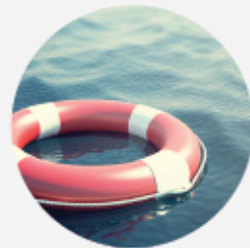




FLOUR BLUFF ISD

2020 BENEFITS

OPEN ENROLLMENT



It's time to enroll in your benefits!

Open Enrollment Process

Open Enrollment will run from
November 7th – November 15, 2019.

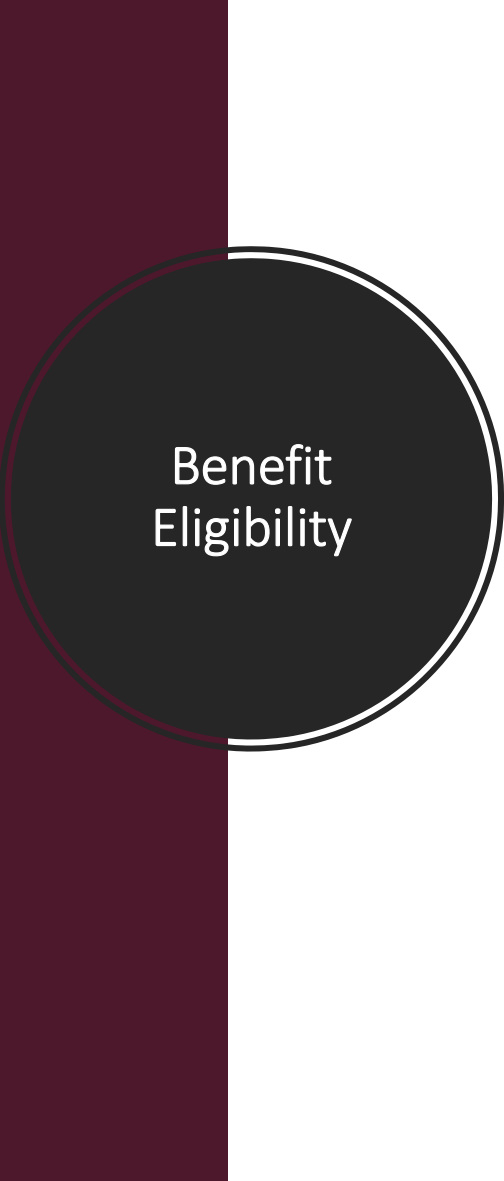
This year's Open Enrollment is a **MANDATORY** enrollment. Benefit Counselors will be on-site or you can call a benefit counselor and review your benefit options!

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

(855) 731-4460 to enroll or make changes to your benefits.

- Monday – Friday: 8:00AM – 7:00PM CST
- Saturday: 9:00AM – 3:00PM CST





Benefit Eligibility

Eligibility

- You are benefits eligible if you work Full-Time at least 20 hours per week
- Benefits start 1st of the month following your date of hire
- Eligible dependents include:
 - * Your legal spouse
 - * Your children up to age 26, Stepchildren or Adopted Children

Coverage

- 2020 elections remain in effective from January 1 through December 31
- This is the **ONLY** time during the year you can make changes to your benefits unless you have a Qualifying Life Event

Qualified Life Events Include:

- * Marriage , Divorce of legal separation, Birth of your child, Placement of a child for adoption or foster case, Change in employment status, Child Support order for medical coverage, Entitlement to Medicare or Medicaid

What's NEW in 2020?

- Medical – remains with AETNA with no plan changes
- Dental- remains with AETNA with no plan changes
- ☀ Vision- Davis Vision with 2 options : 120/145 and 150/200
- ☀ Health Savings- Infinisource
- ☀ Flexible Spending- Infinisource
- ☀ Employer Paid Life and Voluntary Life Insurance- Hartford
- ☀ Educator Disability – Hartford
- ☀ Permanent Life- CHUBB
- ☀ Cancer- Allstate
- ☀ Critical Illness- Allstate
- ☀ Hospital Indemnity- Allstate
- ☀ Accident- CHUBB
- ☀ InforArmor Identity Theft



New Benefit Offering



New Carrier



1500 Broad Plan

Employee Only	\$499.35 Monthly	\$249.68 Biweekly (24)
Employee + Spouse	\$1,428.62 Monthly	\$714.31 Biweekly (24)
Employee + Child(ren)	\$1,196.33 Monthly	\$598.17 Biweekly(24)
Employee + Family	\$2,125.65 Monthly	\$1,062.83 Biweekly(24)

3000 Broad Plan

Employee Only	\$270.61 Monthly	\$135.31 Biweekly (24)
Employee + Spouse	\$971.23 Monthly	\$485.62 Biweekly (24)
Employee + Child(ren)	\$796.07 Monthly	\$398.04 Biweekly(24)
Employee + Family	\$1,496.74 Monthly	\$748.37 Biweekly(24)



3000 Narrow Plan

Employee Only	\$88.04 Monthly	\$44.02 Biweekly (24)
Employee + Spouse	\$606.10 Monthly	\$303.05 Biweekly (24)
Employee + Child(ren)	\$476.58 Monthly	\$238.29 Biweekly(24)
Employee + Family	\$994.67 Monthly	\$497.34 Biweekly(24)

4000 HDHP Plan

Employee Only	\$41.30 Monthly	\$20.65 Biweekly (24)
Employee + Spouse	\$512.61 Monthly	\$256.31 Biweekly (24)
Employee + Child(ren)	\$394.77 Monthly	\$197.39 Biweekly(24)
Employee + Family	\$866.12 Monthly	\$433.06 Biweekly(24)



Health Savings Account

HSAs were created to help control healthcare costs. They provide a savings vehicle that allows you to set aside money to pay for higher deductibles associated with lower monthly premium High Deductible Health Plans (HDHP)

Individual Coverage	\$3,550
Family Coverage	\$7,100

Flour Bluff ISD will contribute \$100 / per month towards your health savings account

Flexible Spending Accounts

Medical FSA : Allows you to set aside pre-tax payroll deductions each paycheck to pay for out of pocket medical, dental and vision expenses for you and your family

Dependent Care FSA: Allows you to set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses

Medical FSA	\$2,700
Dependent Care FSA	\$5,000



Dental Preventative Plus

Employee Only	\$33.18 Monthly	\$16.59 Biweekly (24)
Employee + Spouse	\$74.55 Monthly	\$37.28 Biweekly (24)
Employee + Child(ren)	\$72.06 Monthly	\$36.03 Biweekly(24)
Employee + Family	\$114.55 Monthly	\$57.28 Biweekly(24)

	Passive PDN With PDNII Network
Annual Deductible*	
Individual	\$50
Family	\$150
Preventive Services	100%
Basic Services	50%
Major Services	Not Covered
Annual Benefit Maximum	\$1,000
Office Visit Copay	N/A
Orthodontic Services	Not Covered
Orthodontic Deductible	Not Covered
Orthodontic Lifetime Maximum	Not Covered
*The deductible applies to: Preventative, Basic & Major services	

Partial List of Services	Passive PDN With PDNII Network
Preventive	
Oral examinations (a)	100%
Cleanings (a) Adult/Child	100%
Fluoride (a)	100%
Sealants (permanent molars only) (a)	100%
Bitewing Images (a)	100%
Full mouth series Images (a)	100%
Space Maintainers	100%
Basic	
Amalgam (silver) fillings	50%
Composite fillings (anterior teeth only)	50%
Stainless steel crowns	50%
Surgical removal of impacted tooth (partial bony/ full bony)*	50%
Incision and drainage of abscess*	50%
Uncomplicated extractions	50%
Surgical removal of erupted tooth*	50%
Surgical removal of impacted tooth (soft tissue)*	50%
Major	
Inlays	Not Covered
Onlays	Not Covered
Crowns	Not Covered
Root canal therapy	Not Covered
Anterior teeth / Bicuspid teeth	Not Covered
Root canal therapy, molar teeth	Not Covered
Scaling and root planing (a)	Not Covered
Gingivectomy*	Not Covered
Full & partial dentures	Not Covered
Pontics	Not Covered
Root canal therapy, molar teeth	Not Covered
Osseous surgery (a)*	Not Covered
General anesthesia/intravenous sedation*	Not Covered
Denture repairs	Not Covered
Crown Build-Ups	Not Covered

*Certain services may be covered under the Medical Plan. Contact Member Services for more details.
 (a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.



Dental Traditional Plus Plan

Employee Only	\$18.31 Monthly	\$9.16 Biweekly (24)
Employee + Spouse	\$40.02 Monthly	\$20.01 Biweekly (24)
Employee + Child(ren)	\$45.10 Monthly	\$22.55 Biweekly(24)
Employee + Family	\$70.27 Monthly	\$35.14 Biweekly(24)

	Passive PDN With PDNII Network
Annual Deductible*	
Individual	\$50
Family	\$150
Preventive Services	100%
Basic Services	80%
Major Services	50%
Annual Benefit Maximum	\$1,000
Office Visit Copay	N/A
Orthodontic Services**	50%
Orthodontic Deductible	None
Orthodontic Lifetime Maximum	\$1,000

*The deductible applies to: Preventative, Basic & Major services

**Orthodontia is covered only for children (appliance must be placed prior to age 20).

Partial List of Services	Passive PDN With PDNII Network
Preventive	
Oral examinations (a)	100%
Cleanings (a) Adult/Child	100%
Fluoride (a)	100%
Sealants (permanent molars only) (a)	100%
Bitewing Images (a)	100%
Full mouth series Images (a)	100%
Space Maintainers	100%
Basic	
Amalgam (silver) fillings	80%
Composite fillings (anterior teeth only)	80%
Stainless steel crowns	80%
Incision and drainage of abscess*	80%
Uncomplicated extractions	80%
Surgical removal of erupted tooth*	80%
Surgical removal of impacted tooth (soft tissue)*	80%
Major	
Inlays	50%
Onlays	50%
Crowns	50%
Root canal therapy	50%
Anterior teeth / Bicuspid teeth	50%
Root canal therapy, molar teeth	50%
Scaling and root planing (a)	50%
Gingivectomy*	50%
Full & partial dentures	50%
Pontics	50%
Root canal therapy, molar teeth	50%
Osseous surgery (a)*	50%
Surgical removal of impacted tooth (partial bony/ full bony)*	50%
General anesthesia/intravenous sedation*	50%
Denture repairs	50%
Crown Build-Ups	50%

*Certain services may be covered under the Medical Plan. Contact Member Services for more details.
(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.



Vision
120/145 Plan



Exams & Services

Eye Exam copay:
\$10

Contacts evaluation, fitting & follow-up:

Collection lens	Non-Collection lens
\$0 copay	15% savings ¹



Frame

Allowance:

\$120

+Additional 20% off any coverage.¹

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	Covered in full	\$25



Lenses

Lens copay:
\$20



Contacts²
in lieu of glasses

Allowance:

\$145

+Additional 15% off any coverage.¹

or

The Exclusive Collection
of Contact Lenses:³

Covered in full

Employee Only	\$5.89 Monthly	\$2.95 Biweekly (24)
Employee + 1	\$11.19 Monthly	\$5.60 Biweekly (24)
Family	\$17.20 Monthly	\$8.60 Biweekly (24)



Vision
150/200 Plan



Exams & Services

Eye Exam copay:
\$0

Contacts evaluation, fitting & follow-up:
Collection lens Non-Collection lens
\$0 copay 15% savings¹



Frame

Allowance:

\$150

+Additional 20% off any overage.¹

or

The Exclusive Collection copay:
Fashion Designer Premier
Covered in full Covered in full \$25

Lenses

Lens copay:
\$5



Contacts²
in lieu of glasses

Allowance:

\$200

+Additional 15% off any overage.¹

or

The Exclusive Collection
of Contact Lenses:³
Covered in full

Employee Only	\$7.98 Monthly	\$3.99 Biweekly (24)
Employee + 1	\$15.16 Monthly	\$7.58 Biweekly (24)
Family	\$23.30 Monthly	\$11.65 Biweekly (24)



Group Term Life and AD&D

Flour Bluff ISD provides \$20,000 Group Term Life and AD&D through Hartford

Voluntary Term Life and AD&D

Employees will have the opportunity purchase additional Supplemental coverage.

Employee: You may elect your Supplemental coverage amount up to a guarantee issue amount of \$150,000 (not to exceed 5x your salary of \$500,000) Amounts exceeding the guaranteed issue amount will be subject to additional health questions

Spouse: Spouses may elect Supplemental coverage amount up to a guarantee issue amount of \$50,000 (not to exceed 50% of Employee benefit to a max of \$250,000)

Child: You may elect \$10,000 of Supplemental coverage for your child. AD&D is not included. Children under the age of 6 months will receive reduced benefit

- *Amounts elected that exceed the guarantee issue amount will be subject to additional health questions to be answered*

Life
Insurance



Coverage Information



Benefit Amount: A minimum monthly benefit of \$200 up to a maximum monthly benefit of \$7,500 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 SSNRA

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

COVERAGE LEVEL	BENEFIT	MAXIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)
Option 1	Increments of \$100	The greater of 66.67% or \$7,500	The greater of \$100 or 10% of the benefit	After 7 days disabled
Option 2	Increments of \$100	The greater of 66.67% or \$7,500	The greater of \$100 or 10% of the benefit	After 14 days disabled
Option 3	Increments of \$100	The greater of 66.67% or \$7,500	The greater of \$100 or 10% of the benefit	After 30 days disabled
Option 4	Increments of \$100	The greater of 66.67% or \$7,500	The greater of \$100 or 10% of the benefit	After 60 days disabled
Option 5	Increments of \$100	The greater of 66.67% or \$7,500	The greater of \$100 or 10% of the benefit	After 90 days disabled
Option 6	Increments of \$100	The greater of 66.67% or \$7,500	The greater of \$100 or 10% of the benefit	After 180 days disabled



Protect today. Thrive tomorrow

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

\$7.95 per person / Month \$3.98 Biweekly(24)
\$13.95 per family/ Month \$6.98 Biweekly(24)

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.





Allstate Critical Illness

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

Employee
Spouse/Dependent

Guarantee Issue \$10,000 or \$20,000
Guarantee 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

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



Allstate Cancer

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.

Coverage is guaranteed issue during open enrollment and for new hires

	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

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



Allstate Hospital Indemnity

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most

	Hospital Indemnity Schedule of Benefits	
	Option 1	Option 2
First Day Hospital Confinement Benefit	\$500 per month	\$1,000 per month
Daily Hospital Confinement Benefit	\$100	\$100
Hospital Intensive Care Benefit	\$100 up to 10 days	\$100 up to 10 days



CHUBB®

CHUBB Accident



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.

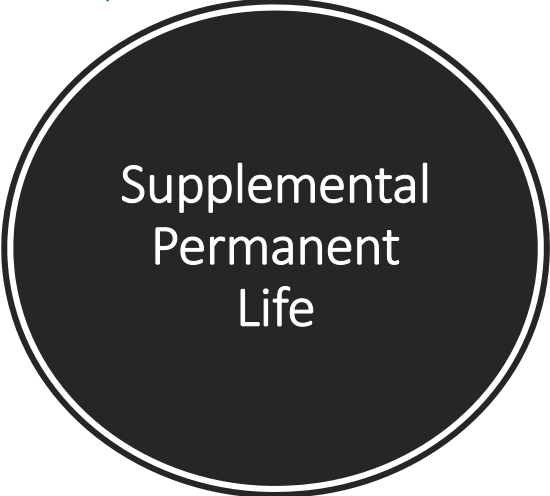
Accident	
Injuries	
Fractures	Up to \$7,000 open reduction / \$3,500 closed reduction
Dislocations	Up to \$4,800 open reduction / \$2,400 closed reduction
Second- and Third-Degree Burns	\$1,000 - \$10,000
Skin Graft	25% of the burn benefit
Coma	\$12,500
Lacerations	\$30 - \$500
Eye Injuries	\$300
Herniated Disc/Knew Cartilage (Torn)	\$750
Initial Care	
Ambulance	\$200 ground / \$2,000 air
Emergency Room	\$125
Initial Doctor's Office Visit	\$50
Urgent Care	\$100
Emergency Dental	\$400 / \$100 extraction
Hospital and Rehabilitation	
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)
Follow-up Care & Treatment	
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
Accidental Death	\$20,000 employee and spouse / \$4,000 child
Catastrophic Accident	\$25,000 employee and spouse (age >70) 50% (on or after age 70) / \$12,500 child
Dismemberment & Loss	Up to \$2,000 / \$20,000



New
Benefit

CHUBB®

CHUBB Permanent Life



Supplemental
Permanent
Life

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.

Please speak with a Benefits Counselor for personalized rates.