



# FLOUR BLUFF ISD

INSPIRE.FOSTER.EMPOWER.

2023

## Employee Benefit Guide

2024

# WELCOME

Flour Bluff ISD strives to offer comprehensive benefit plans to our employees. In this employee benefits guide you will learn more about the benefits offered for the 2023-2024 plan year. Throughout this guide you will find interactive QR Codes that will take you deeper into your employee benefits plan documents and give you quick access to needed claims forms. To access, scan with a camera on your personal device or cell phone, or by clicking, if viewing electronically.

This year's Open Enrollment will run from JULY 24th - AUGUST 4th, 2023. Your benefit elections and changes made during this period will become effective 9/1/2023-8/31/2024. Please review your open enrollment materials thoroughly before making your elections.

## Benefit Resources

Please visit the Flour Bluff ISD Benefits Resources Drive for the latest information including your summary of benefits and plan documents.

[CLICK OR SCAN  
FOR  
MORE INFORMATION](#)



## How to Enroll

### Enroll by Phone:

Contact the Flour Bluff Benefits Call Center at 855-480-7418. Benefit counselors are available Monday- Friday, 8am-5pm CST.

### Enroll Online:

Please visit the following link:

[Simply login at https://chubb.benselect.com/Enroll](https://chubb.benselect.com/Enroll)

Username: Your SSN

Password: The last 4 digits of your SSN and the last 2 digits of your birth year

Follow the prompts to complete the registration process. Please review the personal demographic data and update as needed. Then click next to advance through each screen.

Self Service  
Instructions



## When to Enroll

You can enroll for your employee benefit plans at any of the following times:

- As a new hire during your initial eligibility period. See page 3 for details
- Annual Enrollment period **July 24th - August 4th** with a annual September 1st effective date.
- Within 31 days of a qualified life event. Additional details can be found on page 3

This Benefit Overview is only intended to highlight the major benefit provisions and should not be viewed as being a complete representation of the plan details. Please refer to the plans Summary of Benefits and Coverage (SBC) for further details. Should this benefit overview differ from the SBC, the SBC will prevail.



# ELIGIBILITY

## Employee Eligibility

The Group insurance coverage described in this guidebook is available to all full-time employees who work a minimum of 20 or more hours per week. The coverage effective date will begin on the 1st day of the month following your date of hire. All benefit elections must be made within 30 days from your date of hire. The insurance plan year is from September 1st through August 31st of each year. Once your enrollment window has closed, you may not make any changes to your elections unless you experience a qualified life event.

## Dependent Eligibility

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents.

Eligible dependents include one or more of the following:

- Your legal spouse
- A child through age of 26
- A child is defined as your natural child, legally adopted child, stepchild, and any child for whom you are the court-appointed guardian
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance

## Qualifying life events

If you experience a Qualifying Life Event (QLE), such as getting married or having a baby, please contact the Benefits Department; proof of the QLE must be submitted within 31 days to change current benefit elections.

## Qualifying Life Events 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 employee's, spouse's, or eligible dependents' work hours
- A termination or commencement of employment of employee's spouse or eligible dependents 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



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# KEY TERMS

## Deductible

The amount you pay for covered health care services before your insurance plan starts to pay. For example, with a \$3,500 deductible you pay the first \$3,500 of covered services yourself. After you pay your deductible you usually pay only a co-payment or coinsurance for covered services, your insurance company pays the rest.

## Out-of-pocket maximum/limit

The maximum dollar amount you have to pay for covered services in a plan year. After you spend this amount on deductibles, co-payments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

The out-of-pocket limit doesn't include:

Your monthly premiums

Anything you spend for services your plan doesn't cover

Out-of-network care and services

Costs above the allowed amount for a service that a provider may charge

## Copays

Copays are the set dollar amount paid for a specific service, doctor's office visit or medication and are typically collected at the time of service.

## Coinsurance

The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

For example, let's say the following amounts apply to your plan and you need a lot of treatment for a serious condition. Allowable costs are \$12,000:

Deductible: \$3,000

Coinsurance: 20%

Out-of-pocket maximum: \$6,850

You will pay all of the first \$3,000 (your deductible).

You will pay 20% of the remaining \$9,000, or \$1,800 (your coinsurance).

So your total out-of-pocket costs would be \$4,800 — your \$3,000 deductible plus your \$1,800 coinsurance.

If your total out-of-pocket costs reach \$6,850, you'd pay only that amount, including your deductible and coinsurance. The insurance company would pay for all covered services for the rest of your plan year.

## Know Where to Go

### VIR T U A L V I S I T S

Access tele-health service to treat common medical conditions from anywhere.

- Colds and Flu
- Allergies
- Sore throats
- Stomach aches
- UTI's

### DOCTOR'S OFFICE

The best option for preventive care, ongoing maintenance medications or if you are needing a referral for a specialist

- Immunizations
- Injury
- Preventative care
- General health issues

### U R G E N T C A R E

For non-life threatening illness after normal business hours. When your regular doctor is unavailable and you need care quickly.

- High Fever
- Injury
- Sudden illness
- Dehydration
- Cuts needing stitches

### EMERGENCY ROOM




Go to the emergency room for immediate treatment of serious injury or illness. If a situation feels life-threatening, call 911

- Chest pain or difficulty breathing
- Serious Injury
- Seizure
- Fever with rash
- Concussion/confusion

# MEDICAL

## AETNA

Flour Bluff ISD will continue to offer three(3) medical plans by Aetna. Aetna offers several convenient and affordable options when you need care now. Knowing the right place to go can save you time, money, and unpleasant financial surprises. The chart below provides a plan comparison overview illustrating the plan highlights. Click or scan the QR Codes for complete summary of benefits.

Plan Name	Select 1750 EPO	3000 Savings Choice	3750 HDHP / HSA
Network	Broad	Narrow	Broad
(PCP Required)	Yes	No	No
<b>Deductible</b>			
In-Network (Individual/Family)	\$1,750 Individual/\$3,500 Family	\$3,000 Individual/\$6,000 Family	\$3,750 Individual/\$7,500 Family
Out-of-Network (Individual/Family)	N/A	\$9,000 Individual/\$18,000 Family	\$12,000 Individual/\$24,000 Family
<b>Out-of-Pocket Maximum</b>			
In-Network (Individual/Family)	\$8,000 Individual/\$16,000 Family	\$4,000 Individual/\$8,000 Family	\$3,750 Individual/\$7,500 Family
Out-of-Network (Individual/Family)	N/A	\$12,000 Individual/\$24,000 Family	\$12,000 Individual/\$24,000 Family
<b>Coinsurance</b>			
In-Network	80%	100%	100% after Deductible
Out-of-Network	N/A	70% of the recognized charge	70% of the recognized charge
Office Visit (PCP/Spec)	\$25 Copay/\$50 Copay per Visit	\$25 Copay/\$50 Copay per Visit	100%/70% after Deductible
Diagnostic Lab	\$25 Copay/\$50 Copay per Visit	100%/70% after Deductible	100%/70% after Deductible
Preventive Services	100%	100%/70% of recognized charge	100%/70% of recognized charge
Telemedicine	\$0 Copay	\$0 Copay	\$50 Fee (accrues to Deductible & Out-of-Pocket)
Complex Imaging/Radiology	80% after Deductible	100%/70% after Deductible	100%/70% after Deductible
<b>Inpatient Services</b>			
In-Network	80% after Deductible	100% after Deductible	100% after Deductible
Out-of-Network	N/A	70% of the recognized charge after Deductible	70% of the recognized charge after Deductible
<b>Outpatient Services</b>			
In-Network	80% after Deductible	100% after Deductible	100% after Deductible
Out-of-Network	N/A	70% of the recognized charge after Deductible	70% of the recognized charge after Deductible
Emergency Room Services	Deductible plus Coinsurance	\$500 Copay per Visit	100% after Deductible
Urgent Care Facility	\$50 Copay per Visit	\$75 Copay per Visit	100% after Deductible
<b>Pharmacy</b>			
Tier 1 - Generic	\$10 Copay	\$10 Copay	100% after Deductible (Certain Preventative @100%)
Tier 2 - Preferred Brand	\$25 Copay	\$25 Copay	100% after Deductible Certain Preventative @100%)
Tier 3 - Non-Preferred Brand	\$50 Copay	\$50 Copay	100% after Deductible (Certain Preventative @100%)
CLICK OR SCAN			

# MEDICAL

## DEDUCTIONS

### Select 1750 EPO

	Monthly	17 pay	Bi-weekly
Employee	\$207.39	\$146.39	\$103.70
Employee + Spouse	\$832.79	\$587.85	\$416.40
Employee + Child	\$676.43	\$477.48	\$338.22
Family	\$1,301.87	\$918.97	\$650.94

### 3000 Savings Choice

	Monthly	17 pay	Bi-weekly
Employee	\$204.56	\$144.39	\$102.28
Employee + Spouse	\$827.13	\$583.86	\$413.56
Employee + Child	\$671.48	\$473.99	\$335.74
Family	\$1,294.09	\$913.48	\$647.05

### 3750 HDHP / HSA

	Monthly	17 pay	Bi-weekly
Employee	\$80.24	\$56.64	\$40.12
Employee + Spouse	\$597.65	\$421.87	\$298.82
Employee + Child	\$470.68	\$332.25	\$235.34
Family	\$978.55	\$690.74	\$489.28

## 24 HOUR NURSE LINE

### Talk to a registered nurse anytime

With the 24-Hour Nurse Line, you can speak to a registered nurse about health issues — whenever you need to.\*

Plus —

- It's toll-free.
- You can call as many times as you need — at no extra cost.
- Your covered family members can use it, too.

\*While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

### You could save time, money and a trip to the doctor

The 24-Hour Nurse Line can provide helpful information and possibly prevent an unneeded trip to the doctor's office. That can be a money-saver.

Plus, you'll be able to make smarter health decisions. You'll have reliable information you can trust — and it's only a phone call or click away.



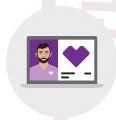
# The care and guidance you may need.

Keeping you and your family healthy is critical. And, as we continue to navigate the uncertainty around the COVID-19 pandemic, it's important to know there's a trusted place to get affordable care and support you may need, on your schedule.\*

CVS® HealthHUB™ is a neighborhood wellness destination with a professional care team, more health services and more wellness products, all in one place.

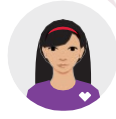


## CVS HealthHUB locations offer:



### Professional care team

Your professional care team includes nurse practitioners, physician assistants and pharmacists who work together to help you get the best care for your needs, whether you need treatment for a sudden illness like the flu or help managing a chronic condition like diabetes. They'll also share all the details of your visit with your doctor.



### Care concierge

Your care concierge will guide you every step of the way and help you connect to CVS HealthHUB services and products to support your total health.



### Extra assistance from the pharmacist

Your pharmacist can help you connect to the screenings, support tools and services you may need to get on the path to better health.



### Expanded health and wellness products

We've expanded our health and wellness products to include everything from self-care to durable medical equipment.

\*Services vary by location. See store for details. Pharmacy services provided by CVS Pharmacy, Inc. Clinical services provided by a MinuteClinic® nurse practitioner or physician assistant within a HealthHUB™ location.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

For a complete list of other participating pharmacies, log in to [Aetna.com](https://www.aetna.com) and use our provider search tool. For a complete list of other participating providers, log in to [Aetna.com](https://www.aetna.com) and use our provider search tool. Aetna®, CVS Pharmacy®, Inc., which owns HealthHUB™ locations, and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies.





# CVS Caremark Mail Service Pharmacy™

## Save time and skip the pharmacy line

### Your medicine in your mailbox

With CVS Caremark Mail Service Pharmacy, you can get your medicine sent to your home — or anywhere you choose.

This service is for medicine you take regularly for chronic conditions, such as arthritis and high cholesterol.

### You don't pay extra for this service

It's included with your pharmacy benefits and insurance plan. It's just a simple way to help you stay on track with your medicine. So you can be at your healthiest.

### Mail service perks

- **Fast reorders** with no trips to the pharmacy
- **Free standard shipping** to your home, job or wherever you choose
- **Privacy**, since your medicine arrives in unmarked, secure packaging

**Your safety comes first.** Registered pharmacists check each and every order. And if you have concerns or questions, you can call them anytime.

## How to get started



#### 1. Call us or go online.

Call us at **1-888-792-3862 (TTY: 711)**. Or go to **Aetna.com** to log in to your member website, or download the Aetna Health app.



#### 2. Request mail service.

By phone or online — you can also print out an order form and send it to us.



#### 3. Get refills your way.

It's easy to reorder online, by phone or by mail.

### Need help?

Call us toll-free, 24/7, at **1-888-792-3862 (TTY: 711)**.

### What will I pay?

Depending on your plan, you may pay less for medicine you get through home delivery than at a retail pharmacy. To know for sure, just check your plan details.

### Know the cost of your medicine ahead of time

How? Go to **Aetna.com** to log in to your member website and go to the "Pharmacy" section or use the Aetna Health app to search costs. Get cost estimates for generic or brand name drugs — and how to get the most value from your plan.

You can also do a lot more on your member website, like find a pharmacy near you. You'll also see detailed information on drugs, including any potential interactions or possible side effects.

**Quick. Without the hassle.**  
Get your regular medicines through CVS Caremark Mail Service Pharmacy.

**CVS Caremark Mail Service Pharmacy™ and Aetna are part of the CVS Health® family of companies.** Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Visit **Aetna.com** for more information about Aetna® plans.

**Policy forms issued in Oklahoma include:** HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

**Policy forms issued in Idaho by Aetna Life Insurance Company include:** GR-23, GR-29/GR-29N, GR-9/GR-9N, AL HGrpPol 03, AL SG HGrpPol 02.

**Policy forms issued in Idaho by Aetna Health of Utah Inc. include:** HI HGrpAg 03, HI SG HGrpAg 02.

**Policy forms issued in Missouri include:** AL HGrpPol 02R5, HI HGrpAG 01, HO HGrpPol 01.

### Focus on you

You'll always have the specialty medicine and supplies you need with CVS Specialty. We also offer personalized support every step of the way. And make it easy to manage your medicines. We handle them with special care and convenient delivery. So you can spend time on what matters most to you.

### Coverage of your specialty medicine

Your pharmacy plan covers some drugs, and your medical plan covers others. Depending on your plan, you may need to pay a copayment or coinsurance. And certain drugs require precertification. This just means you need approval from the plan before they'll be covered. Talk with your provider or call us at the number on the back of your member ID card if you have any questions about coverage of your medicine.

\*Internal data based on the number of CVS Specialty patients as of 2019.



Delivering more  
than medicine  
to over 1.3 million  
members\*

## Making it simple for you

### Your Care team

Our team — nurses and pharmacists who are specially trained in your condition — helps you understand how to use your medicine. And helps ensure that you have the right dose at the right time. We'll also:

- Remind you when it's time to refill
- Help you stay on track with your treatment
- Help you manage symptoms and side effects

### Convenient delivery, flexible payments

CVS Specialty provides:

- Delivery to your home, doctor's office, a CVS Pharmacy®, or any place you choose, at no added cost\*
- Package tracking for prompt delivery
- Flexible payment options



### How to get started

At [CVSSpecialty.com](https://CVSSpecialty.com) it's easy to manage your medications.

- **Existing prescriptions?** Call **1-800-237-2767 (TTY: 711)** to transfer your prescription.
- **New prescriptions?** Your doctor can:
  - E-prescribe to CVS Specialty
  - Call one of our registered pharmacists at **1-800-237-2767 (TDD: 1-800-863-5488)**, Monday through Friday, 7:30 AM to 9:00 PM ET
  - Fax the prescription to 1-800-323-2445

\*Where allowed by law. Based on the availability of CVS Pharmacy locations and subject to applicable laws and regulations. Services are also available at Long's Drugs locations. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty. Certain specialty medications may not qualify. In compliance with state laws, in-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. For details, call **1-800-237-2767**. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Aetna®, CVS Pharmacy® and CVS Specialty® are part of the CVS Health® family of companies. Prices for specialty pharmacy services are established by Aetna affiliates and may exceed Aetna's cost for these services. Visit [Aetna.com](https://Aetna.com) for more info about Aetna® plans.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

Policy forms issued in Idaho include: AL HCOC 02, AL HGrpPol 01, ID COC V001 2015 ACA, ID GrpAg01 2015, GR-96814 02, ID-GA-SG-AETNA Amendment 2016 01, AL ID HNO COC Amendment 2016 01, GR-9/GR-9N, GR-23 and GR-29/GR-29N.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPolAmend 2019 01, HI HGrpAg SG 01R, HI SG GrpAgAmend 2019 01.

# HSA

## LIVELY



### WHAT IS AN HSA?

A Health Savings account "HSA" is like a 401(k) for healthcare. It's yours for life, regardless of your employment or health plan. And unlike a flexible spending account (FSA), there's no "use it or lose it" rule.

With more tax advantages than any other savings vehicle, an HSA is one of the most efficient ways to manage healthcare costs. You can choose to put your money to work, or build a healthcare safety net. And after age 65, you can even use it for non-medical expenses just like a regular 401(k).

### HSA TAX ADVANTAGES:

- Pre-tax or tax-deductible contributions
- Tax-free interest and investment earnings
- Tax-free distributions when used for qualified expenses

"How much can I contribute to an HSA?" The IRS sets annual contribution limits for HSAs. In 2023-24, individuals may contribute up to \$3,850, and families may contribute up to \$7,400. If you are 55 or older, you may contribute an additional \$1,000. These limits are subject to change from year to year.

"What can I spend HSA funds on?" You can use your HSA for a wide range of qualified expenses, such as doctor's visits, prescription drugs, imaging, lab work, medical equipment, contacts lenses, dental work, physical therapy... the list goes on! Refer to IRS Publication 502 for comprehensive guidelines. *Have more questions about HSAs? Check out [livelyme.com/hsa-guide](https://livelyme.com/hsa-guide)*

# FSA

## CPI

### WITH AN FSA YOU CAN:

An FSA is a great way to pay for expenses with pre-tax dollars.

- Enjoy significant tax savings with pre-tax contributions and tax-free reimbursements for qualified plan expenses
- Quickly and easily access funds using debit card at point of sale, or request to have funds directly deposited to your bank account via online or mobile app
- Reduce filing hassles and paperwork by using your debit card
- Enjoy secure access to accounts using a convenient Consumer Portal available 24/7/365
- Manage your FSA "on the go" with an easy-to-use mobile app
- File claims easily online (when required) and let the system determine approval based on eligibility and availability of funds
- Stay up to date on balances and action required with automated email alert and convenient portal and mobile home page messages
- Get one-click answers to benefits questions
- Use it or Roll It Over. And now up to \$500 of your unused healthcare Flexible Spending Account balance can be carried over into the next plan year instead of you "losing it" - making enrollment in an FSA much less risky. This gives you more flexibility to spend your FSA money when you need it. You can use it for necessary out-of-pocket healthcare expenses rather than feeling pressured to engage in last minute and potentially unnecessary spending at the end of the year.

### IS AN FSA RIGHT FOR ME?

An FSA is a great way to pay for expenses with pre-tax dollars.

A Healthcare FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision plans
  - Have a health condition that requires the purchase of prescription medications on an ongoing basis
  - Wear glasses or contact lenses or are planning LASIK surgery
  - Need orthodontia care such as braces, or have dental expenses not covered by your insurance.
  - Email alerts and convenient portal and mobile home page messages
- Get one-click answers to benefits questions

Get started with [myCPI Mobile](#) in minutes.



# DENTAL

## METLIFE

Regular dental visits can do more than keep your smile attractive, they can tell dentist a lot about your overall health including whether or not you may be developing a disease like diabetes. Through MetLife coverage you have the choice between two dental options both of which provide you and your dependents with access to a national network of dental providers.

	High Plan		Low Plan	
Coverage Type	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> 90% of R&C <sup>4</sup>	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> 90% of R&C <sup>4</sup>
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%	50%	50%
Type C: Major Restorative (bridges, dentures)	50%	50%	0%	0%
Type D: Orthodontia	50%	50%	Not Covered	Not Covered
Deductible <sup>3</sup>				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Calendar Year Maximum				
Per Person	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum				
Per Person <sup>5</sup>	\$1,000	\$1,000	Not Covered	Not Covered
Child(ren)'s eligibility for dental coverage is from birth up to age 26.				

	High Plan			Low Plan		
	Monthly	17 Pay	Biweekly /24 Pay	Monthly	17 Pay	Biweekly /24 Pay
Employee Only	\$32.94	\$23.25	\$16.47	\$17.79	\$12.56	\$8.90
Employee + Spouse	\$74.01	\$52.24	\$37.01	\$38.89	\$27.45	\$19.45
Employee + Children	\$71.54	\$50.50	\$35.77	\$43.82	\$30.93	\$21.91
Family	\$113.72	\$80.27	\$56.86	\$68.28	\$48.20	\$34.14

<sup>1</sup> "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup> Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>3</sup> Applies only to Type B & C Services.

<sup>4</sup> R&C fee refers to the Reasonable and Customary charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

<sup>5</sup> Orthodontia excluded for adults. Available for dependent children up to age 19.



# VISION

## DAVIS VISION

Healthy eyes and clear vision are an important part of your overall health and quality of life. Through Metlife, you have access to a national network of doctors and retail providers to help you care for your eyes. Eye exams, eyeglasses, and contacts are available to you at the cost of applicable co-pays.

	Standard Plan		Enhanced Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam	\$10 copay	\$45 allowance	\$0 copay	\$40 allowance
<b>Standard Plastic Lenses</b>				
Single Vision Lenses	\$15 copay	\$30 allowance	\$5 copay	\$40 allowance
Bifocal Lenses	\$15 copay	\$50 allowance	\$5 copay	\$60 allowance
Trifocal Lenses	\$15 copay	\$65 allowance	\$5 copay	\$80 allowance
Lenticular Lenses	\$15 copay	\$100 allowance	\$15 copay	\$100 allowance
Progressive	Up to \$55 copay	\$50 allowance	Up to \$ copay	\$60 allowance
Contact Lenses				
Elective	\$115 allowance	\$90 allowance	\$200 allowance <sup>1</sup>	\$105 allowance <sup>1</sup>
Medically Necessary	Covered in full	\$210 allowance	Covered in full	\$225 allowance
Frames	Up to \$115 allowance	\$55 allowance	\$150 allowance <sup>1</sup>	\$50 allowance <sup>1</sup>
Frequencies	12/12/24	12/12/24	12/12/12	12/12/12

\*Contact lenses are in lieu of eyeglasses and frames—Low plan only.

### Lens options

Clear plastic single-vision, bifocal, trifocal or

lenticular lenses (any RX).....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0 or \$30
High-Index Lenses 1.67.....	\$55
High-Index Lenses 1.74.....	\$120
Polarized Lenses.....	\$75
Progressive Lenses (Standard / Premium / Ultra / Ultimate).....	\$50 / \$90 / \$140 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate).....	\$35 / \$48 / \$60 / \$85
Ultraviolet Coating.....	\$12
Tinting of Plastic Lenses (Solid / Gradient).....	\$0
Plastic Photochromic Lenses (Transitions® Signature™).....	\$65
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating.....	\$30
Scratch-Protection Plan (Single-Vision   Multifocal).....	\$20   \$40
Digital Single Vision Lenses.....	\$30
Trivex Lenses.....	\$50
Blue Light Filtering.....	\$15

**STANDARD  
PLAN**



**ENHANCED  
PLAN**



	Standard Plan			Enhanced Plan		
	Monthly	17 Pay	Biweekly/ 24 Pay	Monthly	17 Pay	Biweekly/ 24 Pay
Employee Only	\$5.89	\$4.16	\$2.95	\$7.98	\$5.63	\$3.99
Employee + Spouse	\$11.19	\$7.90	\$5.60	\$15.16	\$10.70	\$7.58
Family	\$17.20	\$12.14	\$8.60	\$23.30	\$16.45	\$11.65

1. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 3. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

# ACCIDENT

## METLIFE

You do everything you can to keep your family safe but accidents do happen. It's comforting to know you have help to manage the medical costs associated with accidental injuries on and off the job. The MetLife Accident insurance pays you directly a scheduled benefit amount upon diagnosis of covered accident injuries and treatments. Below are the plan highlights:

Benefit Type	Plan Features
<b>Accidental Injury Benefits</b>	
Fracture Benefit*	\$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$250
Coma Benefit	\$7,500
Laceration Benefit	\$50 – \$400 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$200 Filling \$25 Extraction \$100
Eye Injury Benefit	\$300
<b>Accident - Medical Services &amp; Treatment Benefits</b>	
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$75
Physician Follow-Up Visit Benefit	\$75
"Therapy Services Benefit (including physical therapy)"	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$300
"Pain Management Benefit (for epidural anesthesia)"	\$75
Prosthetic Device Benefit	"One device: \$750 More than one device: \$1,500"
Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150-\$1,500 depending on the type of surgery
<b>Hospital Benefits</b>	
Admission Benefit	\$1,000 for the day of admission
"Confinement Benefit (paid for up to 15 days per accident)"	\$200 per day
"ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)"	\$200 per day
"Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)"	\$150 per day
<b>Accidental Death Benefit &amp; Dismemberment, Functional Loss &amp; Paralysis Benefits</b>	
Accidental Death Benefit*	"\$25,000 \$75,000 for accidental death on common carrier"
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 - \$20,000 depending on the number of limbs

Rates			
	Monthly	17 Pay	Biweekly /24 Pay
Employee Only	\$7.91	\$5.58	\$3.96
Employee + Spouse	\$15.61	\$11.02	\$7.81
Employee + Children	\$18.82	\$13.28	\$9.41
Family	\$22.19	\$15.66	\$11.10

**MORE  
INFORMATION**



# CRITICAL ILLNESS

METLIFE

Coverage Information	
Employee Coverage Amount	\$10,000 / \$20,000
Spouse Coverage Amount	50% of your coverage amount
Child(ren) Coverage Amount	50% of your coverage amount
Covered Illnesses	Benefit Amounts
Benign Brain Tumor*	100% of coverage amount
Severe Burn*	100% of coverage amount
<b>Vascular Conditions</b>	
Heart Attack*; Stroke*	100% of coverage amount
Sudden Cardiac Arrest; Coronary Artery Bypass Graft	50% of coverage amount
<b>Other Specified Conditions</b>	
Coma*; Kidney Failure; Loss of: Ability to Speak; Hearing; or Sight Major Organ Transplant; Paralysis	100% of coverage amount
<b>Infectious Disease Category</b>	
Bacterial Cerebrospinal Meningitis, COVID-19, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rabies, Tetanus, Tuberculosis	25% of coverage amount
<b>Progressive Disease Category</b>	
Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis; ALS; Alzheimer's Disease; Muscular Dystrophy; Systemic Lupus Erythematosus	100% of coverage amount
<b>Child Conditions</b>	
Cerebral Palsy; Cleft Lip or Cleft Palate ; Cystic Fibrosis; Diabetes (Type 1); Down Syndrome; Sickle Cell Anemia; Spina Bifida	100% of coverage amount
Additional Benefits	Benefit Amounts
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of your coverage amount
Health Screening Benefit	\$50 one time
Ability Assist® EAP– 24/7/365 access to help for financial, legal or emotional issues	
HealthChampionSM – Administrative and clinical support following serious illness or injury	

MORE  
INFORMATION



Monthly Premium Amount per \$1,000 of Coverage									
Non-Tobacco					Tobacco				
Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family		Employee Only	Employee + Spouse	Employee + Child(ren)	Family
<25	\$0.39	\$0.65	\$0.56	\$0.82		\$0.43	\$0.70	\$0.60	\$0.87
25 - 29	\$0.42	\$0.69	\$0.59	\$0.86		\$0.46	\$0.76	\$0.63	\$0.93
30 - 34	\$0.46	\$0.75	\$0.63	\$0.92		\$0.53	\$0.86	\$0.70	\$1.03
35 - 39	\$0.50	\$0.83	\$0.67	\$1.00		\$0.61	\$1.00	\$0.78	\$1.17
40 - 44	\$0.58	\$0.97	\$0.75	\$1.14		\$0.75	\$1.24	\$0.92	\$1.41
45 - 49	\$0.71	\$1.18	\$0.88	\$1.35		\$0.95	\$1.57	\$1.12	\$1.74
50 - 54	\$0.85	\$1.41	\$1.02	\$1.58		\$1.17	\$1.93	\$1.34	\$2.10
55 - 59	\$1.07	\$1.77	\$1.24	\$1.94		\$1.52	\$2.51	\$1.69	\$2.68
60 - 64	\$1.40	\$2.31	\$1.57	\$2.48		\$2.04	\$3.34	\$2.21	\$3.51
65 - 69	\$1.83	\$3.00	\$2.00	\$3.17		\$2.70	\$4.42	\$2.87	\$4.59
70 - 74	\$2.57	\$4.12	\$2.74	\$4.29		\$3.83	\$6.14	\$4.00	\$6.31
75+	\$4.42	\$6.80	\$4.59	\$6.97		\$6.63	\$10.18	\$6.80	\$10.35

# CANCER

## METLIFE

Cancer Insurance Benefits		
Eligible Individual	Benefit Amount	Requirements
Employee	\$10,000 or \$20,000	Coverage is guaranteed provided you are actively at work.
Spouse	50% of the Employees Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.
Dependent Child(ren)	50% of the Employees Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.
Covered Condition	Initial Benefit	Recurrence Benefit
Invasive Cancer	100% of the Benefit Amount payable no more than 1time per Covered Person per Occurrence of each Separate and Unrelated Invasive Cancer	100% of the Initial Benefit Amount payable no more than 1time per Covered Person
Non-Invasive Cancer	25% of the Benefit Amount payable no more than 1time per Covered Person per Occurrence of each Separate and Unrelated Non-Invasive Cancer	100% of the Initial Benefit Amount payable no more than 1time per Covered Person
Skin Cancer	5% of the Benefit Amount, but not less than \$250; payable no more than 1time per Covered Person	None
Supplemental Benefits		
Benefit	Benefit Amount	Benefit Maximum
Health Screening Benefits	\$50 for \$10,000 Coverage Amount \$50 for \$20,000 Coverage Amount	We will pay the Health Screening Benefit 1time per covered person per Calendar year.

MORE  
INFORMATION



Attained Age Employee's age as of the last plan anniversary	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Monthly <u>Rate</u> per \$1,000 Benefit Amount				
<25	\$0.33	\$0.55	\$0.49	\$0.72
25-29	\$0.36	\$0.60	\$0.53	\$0.77
30-34	\$0.42	\$0.67	\$0.59	\$0.84
35-39	\$0.52	\$0.81	\$0.69	\$0.98
40-44	\$0.68	\$1.02	\$0.85	\$1.18
45-49	\$0.87	\$1.30	\$1.04	\$1.47
50-54	\$1.06	\$1.61	\$1.23	\$1.78
55-59	\$1.35	\$2.12	\$1.52	\$2.28
60-64	\$1.63	\$2.59	\$1.79	\$2.76
65-69	\$2.16	\$3.49	\$2.32	\$3.66



# HOSPITAL INDEMNITY

## METLIFE

MetLife's Hospital Indemnity insurance is designed to help cover part of your out-of-pocket costs incurred under your major medical plan (the copay, coinsurance, or deductible) in the event of inpatient hospitalization or eligible outpatient services.

### Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
<b>Hospital Benefits</b>				
Admission Benefit	4 time(s) per calendar year <sup>1</sup>	Admission	\$500	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement <sup>4</sup>	\$100	\$100
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$100
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care <sup>5</sup>	\$25	\$50

<sup>1</sup> If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

<sup>4</sup> If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

<sup>5</sup> Payable for the period of newborn confinement for a newborn child who is not sick or injured.

Please contact MetLife for detailed definitions and state variations of covered benefits.



**MORE  
INFORMATION**

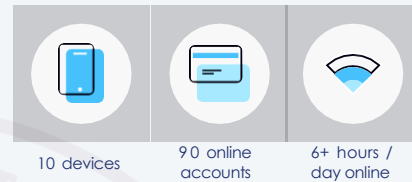
Low Plan				High Plan		
	Monthly	17 Pay	Biweekly/ 24 Pay	Monthly	17 Pay	Biweekly/ 24 Pay
Employee Only	\$9.75	\$6.88	\$4.88	\$15.60	\$11.01	\$7.80
Employee + Spouse	\$24.31	\$17.16	\$12.16	\$38.48	\$27.16	\$19.24
Employee + Children	\$13.26	\$9.36	\$6.63	\$21.32	\$15.05	\$10.66
Family	\$25.48	\$17.99	\$12.74	\$40.43	\$28.54	\$20.22

# IDENTITY FRAUD PROTECTION

METLIFE

Do you shop or bank online? If so, you need Aura to protect the things that matter to you the most: your identity, money & assets, family & reputation, and privacy. Aura provides you and your loved ones with a digital security benefit that's simple so it's easy to stay safe online.

The average consumer's digital activity puts them at risk.



## Meet Aura, the new standard in digital security.

Aura will let you know if your online accounts and passwords are at risk, and work with you to keep them safe. If there is suspicious spending activity on your accounts, you'll receive alerts and have a dedicated Case Manager to help you to resolve it. Aura also gives you the confidence to stream, shop, and bank online privately and securely with military-grade encryption and powerful antivirus protection. Plus, every member is backed by \$1M insurance\* to cover eligible losses and fees due to identity theft and fraud.

### Identity

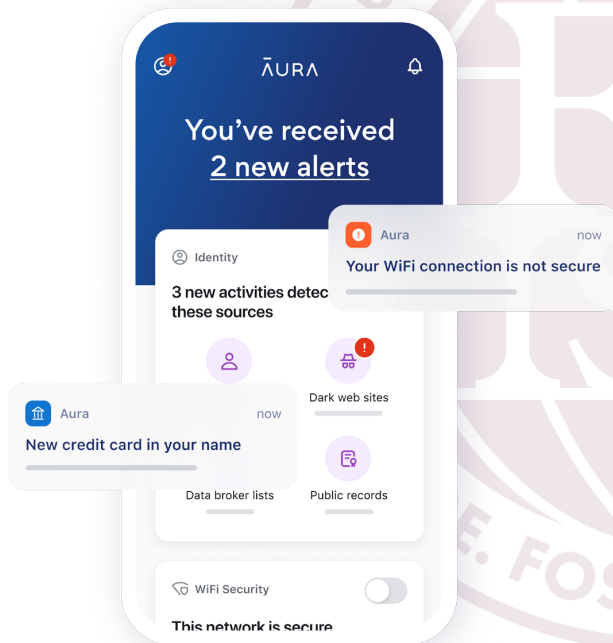
We have the fastest alerts with direct 3 bureau integration and AI-driven technology.

### Network/WiFi security

We offer the fastest connection speeds and broadest coverage.

### Privacy

We provide automated, proactive list removal and masked data for extra protection.



## What you'll get with Aura's Protection Plan

- Device & Privacy Protection
- Financial Fraud Protection
- Identity theft protection
- Customer Care

MORE  
INFORMATION



# TERM LIFE

## THE HARTFORD

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%

### Supplemental Life & AD&D Insurance, Employee, Spouse, Dependents

If you want extra, you can buy it. Remember, whatever you buy for yourself, you can also buy half that amount for your spouse and up to \$10,000 for dependent children.

	Guaranteed Issue	Coverage Amount
<b>Employee Benefit</b>	<b>\$150,000</b>	10,000 increments to a maximum of the lesser of 5 times salary or \$500,000
<b>Spouse Benefit</b>	<b>\$50,000</b>	\$5,000 increments to a maximum of \$250,000 Coverage not to exceed 50% of employee's Supplemental Life/AD&D benefit
<b>Child Benefit</b>	<b>\$10,000</b>	Coverage Amount of \$10,000 for each child.

Please refer to your benefits summary for rates

**Eligibility:** All eligible full-time employee who are actively at work and working a minimum of 20 hours per week.

**Portability:** Option to continue term insurance under a different policy when coverage terminates. Minimums, maximums, and other conditions apply.

**Reduction Schedule:** (Employee/Spouse) Reduces to 50% at Age 70, based on employee age

**Actively at work:** If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.

Employee's age as of the last plan anniversary	Monthly	17 pay	Bi-weekly
Rate per \$1,000 Benefit Amount			
<25	\$0.08	\$0.06	\$0.04
25-29	\$0.09	\$0.06	\$0.05
30-34	\$0.11	\$0.08	\$0.06
35-39	\$0.13	\$0.09	\$0.07
40-44	\$0.18	\$0.13	\$0.09
45-49	\$0.28	\$0.20	\$0.14
50-54	\$0.44	\$0.31	\$0.22
55-59	\$0.70	\$0.49	\$0.35
60-64	\$0.87	\$0.61	\$0.44
65-69	\$1.49	\$1.05	\$0.75
70-74	\$2.37	\$1.67	\$1.19
75+	\$3.64	\$2.57	\$1.82

**More Information**





# LIFETIME BENEFIT TERM

## CHUBB



Let LifeTime Benefit Term  
be **your Champion!**



LifeTime Benefit Term is a  
great way to protect your  
most important asset and  
help provide the peace of  
mind your family deserves.

### Life Insurance-Valuable protection for your loved ones

You work hard to provide a good life for your family. However, what if something happens to you? If they need you, you need a champion to defend and protect your family with money to help pay for:

- Rent and mortgage
- College Education
- Retirement
- Household Expenses
- Long Term Care
- Childcare
- Family Debt
- Burial

Make a promise to protect the future. Let LifeTime Benefit Term (LBT) be your Champion. It lasts a lifetime-guaranteed. LifeTime Benefit Term provides money to your family at death, and while you are living too, if you need home health care, assisted living or nursing care. For the same premium, LifeTime Benefit Term provides higher benefits than permanent life insurance and lasts to age 121.

### Creative Solutions for Term Life Insurance

#### Guaranteed Premiums

Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue.

#### Guaranteed Benefits During Working Years

While the policy is in force, the death benefit is guaranteed 100% when it is needed most-during your working years when your family is relying on your income. Through age 70 (or 25 years if greater) your death benefit is 100% guaranteed.

#### Guaranteed Benefits After Age 70

Even after age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50%. And based on current interest rates and mortality assumptions, the full death benefit is designed to last a lifetime.

#### Paid-up Benefits

After 10 years, paid up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

#### Long Term Care (LTC)\*

If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

#### Extension of Benefits•

Extends the monthly Long Term Care benefit for up to an additional 50 months, after 100% of the base death benefit has been used for LTC.

#### Terminal Illness Benefit

After your coverage has been in force for two years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.

**Please see a Benefits Counselor for  
personalized rates.**



# DISABILITY

## THE HARTFORD

Long Term Disability Insurance can replace part of your income if a disability keeps you out of work for a extended period of time. This coverage can pay you a monthly benefit if you have a covered illness or injury to help cover your monthly expenses.

### What else is included?

**SURVIVOR BENEFIT** - If you die while receiving disability benefits, a benefit will be paid to your spouse or child under age 26, equal to three times your last monthly gross benefit.

**THE HARTFORD'S ABILITY ASSIST** service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through ComPsych®, a leading provider of employee assistance and work/life services.

**TRAVEL ASSISTANCE PROGRAM** – Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services.

**Identity Theft Protection** – An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims.

**WORKPLACE MODIFICATION** provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment.

Calculate your cost

- Follow the instructions on the worksheet at right to determine your cost per paycheck.

- For step 2:

Enter the monthly benefit amount you would want if disabled. This amount needs to be in \$100 increments from \$200 to the maximum monthly benefit available (calculated in step 1).

Step 1: Enter your annual earnings and calculate your monthly maximum benefit available

$$\begin{array}{ccccccc} \$ \underline{\hspace{1cm}} & \div 12 & = \$ \underline{\hspace{1cm}} & \times 66.67\% & = & \$ \underline{\hspace{1cm}} & \text{Round this amount Down to Nearest \$1000} \\ \text{Enter your} & & \text{Your monthly} & \text{(Max \% of} & & \text{Max monthly benefit available (if the amount} & \\ \text{annual earnings} & & \text{earnings} & \text{income covered)} & & \text{exceeds the plan max \$7,500, enter \$7,500.)} \end{array}$$

Step 2: Choose your monthly benefit amount and calculate your per paycheck cost

$$\begin{array}{ccccccc} \$ \underline{\hspace{1cm}} & \div 100 = \$ \underline{\hspace{1cm}} & \times & \$ \underline{\hspace{1cm}} & = & \$ \underline{\hspace{1cm}} & \times 12 = \$ \underline{\hspace{1cm}} \div \underline{\hspace{1cm}} = \\ \text{Your monthly benefit amount} & & & \text{Your Rate} & & \text{Your monthly} & \text{Your} & \text{Number of} & \text{Cost} \\ (\$200 - \$7,500 \text{ in } \$100 \text{ increments)} & & & \text{based on} & & \text{cost} & \text{annual} & \text{paychecks} & \text{per} \\ & & & \text{elimination period} & & & \text{cost} & \text{per year} & \text{paycheck} \end{array}$$

Elimination Period (days)						
Injury (days)	7*	14*	30*	60	90	180
Sickness (days)	7*	14*	30*	60	90	180
Benefit Amount	Monthly Rate per Increment of \$100					
\$100	\$2.60	\$2.28	\$2.08	\$1.90	\$1.42	\$1.08

Please see a Benefits Counselor for personalized rates.

[SCAN FOR DETAILED  
RATES](#)



\*If because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement

# CONTACTS



**Flour Bluff ISD 2505 Waldron Rd.  
Corpus Christi, Texas 78418 361-694-9713**  
[www.flourbluffschoos.net](http://www.flourbluffschoos.net)

District Contacts	Phone	Email
Employee Benfits Service Center	855-480-7418	
Cassie Freeman	361-694-9216	<a href="mailto:cfreeman@flourbluffschoos.net">cfreeman@flourbluffschoos.net</a>

Benefit	Administrator	Phone	Website
Accident	MetLife	1 800- GET-MET8 (1-800-438-6388 )	<a href="http://mybenefits.metlife.com">mybenefits.metlife.com</a>
Cancer	MetLife	1 800- GET-MET8 (1-800-438-6388 )	<a href="http://mybenefits.metlife.com">mybenefits.metlife.com</a>
Critical Illness	MetLife	1 800- GET-MET8 (1-800-438-6388 )	<a href="http://mybenefits.metlife.com">mybenefits.metlife.com</a>
Dental	MetLife	800-942-0854	<a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a>
Disability	The Hartford	866-547-9124	<a href="http://thehartford.com/employee-benefits">thehartford.com/employee-benefits</a>
FSA	CPI	255-215-2203	<a href="http://mycpiteam.com">mycpiteam.com</a>
HSA	Lively	888-576-4837	Livelyme.com
I.D. Fraud Protection	Aura	833-552-2123	<a href="mailto:support@aura.com">support@aura.com</a>
Medical	Aetna	877-224-6857	<a href="http://aetna.com">aetna.com</a>
Term Life	The Hartford	866-547-9124	<a href="http://thehartford.com/employee-benefits">thehartford.com/employee-benefits</a>
Vision	Davis Vision	877-923-2847	<a href="http://davisvision.com/member">davisvision.com/member</a>