71
<b>Employee + Child(ren)</b>	\$22.12	\$44.24	\$36.11	\$72.21
<b>Family</b>	\$34.47	\$68.93	\$57.40	\$114.79

**Note:** Copays and coinsurance percentages shown in the above plan descriptions represent the percentages that the member is responsible for paying.



# VISION

Managed by  
**Davis Vision**

Your vision health is an important part of complete wellness. DavisVision is pleased to present to you vision benefits designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health. The following plans encourages yearly exams along with the frames and lenses you want.

	Plan 1		Plan 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Copays</b>				
Exam	\$10 copay	Up to \$40	\$0 copay	Up to \$40
Lenses	\$20 copay	See Lenses	\$5 copay	See Lenses
Frames	\$0 copay	See Frames	\$0 copay	See Frames
<b>Exams</b> (Once every 12 months)	\$10 copay	Up to \$40	\$0 copay	Up to \$40
<b>Lenses</b> (Once every 12 months)				
Single Vision	Covered	Up to \$40	Covered	Up to \$40
Bifocals	Covered	Up to \$60	Covered	Up to \$60
Trifocals	Covered	Up to \$80	Covered	Up to \$80
Lenticular	Covered	Up to \$100	Covered	Up to \$100
<b>Frames</b> (Once every 12 months)	Up to \$120 plus a 20% discount on any coverage	Up to \$50	Up to \$150 plus a 20% discount on any coverage	Up to \$50
<b>Contacts<sup>1</sup></b> (Once every 12 months)				
Non-Elective	Covered	Up to \$225	Covered	Up to \$225
Elective	Up to \$145 + 15% off balance	Up to \$105	Up to \$200 + 15% off balance	Up to \$105

1. Contact lenses are in lieu of eyeglasses and frames

	Bi-Weekly & Monthly Period Deductions			
	Plan 1		Plan 2	
	Bi-Weekly (24)	Monthly	Bi-Weekly (24)	Monthly
<b>Employee Only</b>	\$2.95	\$5.89	\$3.99	\$7.98
<b>Employee + 1</b>	\$5.60	\$11.19	\$7.58	\$15.16
<b>Family</b>	\$8.60	\$17.20	\$11.65	\$23.30





# Say hello to the brand-new Davis Vision mobile app



## Download the Davis Vision mobile app.



### Find an eye care provider

Easily find an eye care provider based on your current location, city / ZIP code or search by name.



### Check your eligibility & benefits

Quickly check your current or future eligibility status. Need a little more detail? You can also review your benefit.



### Track your glasses

Order glasses from an independent provider? Conveniently check their progress in the app.



### Request an ID card

Need your member information? Find it and personalize it with your photo (optional).



### Review your claims & status

Check out your current claims and history. Plus, upload a photo of your receipt to easily submit an out-of-network claim.



### Other tools & resources

Be sight-savvy with these calculators, a frame try-on tool, a vision reference library and more.

SEE WHAT'S NEXT.

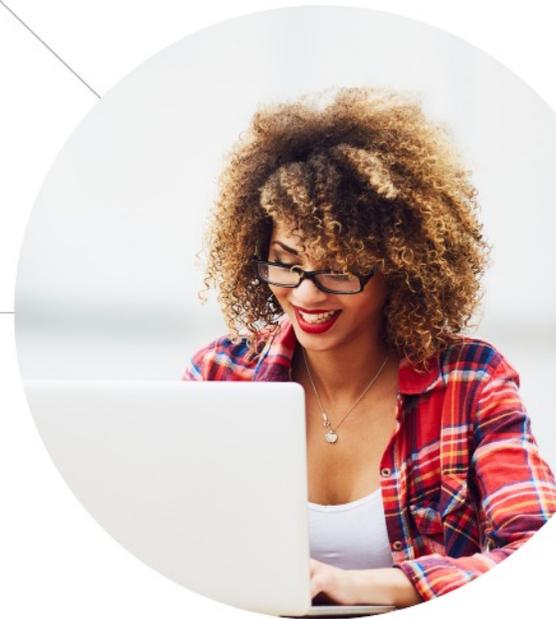
For more information, visit [www.davisvision.com/app](http://www.davisvision.com/app)

Follow us online



# Buy eyewear online with your benefits

You can use your vision benefits to buy eyewear at **visionworks.com**. Look up your benefits and see the savings on frames and contact lenses as you shop.



## Here's how to shop at visionworks.com

- 1 Click on the insurance link at the top of the page.
- 2 Select on "Member Lookup" and enter your info.
- 3 Verify the accuracy of the benefits that are displayed.
- 4 Choose "Start Shopping" to begin. You'll see the savings applied as you shop.

**MEMBER LOOKUP**

Visionworks now accepts select insurance plans online. Please enter your information so that we may locate your benefits.

*All fields required.*

**Member ID**

**Name**

**Date of Birth**

MM ▼ DD ▼ YYYY ▼

Looking up a member will turn on insurance pricing. Items listed under a different name will be removed from your cart.

**SUBMIT**

**Have your prescription handy!**

In order to have your order processed, you will need to submit information from your most up-to-date prescription.

# LIFE / AD&D

Managed by  
Hartford

## BASIC LIFE AND AD&D

Flour Bluff ISD provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance. This coverage is at no charge to you and is active for the duration of your employment.

**Coverage:** Flat amount of \$20,000

**Age Reduction:** Age 70 reduces to 50%

## VOLUNTARY LIFE AND AD&D

### Employee

**Coverage:** Increments of \$10,000 to a maximum of the lesser of 5 times salary or \$500,000

**Guaranteed Issue:** \$150,000

**Age Reduction:** Age 70 reduces to 50%

### Spouse

**Coverage:** Increments of \$5,000 to a maximum of \$250,000, not to exceed 50% of employee benefit

**Guaranteed Issue:** \$50,000

**Age Reduction:** Based on employee age

### Child

**Coverage:** \$10,000

**Guaranteed Issue:** \$10,000

**Limiting Age:** 26

**No Age Reduction**

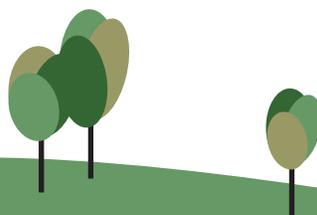
### Employee & Spouse Coverage: Bi-Weekly & Monthly Period Deductions<sup>1</sup>

Age	\$1,000	
	Bi-Weekly	Monthly
<25	\$0.04	\$0.08
30-34	\$0.05	\$0.09
35-39	\$0.06	\$0.11
40-44	\$0.09	\$0.13
45-49	\$0.14	\$0.18
50-54	\$0.22	\$0.28
55-59	\$0.35	\$0.44
60-64	\$0.44	\$0.70
65-69	\$0.75	\$0.87
70-74	\$1.19	\$1.49
75+	\$1.82	\$3.64

### Child Coverage: Bi-Weekly & Monthly Period Deductions<sup>1</sup>

Amount	Bi-Weekly	Monthly
\$1,000	\$0.50	\$1.00

1. Voluntary Life and AD&D deductions bundled



# DISABILITY

Managed by  
**Hartford**

Hartford's Disability Insurance is designed to maximize flexibility and simplicity, can pay you a weekly benefit if you have a covered disability that keeps you from working. As long as you remain disabled, you can continue to receive benefits. You have a choice of coverage amounts and benefit durations.

**Note:** During open enrollment and for new hires, coverage is guaranteed issue. Enrollments taken outside of the open enrollment period will be subject to evidence of insurability.

*Please speak with a Benefits Counselor for personalized rates.*

**Benefit Amount:** A minimum monthly benefit of \$200 up to a maximum monthly benefit of \$7,500, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

**Elimination Period:** 7/7, 14/14, 30/30, 60/60, 90/90, 180/180

**Benefit Duration:** Accident/Sickness: ADEA I with Social Security Normal Retirement Age

**Pre-Existing Conditions:** 6-month look-back / 12-continuously insured

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.



# ACCIDENT

Managed by  
**Chubb**

Chubb Accident (24-Hours) insurance provides coverage if you are accidentally injured and need treatment, whether you go to a physician's office, urgent care center or the emergency room. There are no restrictions on how the money can be used.

**First Accident:** Pays you \$100 soon after you report your first claim for coverage benefits.

**Sports Package:** Your benefits increase 25%, up to \$1,000 per person per year, for injuries resulting from participating in organized sports.

Accident	
<b>Injuries</b>	
Fractures	Up to \$7,000 open reduction / \$3,500 closed reduction
Dislocations	Up to \$4,800 open reduction / \$2,400 closed reduction
Second- and Third-Degree Burns	\$1,000 - \$10,000
Skin Graft	25% of the burn benefit
Coma	\$12,500
Lacerations	\$30 - \$500
Eye Injuries	\$300
Herniated Disc/Knew Cartilage (Torn)	\$750
<b>Initial Care</b>	
Ambulance	\$200 ground / \$2,000 air
Emergency Room	\$125
Initial Doctor's Office Visit	\$50
Urgent Care	\$100
Emergency Dental	\$400 / \$100 extraction
<b>Hospital and Rehabilitation</b>	
Admission	\$1,250 hospital / \$2,500 ICU
Confinement	\$250 hospital (per day, up to 365 days) / \$500 ICU (per day, up to 30 days)
Rehabilitation Confinement	\$150 (per day, up to 30 days)
Recovery	\$100 (per day, up to 7 days)
<b>Follow-up Care &amp; Treatment</b>	
Appliances	\$100
Blood, Plasma, Platelets	\$300
Concussion	\$100
Physical Therapy	\$50 (per visit, up to 10 visits)
Prosthetics	\$1,500
Tendon, Ligament, or Rotator Cuff Surgery	\$750
<b>Accidental Death</b>	\$20,000 employee and spouse / \$4,000 child
<b>Catastrophic Accident</b>	\$25,000 employee and spouse (age >70) 50% (on or after age 70) / \$12,500 child
<b>Dismemberment &amp; Loss</b>	Up to \$2,000 / \$20,000

## Bi-Weekly & Monthly Period Deductions

	Bi-Weekly (24)	Monthly
<b>Employee Only</b>	\$5.22	\$10.43
<b>Employee + Spouse</b>	\$9.54	\$19.07
<b>Employee + Child(ren)</b>	\$10.37	\$20.74
<b>Family</b>	\$14.69	\$29.38



# PERMANENT LIFE

Managed by  
**Chubb**

Permanent Life with Long Term Care (LTC) helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

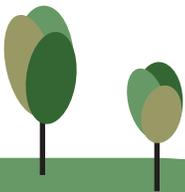
**Employees Guarantee Issue:** \$75,000

**Long Term Care (LTC):** Death benefit accelerates 4% per month up to 25 months when receiving assisted living, home healthcare, adult day care, or skilled nursing home care. Payments proportionately reduce the death benefit.

**Restoration of Your Death Benefit:** This rider restores your life coverage to not less than 50% of the death benefit on which your LTC benefits were based, not to exceed \$50,000. This rider assures there will be a death benefit available for your beneficiary until you reach age 121.

	How can coverage be used		
	Death Benefit	Long Term Care	Total Benefits
<b>1. Life Insurance</b>	\$100,000	-	
<b>2. LTC</b>	-	\$100,000	\$100,000
<b>3. Split your Death Benefit for LTC &amp; Life insurance</b>	\$52,000	\$48,000	
<b>Restore your Death Benefit</b>	\$50,000	-	\$50,000
<b>Total Coverage</b>	Option 1, 2 or 3 + Restoration of Death Benefit		\$150,000

*Please speak with a Benefits Counselor for personalized rates.*



# CANCER

Managed by  
**Allstate**

Receiving a cancer diagnosis can be one of life’s most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

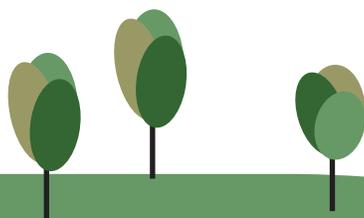
**Note:** Coverage is guaranteed issue during open enrollment for new hires.

## How It Works

You choose the coverage that’s right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Cancer Coverage	
Hospital Confinement and Related Benefits	\$200
Radiation/Chemotherapy/Related Benefits	Up to \$7,500
Surgery and Related Benefits	Up to 5,000
Miscellaneous Benefits	Up to \$5,000
Optional/Additional Benefits	Up to \$2,000
Wellness Benefit	\$50

	Bi-Weekly & Monthly Period Deductions	
	Bi-Weekly (24)	Monthly
Employee Only	\$10.06	\$20.12
Family	\$17.04	\$34.08



# CRITICAL ILLNESS

Managed by  
Allstate

Critical Illness Insurance protects you and your family in the event of a serious illness or other medical condition with portable coverage. Payments are made directly to the employee and can be applied to claims, household bills, or other expenses as needed. Provides a wellness benefit of \$25 per year.

**Note:** Employees may NOT enroll in both Critical Illness with Cancer rider(s) and Cancer Products.

**Employee Guaranteed Issue:**  
\$10,000 - \$20,000

**Spouse/Dependents Guaranteed Issue:**  
50% of the employee's Benefit

### 100% Benefit

- Invasive Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- End Stage Renal Failure
- Benign Brain Tumor
- Coma
- Complete Blindness
- Complete Loss of Hearing
- Paralysis

### 25% Benefit

- Coronary Artery Bypass Surgery
- Carcinoma in Situ
- Advanced Alzheimer's Disease
- Advanced Parkinson's Disease

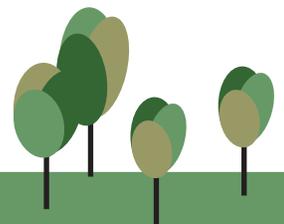


## \$10,000 of Coverage: Bi-Weekly (24) & Monthly Period Deductions

Age	Non-Tobacco				Tobacco			
	Employee, Employee + Child(ren)		Employee + Spouse, Family		Employee, Employee + Child(ren)		Employee + Spouse, Family	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly
<b>18-29</b>	\$2.35	\$4.69	\$3.67	\$7.33	\$3.59	\$7.17	\$5.53	\$11.05
<b>30-33</b>	\$4.35	\$8.70	\$6.68	\$13.35	\$6.92	\$13.84	\$10.53	\$21.06
<b>40-43</b>	\$8.21	\$16.42	\$12.46	\$24.92	\$14.73	\$29.46	\$22.24	\$44.48
<b>50-53</b>	\$14.71	\$29.42	\$22.22	\$44.44	\$25.01	\$50.02	\$37.67	\$75.33
<b>60-63</b>	\$24.04	\$48.07	\$36.21	\$72.41	\$41.36	\$82.72	\$62.20	\$124.39
<b>64+</b>	\$31.52	\$63.04	\$47.43	\$94.85	\$54.72	\$109.44	\$82.24	\$164.47

## \$20,000 of Coverage: Bi-Weekly (24) & Monthly Period Deductions

Age	Non-Tobacco				Tobacco			
	Employee, Employee + Child(ren)		Employee + Spouse, Family		Employee, Employee + Child(ren)		Employee + Spouse, Family	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly
<b>18-29</b>	\$4.72	\$9.43	\$7.39	\$14.77	\$7.21	\$14.41	\$11.12	\$22.23
<b>30-33</b>	\$8.74	\$17.47	\$13.41	\$26.82	\$13.87	\$27.73	\$21.11	\$42.22
<b>40-43</b>	\$16.46	\$32.92	\$25.00	\$49.99	\$29.48	\$58.96	\$44.54	\$89.07
<b>50-53</b>	\$29.47	\$58.93	\$44.50	\$89.00	\$50.04	\$100.08	\$75.38	\$150.75
<b>60-63</b>	\$48.10	\$96.20	\$92.46	\$144.92	\$82.75	\$165.50	\$124.44	\$248.87
<b>64+</b>	\$63.07	\$126.13	\$94.91	\$189.82	\$109.47	\$218.93	\$164.51	\$329.02



# HOSPITAL INDEMNITY

Managed by  
**Allstate**



Life is unpredictable. Without warning, an illness or injury can lead to hospital confinement, which often means costly out-of-pocket expenses. While more of the financial burden of health care has shifted to employees and their families in the form of High Deductible Health Plans (HDHP) and as medical costs continue to rise, affected employees are often unprepared for the mounting expense.

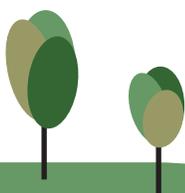
Such strain can result in families that struggle to meet their financial obligations, and may lead to absenteeism in the workplace. Group Hospital Indemnity coverage from Allstate Benefits can help employees and their families face these challenges, by helping to protect their finances and to empower them to seek proper treatment.

## Hospital Indemnity Schedule of Benefits

	Option 1	Option 2
<b>First Day Hospital Confinement Benefit</b>	\$500 per month	\$1,000 per month
<b>Daily Hospital Confinement Benefit</b>	\$100	\$100
<b>Hospital Intensive Care Benefit</b>	\$100 up to 10 days	\$100 up to 10 days

## Bi-Weekly & Monthly Period Deductions

	Option 1		Option 2	
	Bi-Weekly (24)	Monthly	Bi-Weekly (24)	Monthly
<b>Employee Only</b>	\$4.88	\$9.75	\$7.80	\$15.60
<b>Employee + Spouse</b>	\$12.16	\$24.31	\$19.24	\$38.48
<b>Employee + Child(ren)</b>	\$6.63	\$13.26	\$10.66	\$21.32
<b>Family</b>	\$12.74	\$25.48	\$20.22	\$40.43



## Protect today. Thrive tomorrow. **IDENTITY THEFT**

NEW  
Benefit



**Get complete identity protection  
with PrivacyArmor® so you can  
focus on what matters most.**

Your identity is made up of more than your Social Security number and your bank accounts. That's why PrivacyArmor does more than monitor your credit reports and scores. We safeguard your personal information, the data you share, and the relationships you treasure.

And now PrivacyArmor is better than ever. We've teamed up with Allstate to provide the next generation of protection. Our proprietary tools stay one step ahead — allowing us to catch fraud as it happens. In the event of wrongdoing, you have a dedicated Privacy Advocate® available 24/7 to fully manage your recovery and restore your identity.

- ✓ Identity monitoring and alerts
- ✓ Full-service remediation
- ✓ Identity theft reimbursement†
- ✓ iOS and Android app

**Sign up during  
open enrollment**

MyPrivacyArmor.com

**Questions?**

1.800.789.2720

**Plans and pricing**

PrivacyArmor

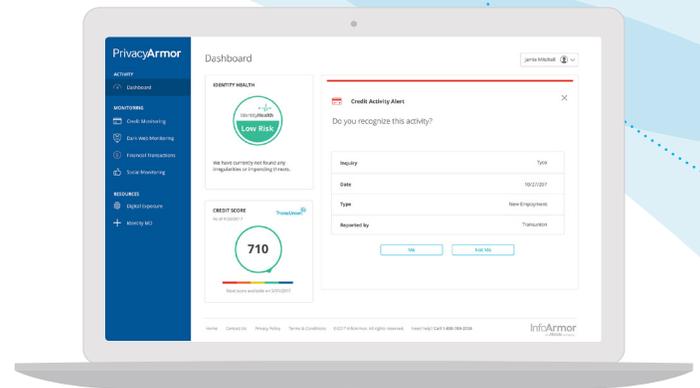
\$7.95 per person / month

\$13.95 per family / month

**InfoArmor**  
an Allstate company

# PrivacyArmor identity protection plan

-  Check your identity health score
-  View, manage, and clear alerts in real time
-  Monitor your TransUnion credit score and report for any changes or errors
-  Receive alerts for cash withdrawals, balance transfers, and large purchases from any linked bank account
-  Monitor linked social media accounts for questionable content
-  Reduce solicitation attempts by opting out of credit card offers, telemarketing calls, commercial mail and email, and unrequested coupons
-  Protect your account with biometric authentication security in iOS and Android
-  Get covered by our \$1 million identity theft insurance policy<sup>†</sup>



## Operative-sourced intelligence

By combining proprietary artificial intelligence with experienced human operatives, we find what others can't. We have insight not only into the dark web but also invitation-only hacker forums. This helps us stay a step ahead of hackers and reduce the risk of identity theft.



## How it works

- 1 Enroll in PrivacyArmor**  
You're protected from your effective date. Our auto-on credit monitoring alerts and account support require no additional setup.
- 2 Get to know us**  
Explore additional features in our easy-to-use portal. The more we monitor, the safer you can be.
- 3 We're on the job**  
Our human operatives see more — like when your personal information is sold on the dark web. If you've been compromised, we alert you.
- 4 We'll do the heavy lifting**  
In the event of identity theft or fraud, Privacy Advocates<sup>®</sup> are available 24/7. They won't stop until you're in the clear.
- 5 We've got your back**  
Our \$1 million identity theft insurance policy covers out-of-pocket costs associated with identity restoration.<sup>†</sup>

<sup>†</sup>Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policy described. Please refer to the actual policy for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

PrivacyArmor is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

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# CONTACTS

If you have any questions regarding your 2020 benefit elections, please contact Professional Enrollment Concepts' Benefits Services Center. You may also contact the providers at their given contact methods below.

## **Benefits Services Center (855) 731-4460**

**Monday – Friday:** 8:00am – 7:00pm CST

**Saturday:** 9:00am – 3:00pm CST

### **MEDICAL**

Aetna  
(800) 424-4047  
[www.aetna.com](http://www.aetna.com)

### **FSA / HSA**

Infinisource  
(800) 300-3838  
[www.infinisource.com](http://www.infinisource.com)

### **DENTAL**

Aetna  
(800) 451-7715  
[www.aetna.com](http://www.aetna.com)

### **VISION**

DavisVision  
(877) 923-2847,9146  
[www.davisvision.com](http://www.davisvision.com)

### **BASIC LIFE/AD&D VOLUNTARY LIFE/AD&D DISABILITY**

Hartford  
(860) 547-5000  
[www.theheartford.com](http://www.theheartford.com)

### **ACCIDENT PERMANENT LIFE**

Chubb  
(866) 324-8222  
[www.chubb.com](http://www.chubb.com)

### **CANCER CRITICAL ILLNESS HOSPITAL INDEMNITY**

Allstate  
(877) 810-2920  
[www.allstate.com](http://www.allstate.com)

### **IDENTITY THEFT**

InfoArmor  
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