

# EMPLOYEE BENEFITS OVERVIEW GUIDE

COVERAGE BEGINS: September  
1, 2019–August 31, 2020

Open Enrollment:  
July 15– August 16, 2019!

## BASTROP ISD 2019–2020



### WHAT'S INSIDE?

S125 PLAN INFORMATION  
FLEXIBLE SPENDING ACCOUNTS  
AT A GLANCE CONTACT INFORMATION  
ENROLLMENT SCHEDULE

What's the "company key"? **bastrop**  
(case sensitive)

To Enroll Online Visit: [bit.ly/bastropisdhr](https://bit.ly/bastropisdhr) Departments/Benefits



### TAYLOR SILGUERO, ACCOUNT MANAGER

2009 RANCH RD 620 N STE 123, AUSTIN TX 78734

OFFICE: 800-672-9666 | CELL: 512-630-6654

EMAIL: TAYLOR.SILGUERO@FFGA.COM

### MARSHA GOERTZ, BISD BENEFITS MANAGER

BASTROP ISD 512-772-7135 | EMAIL: mgoertz@bisdtx.org



# EMPLOYEE BENEFITS WEBSITE

## BenefitSolver website – your guide to your benefits!

We've created a custom site just for you! Find detailed information about current and upcoming benefits, voluntary product offerings and employer programs, Section 125 & Flex Information, important contact numbers and links, and downloadable forms and brochures.



## HOW TO ENROLL

Your First Financial Account Manager will be on site to assist you in enrolling in your benefits. **Please see the schedule in this booklet for the enrollment location and dates/times.** You also have the option to enroll online 24/7 through the Benefitsolver website during your enrollment period.

### ON SITE ENROLLMENT:

- What to have ready for your enrollment:
  - ✓ Social Security Numbers and dates of birth for all Spouses and eligible Dependents
  - ✓ Any Status/Life Event or address changes
  - ✓ Questions about available benefits

### ONLINE ENROLLMENT:

You will find the enrollment website by visiting: [bit.ly/bastropisdhr /Departments/Benefits](http://bit.ly/bastropisdhr/Departments/Benefits)

To verify that you already have an account in our system, once at the Benefit Solver website, click on **Forgot your user name or password?**

Here you will enter Company Key (**bastrop**), your full Social Security Number (with dashes), and your Date of Birth (mm/dd/yyyy). All fields are required and case sensitive. After you have completed these fields, click on Continue to move to the next step. If you are not recognized, then you will register for an account.

**PLEASE FOLLOW LOGIN SETUP AND NAVIGATION INSTRUCTIONS INCLUDED ON THE LAST PAGE OF THIS BOOKLET**

**OPEN ENROLLMENT**  
July 15 through  
August 16, 2019



## SECTION 125 PLAN INFORMATION AND RULES

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

### Eligible Benefits Under Section 125

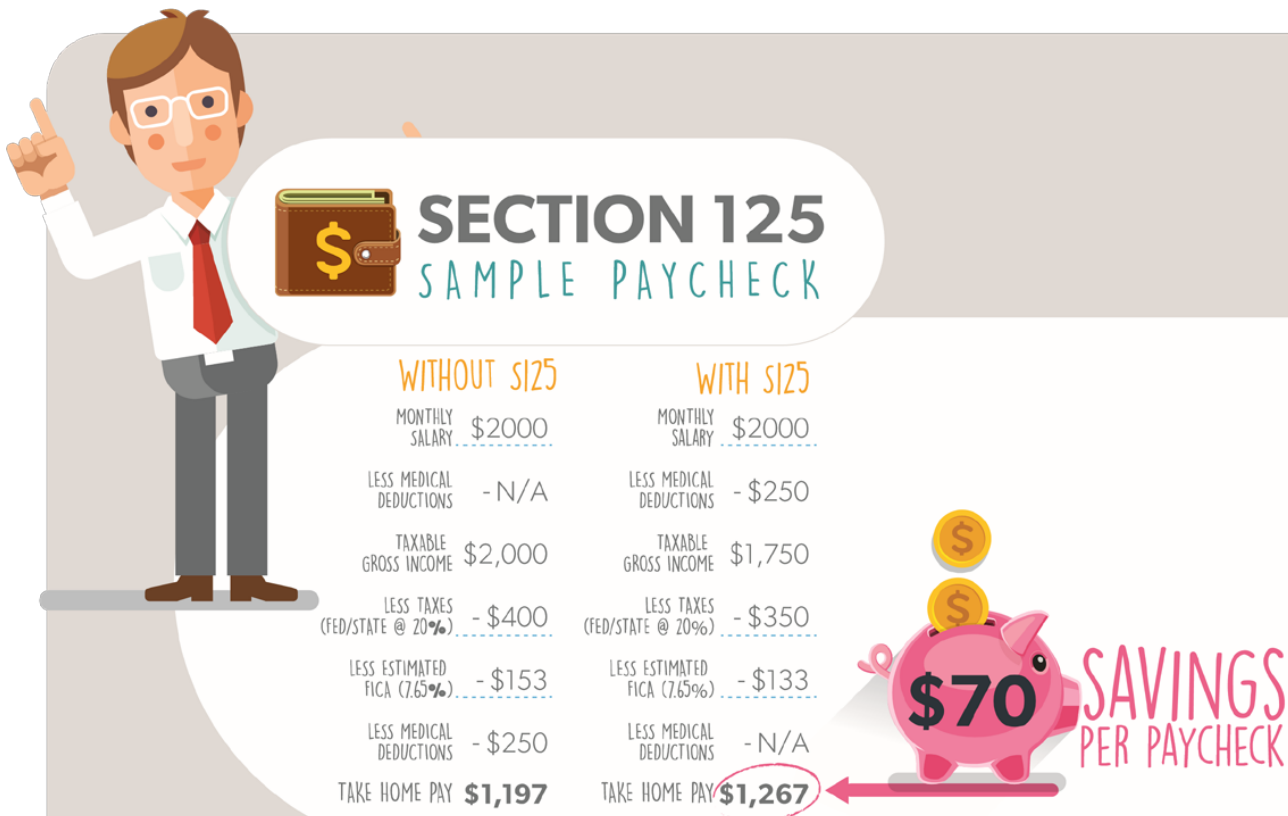
- Medical Insurance
- Dental Insurance
- Vision Insurance
- Critical Illness Insurance
- Cancer Insurance
- Accident Insurance
- Flexible Spending Accounts
- Health Savings Account

### HERE'S HOW IT WORKS

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

### IS IT RIGHT FOR ME?

The savings you may experience with a Section 125 Plan are outlined below. By utilizing the Section 125 Plan, you would have \$70 more every month to apply toward insurance benefits or other needs. That's a savings of \$840 a year!



### NEED TO MAKE CHANGES?

You're able to change your election each year during your annual benefits enrollment, but the only time Internal Revenue Code regulations allow you to make a change during the plan year itself is if you experience a qualified event. Some examples include:

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

# FLEXIBLE SPENDING ACCOUNTS

## MEDICAL FSA

Medical Flexible Spending Accounts (FSA) allow 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.

During open enrollment you will estimate the amount you think you will need during the year. This amount will be taken out of each paycheck. Your full annual election will be available to you at the beginning of the plan year.

*Your employer has chosen the \$500 Roll-Over Option for your plan. This option allows you the opportunity to roll over \$500 of unclaimed Medical FSA funds into the following plan year. Any amount in excess of \$500 will be forfeited under the use-it-or-lose-it rule.*

**FSA PLAN YEAR IS:** SEPTEMBER 1, 2019 – AUGUST 31, 2020

**FSA MAX:** THE MAXIMUM YOU CAN SET ASIDE EACH YEAR IS \$2,700.



## DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account (FSA), you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses, such as:

- Day Care Centers
- Before/After School Care
- Mothers-Day-Out Program
- Nursery Schools
- Babysitters
- Nanny
- Au Pair/Day Camps

**YOU MAY ALLOCATE UP TO \$5,000 PER TAX YEAR FOR REIMBURSEMENT OF DEPENDENT DAY CARE SERVICES.**  
*(\$2,500 if you are married and file a separate tax return).*

This account allows you to pay for day care expenses for your qualifying dependent/child with pre-tax dollars while you (and your spouse) are working, seeking employment, and/or attending school as a full time student (for at least five months of the year).

Eligible dependents must be claimed as an exemption on your tax return. For full plan details, view the FSA Booklet available on the Employee Benefit Center.



# RESOURCES FOR FSA MANAGEMENT

## FLEXIBLE BENEFITS CARD

The Flex Benefits Card is available to all employees that participate in Medical FSA and or a Dependent Care FSA. The Benefits Flex Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and eligible dependents that are at least 18 years old.

*The IRS requires validation of most transactions. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.*

## FF FLEX MOBILE APP

See app section in this booklet!

## FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop at FSA Store for eligible items from bandages to wheel chairs and thousands of products in between
- Browse or search for eligible products and services using the FSA Eligibility List
- Visit the FSA Learning Center to help find answers to questions you may have about your FSA





# 2019 OPEN ENROLLMENT SCHEDULE

## July 15 - August 16, 2019

### Open Enrollment 2019

BEGINS: July 15, 2019 ENDS: August 16, 2019

Monday, July 15th - Friday, August 16, 2019	Self-Enroll Anytime	Online	<a href="http://bit.ly/bastropisdhr">bit.ly/bastropisdhr</a> Departments/Benefits
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### Individual Enrollment Assistance

FFQA Representatives will be available to assist you individually.



DATE	DAY OF THE WEEK	LOCATION	TIME
July 18, 2019	Thursday	Service Center	9:00 to 4:00
July 22, 2019	Monday	Service Center	8:00 to 5:00
July 23, 2019	Tuesday	Service Center	8:00 to 5:00
July 30, 2019	Tuesday	CCHS	9:00 to 4:00
July 31, 2019	Wednesday	CCHS	9:00 to 4:00



DATE	DAY OF THE WEEK	LOCATION	TIME
August 6, 2019	Tuesday	Service Center	8:00 to 5:00
August 7, 2019	Wednesday	Service Center	8:00 to 5:00
August 13, 2019	Tuesday	Service Center	8:00 to 5:00
August 13, 2019	Tuesday	CCHS	8:00 to 5:00

### New Hires To Bastrop ISD

Welcome to Bastrop ISD!

If you are hired for the 2019-2020 school year before August 16, please follow the "Open Enrollment Date Schedule" above.

If you are hired after Open Enrollment closes, you have 31 days from your "actively at work date" to complete the online enrollment. After 31 days the portal will be closed and you will not be eligible for benefits until open enrollment for the following plan year.



# APPS YOU WILL BE HAPPY YOU INSTALLED!

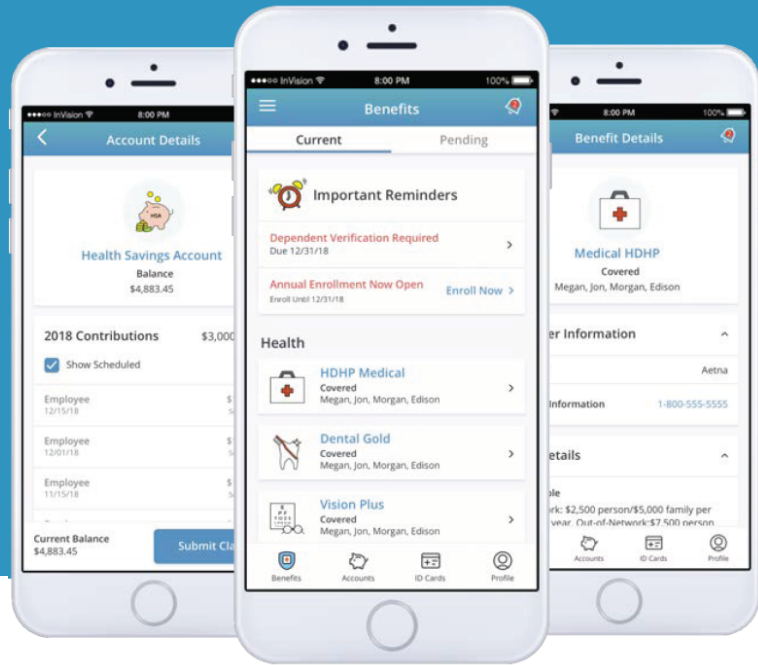
#lifehack

## Benefitsolver

MyChoice App-Have ALL your benefit info at your fingertips everywhere you go!

All their benefits information is in the palm of their hand.

The MyChoice<sup>SM</sup> Mobile App puts the power of Benefitsolver<sup>®</sup> in the palm of members' hands giving them access to their benefits information **where** and **when** they need it.



MyChoice MOBILE APP



## TRS Health

TRS Health App-Brand NEW! Teladoc, e-ID Card, Caremark Pharmacy, find drug costs, and more!



The TRS Health App, powered by Aetna, is now live in the Apple and Google Play stores! With the app, get access to all your TRS-ActiveCare medical and pharmacy benefits at your fingertips.

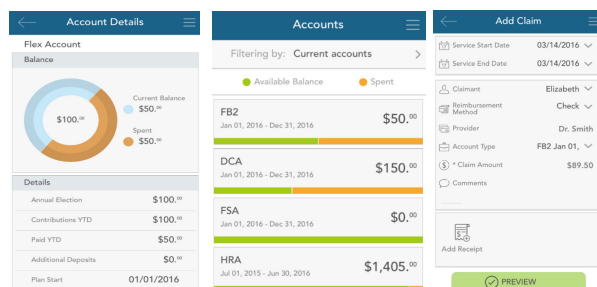
To download and register, go to Google Play or the Apple App Store and:

- Search and install the 'TRS Health App'.
- Open the app and click on "Create Account".
- Enter the requested information.
- Create a user ID and password.
- Or simply scan the QR code above to be immediately directed to the app store.



## FF Flex Mobile App

Access Account Information, View Card Details & Profile Information, Submit Claims, View Pending claims, Upload Receipts & Documentation.



### DOWNLOAD OUR FF FLEX MOBILE APP

The FF Flex Mobile App is available for Apple<sup>®</sup> or Android<sup>™</sup> devices on the App Store<sup>SM</sup> or the Google Play Store<sup>TM</sup>. Submit claims, set up text mobile alerts, and much more, all from our convenient mobile app. **Your Employer ID Number is FFA987.** You must have this number or your Flex Benefits Card number to register your account on the FF Flex Mobile App.



# BENEFITS AT A GLANCE

**GOOD NEWS!**  
**BASTROP ISD IS INCREASING THE DISTRICT CONTRIBUTION! PLAN 1-HD IS NO COST TO THE EMPLOYEE!**

**2019-20 SEMI-MONTHLY PAYCHECK RATES  
 FOR TRS ACTIVECARE and SCOTT & WHITE INSURANCE PLANS**  
*All plans and rates effective 9-1-2019*

2019-2020 TRS-ActiveCare 1-HD	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2019-2020 Semi-Monthly Paycheck** Rate
Individual	\$378.00	\$0.00	\$0.00
+Spouse	\$1,066.00	\$688.00	\$344.00
+Children	\$722.00	\$344.00	\$172.00
+Family	\$1,415.00	\$1,037.00	\$518.50
2019-2020 TRS-ActiveCare Select	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2019-2020 Semi-Monthly Paycheck** Rate
Individual	\$556.00	\$178.00	\$89.00
+Spouse	\$1,367.00	\$989.00	\$494.50
+Children	\$902.00	\$524.00	\$262.00
+Family	\$1,718.00	\$1,340.00	\$670.00
2019-2020 TRS-ActiveCare 2	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2019-2020 Semi-Monthly Paycheck** Rate
Individual	\$852.00	\$474.00	\$237.00
+Spouse	\$2,020.00	\$1,642.00	\$821.00
+Children	\$1,267.00	\$889.00	\$444.50
+Family	\$2,389.00	\$2,011.00	\$1,005.50
2019-2020 Scott & White	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2019-2020 Semi-Monthly Paycheck** Rate
Individual	\$558.54	\$180.54	\$90.27
+Spouse	\$1,306.58	\$928.58	\$464.29
+Children	\$876.76	\$498.76	\$249.38
+Family	\$1,457.28	\$1,079.28	\$539.64

<b>Who can enroll:</b>	Employees working 20 or more hours per week	Substitutes who regularly work 10 or more hours per week
<b>Eligible for:</b>	All types of plans, and the District Contribution to the medical premium	Medical plans only, No District Monthly Contribution

\* Bastrop ISD contributes \$378 per month to all full-time employees' monthly medical insurance premiums.  
 \*\*Bastrop ISD employees receive a paycheck semi-monthly; on the 15th and the next to last business day of each month.

**TRs-ActiveCare is a self-funded program, not an insured plan.**  
**Rates and benefits are not determined by the vendors administering the program.**  
**Rates and benefits are established by the TRS Trustees based on the claims experience of the plan.**



# 2019–20 TRS-ActiveCare Plan Highlights

Effective Sept. 1, 2019 through Aug. 31, 2020 | In-Network Level of Benefits<sup>1</sup>



Medical Coverage	TRS-ActiveCare 1-HD	TRS-ActiveCare Select or TRS-ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	TRS-ActiveCare 2 <small>NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.</small>
<b>Deductible</b> (per plan year)			
<b>In-Network</b>	\$2,750 employee only/\$5,500 family	\$1,200 individual/\$3,600 family	\$1,000 individual/\$3,000 family
<b>Out-of-Network</b>	\$5,500 employee only/\$11,000 family	Not applicable. This plan does not cover out-of-network services except for emergencies.	\$2,000 individual/\$6,000 family
<b>Out-of-Pocket Maximum</b> (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)	The individual out-of-pocket maximum only includes covered expenses incurred by that individual.		
<b>In-Network</b>	\$6,750 individual/\$13,500 family	\$7,900 individual/\$15,800 family	\$7,900 individual/\$15,800 family
<b>Out-of-Network</b>	\$20,250 individual/\$40,500 family	Not applicable. This plan does not cover out-of-network services except for emergencies.	\$23,700 individual/\$47,400 family
<b>Coinsurance</b>			
<b>In-Network</b> Participant pays (after deductible)	20%	20%	20%
<b>Out-of-Network</b> Participant pays (after deductible)	40% of allowed amount unless otherwise noted	Not applicable. This plan does not cover out-of-network services except for emergencies.	40% of allowed amount unless otherwise noted
<b>Office Visit Copay</b> Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist
<b>Diagnostic Lab</b> Participant pays	20% after deductible	20% after deductible	20% after deductible
<b>Preventive Care</b> See below for examples	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Teladoc® Physician Services</b>	\$40 consultation fee (counts toward deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
<b>High-Tech Radiology</b> (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
<b>Inpatient Hospital Facility Charges Only (preauthorization required)</b>			
<b>In-Network</b>	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
<b>Out-of-Network</b>	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap	Not applicable. This plan does not cover out-of-network services except for emergencies.	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess of over the \$500 per day cap
<b>Urgent Care</b>	20% after deductible	\$50 copay per visit	\$50 copay per visit
<b>Freestanding Emergency Room</b> Participant pays	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible
<b>Emergency Room</b> (true emergency use) Participant pays	20% after deductible	\$250 copay plus 20% after deductible (copay waived if admitted)	\$250 copay plus 20% after deductible (copay waived if admitted)
<b>Outpatient Surgery</b> Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
<b>Bariatric Surgery (only covered if performed at an IOQ facility)</b> Physician charges; Participant pays	\$5,000 copay (does apply to out-of-pocket maximum) plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
<b>Annual Vision Examination</b> (one per plan year; performed by an ophthalmologist or optometrist) Participant pays	20% after deductible	\$70 copay for specialist	\$70 copay for specialist
<b>Annual Hearing Examination</b> Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist

## Preventive Care

Some examples of preventive care frequency and services:

- **Routine physicals** – annually age 12 and over
- **Mammograms** – one every year age 35 and over
- **Smoking cessation counseling** – eight visits per 12 months

- **Well-child care** – unlimited up to age 12
- **Colonoscopy** – one every 10 years age 50 and over
- **Healthy diet/obesity counseling** – unlimited to age 22; age 22 and over – 26 visits per 12 months

- **Well woman exam & pap smear** – annually age 18 and over
- **Prostate cancer screening** – one per year age 50 and over
- **Breastfeeding support** – six lactation counseling visits per 12 months

**Note:** Covered services under this benefit must be billed by the provider as “preventive care.” Non-network preventive care is not paid at 100%. If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the TRS-ActiveCare 1-HD and TRS-ActiveCare 2. There is no coverage for non-network services under the TRS-ActiveCare Select plan or TRS-ActiveCare Select Whole Health. For more information, please view the Benefits Booklet at [www.tractivecareatna.com](http://www.tractivecareatna.com).

# 2019–20 TRS-ActiveCare Plan Highlights

Prescription Coverage	TRS-ActiveCare 1-HD	TRS-ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	TRS-ActiveCare 2 <small>NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.</small>
<b>Drug Deductible</b> (per person, per plan year)	Must meet plan-year deductible before plan pays. <sup>2</sup>	\$0 generic; \$200 brand	\$0 generic; \$200 brand
<b>Short-Term Supply at a Retail Location</b> (up to a 31-day supply)			
Tier 1 – Generic	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%. <sup>2</sup>	\$15 copay	\$20 copay
Tier 2 – Preferred Brand	25% coinsurance after deductible <sup>3</sup>	25% coinsurance (min. \$40 <sup>4</sup> ; max. \$80) <sup>3</sup>	25% coinsurance (min. \$40 <sup>4</sup> ; max. \$80) <sup>3</sup>
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible <sup>3</sup>	50% coinsurance <sup>3</sup>	50% coinsurance (min. \$100 <sup>4</sup> ; max. \$200) <sup>3</sup>
<b>Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location</b> (60- to 90-day supply) <sup>5</sup>			
Tier 1 – Generic	20% coinsurance after deductible	\$45 copay	\$45 copay
Tier 2 – Preferred Brand	25% coinsurance after deductible <sup>3</sup>	25% coinsurance (min. \$105 <sup>4</sup> ; max. \$210) <sup>3</sup>	25% coinsurance (min. \$105 <sup>4</sup> ; max. \$210) <sup>3</sup>
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible <sup>3</sup>	50% coinsurance <sup>3</sup>	50% coinsurance (min. \$215 <sup>4</sup> ; max. \$430) <sup>3</sup>
<b>Specialty Medications</b> (up to a 31-day supply)			
Specialty Medications	20% coinsurance after deductible	20% coinsurance	20% coinsurance (min. \$200 <sup>4</sup> ; max. \$900)
<b>Short-Term Supply of a Maintenance Medication at Retail Location</b> up to a 31-day supply			
The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will be charged the coinsurance and copays in the rows below. Participants can save more over the plan year by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.			
Tier 1 – Generic	20% coinsurance after deductible	\$30 copay	\$35 copay
Tier 2 – Preferred Brand	25% coinsurance after deductible <sup>3</sup>	25% coinsurance (min. \$60 <sup>4</sup> ; max. \$120) <sup>3</sup>	25% coinsurance (min. \$60 <sup>4</sup> ; max. \$120) <sup>3</sup>
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible <sup>3</sup>	50% coinsurance <sup>3</sup>	50% coinsurance (min. \$105 <sup>4</sup> ; max. \$210) <sup>3</sup>

## What is a maintenance medication?

Maintenance medications are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

## When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$15, then you will pay \$30 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$180 over the year by filling a 90-day supply.

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

<sup>1</sup> Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the TRS-ActiveCare Select or TRS-ActiveCare Select Whole Health Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which may be considerable.

<sup>2</sup> For TRS-ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible (\$2,750 – individual, \$5,500 – family) and they pay nothing out of pocket for these drugs. Find the list of drugs at [info.caremark.com/trsactivecare](http://info.caremark.com/trsactivecare).

<sup>3</sup> If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

<sup>4</sup> If the cost of the drug is less than the minimum, you will pay the cost of the drug.

<sup>5</sup> Participants can fill 32-day to 90-day supply through mail order.

# TRS-ActiveCare 2019-20 what's new & what's changing



## TRS-ActiveCare Changes

**Deductibles, or the amount participants pay first before the plan begins to pay, will not increase this year.**



Medical Coverage	TRS-ActiveCare 1-HD		TRS-ActiveCare Select/ActiveCare Select Whole Health		TRS-ActiveCare 2	
	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year
<b>In-network out-of-pocket max</b> Individual/Family	\$6,650/\$13,300	\$6,750/\$13,500	\$7,350/\$14,700	\$7,900/\$15,800	\$7,350/\$14,700	\$7,900/\$15,800
<b>Out-of-network out-of-pocket max</b> Individual/Family	\$13,300/\$26,600	\$20,250/\$40,500	N/A	N/A	\$14,700/\$29,400	\$23,700/\$47,400
<b>Out-of-network inpatient hospital</b>	You pay 40% after deductible	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap	N/A	N/A	You pay \$150 copay per day plus 40% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap
<b>Prescription Coverage   Generic drugs</b>						
<b>Retail copay/coinsurance</b> (up to 31-days supply)	You pay 20% after deductible, except for certain generic preventive drugs that are covered at 100%	No change	You pay \$20, no deductible	You pay \$15, no deductible	You pay \$20, no deductible	No change
<b>Retail maintenance copay/coinsurance</b> (after 1 <sup>st</sup> fill; up to 31-day supply)	You pay 20% after deductible	No change	You pay \$35, no deductible	You pay \$30, no deductible	You pay \$35, no deductible	No change
<b>Prescription Coverage   Preferred brand drugs</b>						
<b>Retail copay/coinsurance</b> (up to 31-days supply)	You pay 20% after deductible	You pay 25% after deductible	You pay \$40 after drug deductible	You pay 25% after drug deductible (min. \$40*; max. \$80)	You pay \$40 after drug deductible	You pay 25% after drug deductible (min. \$40*; max. \$80)
<b>Retail maintenance copay/coinsurance</b> (after 1 <sup>st</sup> fill; up to 31-day supply)	You pay 20% after deductible	You pay 25% after deductible	You pay \$60 after drug deductible	You pay 25% after drug deductible (min. \$60*; max. \$120)	You pay \$60 after drug deductible	You pay 25% after drug deductible (min. \$60*; max. \$120)
<b>Mail order &amp; Retail Plus copay/coinsurance</b> (60 to 90-day supply)	You pay 20% after deductible	You pay 25% after deductible	You pay \$105 after drug deductible	You pay 25% after drug deductible (min. \$105*; max. \$210)	You pay \$105 after drug deductible	You pay 25% after drug deductible (min. \$105*; max. \$210)
<b>Prescription Coverage   Non-preferred brand drugs</b>						
<b>Retail copay/coinsurance</b> (up to 31-days supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. \$65*; max. \$130)	You pay 50% after drug deductible (min. \$100*; max. \$200)
<b>Retail maintenance copay/coinsurance</b> (after 1 <sup>st</sup> fill; up to 31-day supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. \$90*; max. \$180)	You pay 50% after drug deductible (min. \$105*; max. \$210)
<b>Mail order &amp; Retail Plus copay/coinsurance</b> (60 to 90-day supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. \$180*; max. \$360)	You pay 50% after drug deductible (min. \$215*; max. \$430)

\*If the cost of the drug is less than the minimum, you will pay the cost of the drug.

# Scott and White Health Plan

## TRS-ActiveCare 2019-2020 Summary of Benefits

Fully Covered Healthcare Services	
Preventive Services	No Charge
Standard Lab and X-Ray	No Charge
Disease Management and Complex Case Management	No Charge
<b>Well Child Care Annual Exams</b>	<b>No Charge</b>
Immunizations (age appropriate)	No Charge
Plan Provisions	
<b>Annual Deductible</b>	<b>\$950 Individual/ \$2,850 Family</b>
<b>Annual out-of-pocket maximum (including medical and prescription copays and coinsurance)</b>	<b>\$7,450 Individual/ \$14,900 Family</b> (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None
Outpatient Services	
<b>Primary Care<sup>1</sup></b>	<b>\$20 Copay</b> (First Primary Care Visit for Illness - \$0 Copay <sup>2</sup> / \$0 Copay for primary visit for dependents age 19 and under)
Specialty Care	\$70 copay
Other Outpatient Services	20% after deductible <sup>3</sup>
Diagnostic/Radiology Procedures	20% after deductible
Eye Exam (one annually)	No Charge
Allergy Serum & Injections	20% after deductible
Outpatient Surgery	\$150 copay and 20% of charges after deductible
Maternity Care	
Prenatal Care	No Charge
Inpatient Delivery	\$150 per day <sup>4</sup> and 20% of charges after deductible
Inpatient Services	
Overnight hospital stay; includes all medical services including semi-private room or intensive care	\$150 per day <sup>4</sup> and 20% of charges after deductible
Diagnostic & Therapeutic Services	
Physical and Speech Therapy	\$70 copay
<b>Manipulative Therapy<sup>5</sup></b>	<b>20% without office visit \$40 plus 20% with office visit</b>
Equipment and Supplies	
Preferred Diabetic Supplies and Equipment	\$5/\$12.50 copay; no deductible
Non-Preferred Diabetic Supplies and Equipment	30% after Rx deductible
Durable Medical Equipment/Prosthetics	20% after deductible

Home Health Services	
Home Healthcare Visit	\$70 copay
Worldwide Emergency Care	
Nurse Advice Line	1-877-505-7947
Online Services	No Charge — go to trs.swhp.org
After-Hours Primary Care Clinics	\$20 copay
Ambulance and Helicopter	\$40 copay and 20% of charges after deductible
Emergency Room <sup>6</sup>	\$500 copay after deductible
Urgent Care Facility	\$50 copay
Prescription Drugs	
Annual Benefit Maximum	Unlimited
Rx Deductible Does not apply to preferred generic drugs	\$150
<b>Ask an SWHP Pharmacy representative how to save money on your prescriptions.</b>	<b>Maintenance Quantity</b> (Up to a 90-day supply) Available at BSW Pharmacies, in-network retail pharmacies and mail order
	<b>Retail Quantity</b> (Up to a 30-day supply)
Preferred Generic	\$5 copay \$12.50 copay
Preferred Brand	30% after Rx deductible 30% after Rx deductible
Non-Preferred	50% after Rx deductible 50% after Rx deductible
Online Refills	trs.swhp.org
Mail Order	BSWH : 1-817-388-3090 OptumRx: 1-855-205-9182
Specialty Medications (up to a 30-day supply)	
Tier 1	15% after Rx deductible
Tier 2	15% after Rx deductible
Tier 3	25% after Rx deductible

**The SWHP MOMS Program provides you with** specialized nurses who are notified of the delivery of your baby. These licensed professionals will contact you after you return home and help you with everything from the general well-being of both you and your baby, to breast/bottle feeding, to information on how to add your baby to your health plan.

<sup>1</sup>Including all services billed with office visit

<sup>2</sup> Does not apply to wellness or preventive visits

<sup>3</sup>Includes other services, treatments, or procedures received at time of office visit

<sup>4</sup>\$750 maximum copay per admission and 20% after deductible

<sup>5</sup>35 maximum visits per year

<sup>6</sup>Copay waived if admitted within 24 hours

# TRS-ActiveCare 2019–20 what's new & what's changing

## HMO Changes

Medical Coverage	Scott and White	
	2018 – 19 Plan Year	2019 – 20 Plan Year
<b>Out-of-pocket maximum</b> Individual/Family	\$7,000/\$14,000	\$7,450/\$14,900
<b>Deductible</b> Individual/Family	\$1,000/\$3,000	\$950/\$2,850
<b>Primary care office visit</b>	You pay \$15, 1 <sup>st</sup> office visit copay waived for illness	You pay \$20, 1 <sup>st</sup> office visit copay waived for illness, \$0 copay for primary visit for dependents age 19 and under
<b>Specialist office visit copay</b>	\$70	No change
<b>Urgent care copay</b>	You pay \$50 copay	No change
<b>Emergency room copay/coinsurance</b>	You pay \$250 plus 20% after deductible	You pay \$500 after deductible
<b>Prescription Coverage</b>		
<b>Prescription drug deductible</b>	\$150	No change
<b>Prescription Coverage   Preferred drugs</b>		
<b>Retail copay/coinsurance</b> (up to 31-day supply)	No plan changes for Scott and White	
<b>Retail maintenance copay/coinsurance</b> (after 1 <sup>st</sup> fill; up to 31-day supply)		
<b>Mail order copay/coinsurance</b> (60 to 90-day supply)		
<b>Prescription Coverage   Non-preferred brand drugs</b>		
<b>Retail copay/coinsurance</b> (up to 31-day supply)	No plan changes for Scott and White	
<b>Retail maintenance copay/coinsurance</b> (after 1 <sup>st</sup> fill; up to 31-day supply)		
<b>Mail order copay/coinsurance</b> (60 to 90-day supply)		
<b>Specialty Medications</b>		



# BENEFITS AT A GLANCE

To Enroll Online Visit: [bit.ly/bastropisdhr](http://bit.ly/bastropisdhr) Departments/Benefits

## DENTAL – HUMANA

Dependents covered up to age 26

Visiting the dentist can help you and your family keep a great smile as well as maintaining good health. These plans are designed to help you keep your teeth in the best shape possible. This is how they work:

Dental	Low Plan	High Plan
Annual deductible	\$50 per individual; \$150 per family	\$50 per individual; \$150 per family
Annual maximum*	\$1000 per person	\$1250 per person
Preventative care (e.g., cleaning, exam, x-rays)	100% paid	100% paid
Basic filling services (e.g., fillings, extractions)	Covered at 50% after deductible is met	Covered at 80% after deductible is met
Major services (e.g., crowns, root canals)	Covered at 30% after deductible is met	Covered at 50% after deductible is met
Orthodontia for eligible children and adults	\$1000 per person	\$1000 per person

PPO Dental (semimonthly rates)	Low Plan	High Plan
Employee Only	\$11.75	\$17.71
Employee + Spouse	\$24.56	\$46.62
Employee + Children	\$30.32	\$48.71
Employee + Family	\$42.91	\$71.13



\* After annual maximum is met, you will receive 30% coinsurance benefit on preventative, basic, and major services for the rest of the year (this excludes orthodontia).

## VISION PLAN – SUPERIOR VISION

Dependents covered up to age 26

Keeping up with routine eye exams is extremely important—regardless how perfect your vision might be. On top of providing you with prescriptions for glasses or contacts, your eye doctor can check you for diseases or infections. This plan is designed to help you and your family’s vision stay as healthy as possible. Highlights include:

- Richer benefits with in-network provider
- \$10 co-pay for eye exam
- \$10 co-pay for eyeglasses or contacts
- \$150 frame allowance OR \$150 contact lens allowance
- This plan allows for new frames every 24 months
- New enrollees will receive their ID card via USPS



Vision Plan (semi-monthly rates)	
Employee Only	\$3.98
Employee + Spouse	\$8.57
Employee + Children	\$6.45
Employee + Family	\$11.76

## NOTES:

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# BENEFITS AT A GLANCE

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## **NEW** CANCER INSURANCE— AFLAC

Dependents covered up to age 26

If you are suddenly diagnosed with cancer, it might present a challenge to your family’s financial and emotional stability. This plan can help provide financial security as you undergo treatment and are not able to work. Benefits include:

- Plan is Guaranteed Issue this year only. NO PRE-EXISTING CONDITIONS EXCLUSION!
- You choose lump-sum benefit amount of \$10,000, \$20,000 or \$30,000
- Dependents coverage is 50% of employee’s coverage
- Plan includes a \$50 Wellness Benefit for both Employee and Spouse
- Cancer (Internal or Invasive) pays 100%
- Non-Invasive Cancer pays 25%
- Skin Cancer benefit of \$250 per calendar year
- Additional diagnosis and re-occurrence benefits available. See plan document in Reference Center for more information.

Cancer Plan (semimonthly rates)	Employee	Spouse
\$10,000	\$7.78	\$7.78
\$20,000	\$14.80	\$14.80
\$30,000	\$21.82	\$21.82

## ACCIDENT INSURANCE — AFLAC

Dependents covered up to age 26

This plan is designed to help you cope with the costs associated with unexpected accidents. Despite having health insurance, out-of-pocket costs may add up quickly when you factor in expenses like co-payments and deductibles. Highlights of the plan include:

- Guaranteed issue for employees and dependents
- No deductibles required
- Plan is fully portable even if you leave your employer
- Coverage includes—but is not limited to—accidents, fractured bones, burns, concussions, broken teeth, emergency room treatment, ambulance, hospital confinement, chiropractic, emergency dental, rehabilitation, sports injuries, accidental death
- Pays directly to the employee, based on the schedule of benefits



Accident Plan (semimonthly rates)	
Employee Only	\$7.17
Employee + Spouse	\$12.21
Employee + Children	\$15.74
Employee + Family	\$20.78

## CRITICAL ILLNESS INSURANCE — AFLAC

Dependents covered up to age 26

Receiving news that you’ve been diagnosed with a critical illness can impact your financial and emotional stability. Paying for treatment can be costly and your savings may not cover everything. These plans are designed to help you through the illness. Highlights include:

- Plan is Guaranteed Issue this year only. NO PRE-EXISTING CONDITIONS EXCLUSION
- Low, Mid and High plans available to meet your needs
- You choose lump-sum benefit amount of \$5,000, \$10,000, \$20,000 or \$40,000
- Dependents coverage is 50% of employee’s coverage
- Wellness benefit pays you \$100 for annual health screening
- Smoker and Non-Smoker, Age-banded rates listed in Reference Center
- A percentage of the basic-benefit is payable for each covered person in each category and a recurrence benefit is payable in the critical illness and cancer categories



Covered Illnesses
• Heart attack
• Stroke
• Major organ transplant
• End stage renal failure
• Invasive cancer
• Coronary artery bypass (25%)
• Carcinoma in situ (25%)



# BENEFITS AT A GLANCE

To Enroll Online Visit: [bit.ly/bastropisdhr](http://bit.ly/bastropisdhr) Departments/Benefits

## HOSPITAL INDEMNITY PLAN – AFLAC

Dependents covered up to age 26

The Aflac Group Hospital Indemnity Plan provides cash benefits **directly to you** that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury. **NO PREGNANCY LIMITATION!** Highlights include:

	Low Plan	High Plan
Hospital Admission (per confinement) Once per covered sickness or accident per calendar year	\$1000	\$2000
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$150	\$200
Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$150	\$200
Intermediate Intensive Care Step-Down Unit (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$75	\$100

Hospital Indemnity (semimonthly rates)	Low Plan	High Plan
Employee Only	\$11.16	\$16.74
Employee + Spouse	\$20.27	\$32.49
Employee + Children	\$16.54	\$25.65
Employee + Family	\$25.65	\$41.40



## DISABILITY – UNUM

Having disability insurance can help protect your income in the event you become sick, injured, or pregnant, and the doctor says you're unable to work. This plan can help provide financial security for you and your family so you can focus on recovering and focusing on your health. Here's how it works:

- In the event that you become sick, injured, or pregnant, and are unable to work, disability insurance helps take the place of your missing paycheck
- Your monthly benefit will pay you up to 66% of your salary for as long as you are medically disabled—up to the age of 65
- Prices vary based on how much insurance you select, and on how long of an “elimination period” you select (see rate chart at <http://benefits.ffga.com/bastropisd>; elimination periods tell you how long you have to wait after being diagnosed as “medically disabled” before you get paid your disability benefit; elimination periods for illness/accident are 7 days, 14 days, 30 days, 60 days, 90 days, or 180 days
- If you select an elimination period of 30 days or less, your waiting period is waived upon in-patient hospital admittance of 24 hours or more



### Highlights

- Pays in \$100 increments; up to 66% of salary or maximum of \$8,000
- Pays until the doctor says you can return to work, or to age 65
- Guaranteed Issue for everyone, but any new or enhanced coverage has a 12 month pre-existing condition\* limitation

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# BENEFITS AT A GLANCE

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## PERMANENT, PORTABLE LIFE INSURANCE – TEXAS LIFE

Dependents coverage can be elected and covered up to age 26

- Coverage available for **EMPLOYEE, SPOUSE, CHILD(REN), and GRANDCHILDREN**
- **Chronic Illness Rider**- the Policy holder is eligible to withdraw 92% of the face value to help cover the cost of unexpected expenses caused by the loss of two activities of daily living or serious cognitive impairment.\* Only the employee is eligible. See brochure for details
- Employees age 49 and under: eligible to receive up to \$300,000 Express Issue
- Employees age 50-65: eligible receive up to 100,000 Express Issue
- Spousal coverage available up to \$50,000. Express Issue amounts vary depending on spouses age
- Child(ren) and Grandchildren eligible to receive up to \$50,000
- See FAQs page for definition of “express issue”
- Detailed rate chart listed in Reference Center

Highlights
<ul style="list-style-type: none"> <li>• Portable</li> <li>• Coverage up to age 121</li> <li>• No scheduled rate increase</li> <li>• Rider for children and grandchildren</li> <li>• Chronic Illness Rider- pays up to 92% of policy value</li> </ul>



## GROUP LIFE – UNUM

Dependent coverage can only be carried on one employee, if both work for the district. Dependents covered up to age 26

Although no dollar amount can ever be placed on the value of your life, this insurance plan can provide stability and protection to your loved ones after you are gone. Bastrop ISD provides all eligible employees with a \$10,000 Basic Life and AD&D policy. Here’s how this plan works:

- Amounts of coverage still in underwriting after September 1, 2018, the effective date of coverage will be the first day of the month following the date of approval by Unum
- Employees with current coverage can increase coverage by \$10,000 increments to a maximum of the Guaranteed Issue amount up to \$200,000 this year without health questions for approval
- Employees without current coverage can elect 5 times their salary up to \$500,000 of voluntary employee coverage but are subject to health questions
- Coverage available for spouse and child(ren) only if you have coverage for yourself

Existing Employees—subject to underwriting

- Employee: Increments of \$10,000 up to 5 times salary not to exceed \$500,000
- Spouse: Increments of \$5,000 up to 100% of the employee’s election up to \$100,000
- Child(ren): Increments of \$1,000 up to \$10,000
- Spouse and dependent child(ren) coverage is limited to 100% of the employee’s coverage election

New Hires (within 31 days of hire)—Guaranteed issue

- Employee: Increments of \$10,000, beginning at \$10,000 up to a maximum of \$200,000
- Spouse: Increments of \$5,000 up to \$25,000
- Child(ren): Up to \$10,000
- Spouse and dependent child(ren) coverage is limited to 100% of the employee’s coverage election.
- Dependent coverage can only be carried on one employee, if both work for the district



Voluntary AD&D is also available and is ALWAYS Guaranteed Issue. Options for AD&D coverage are as follow:

- Employee: Up to 5 times salary in \$10,000 increments, not to exceed \$500,000
- Spouse: Up to 100% of employee amount in \$5,000 increments, not to exceed \$100,000
- Child(ren): Up to 100% of employee amount in \$1,000 increments, not to exceed \$10,000

PLEASE NOTE: For any amounts that are subject to health and underwriting guidelines for approval, you will be prompted to complete the Evidence of Insurability and submit. If the Evidence of Insurability is not completed by August 31, 2019, the elected coverage will be declined.

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# BENEFITS AT A GLANCE

To Enroll Online Visit: [bit.ly/bastropisdhr](http://bit.ly/bastropisdhr) Departments/Benefits

## ID THEFT PROTECTION – ILOCK360

Dependents covered up to age 18

Your identity may be your most important asset. It defines who you are, determines how much you can borrow and can be a deciding factor in employment. These factors are why your identity is a target for online criminals. In 2018 identity fraud affected 13.1 million consumers costing a total of \$15 billion. Last year, 20% of all fraud losses were due to new account fraud—meaning that fraudsters were opening new accounts under stolen identities, going beyond the usual credit card fraud many consumers anticipate. Keep your identity protected with iLOCK360's comprehensive identity protection. Here's how it works:

- Monitors your identity 24/7/365
- Personal email address required to sign up for this program
- Plan can protect individual or family



iLOCK360 (semimonthly)	Plus	Premium
Employee Only	\$4.00	\$7.50
Employee + Spouse	\$7.50	\$11.00
Employee + Children	\$6.50	\$10.00
Employee + Family	\$10.00	\$13.50

Service	Plus	Premium
CyberAlert®	✓ ✓	✓ ✓
Social Security number trace	✓ ✓	✓ ✓
Change of address	✓	✓
Sex offender alerts	✓	✓
Payday loan	✓	✓
Court/criminal records	✓	✓
Full service restoration and lost wallet	✓	✓ ✓
\$1M insurance	✓	✓
Daily monitoring of one credit bureau (TransUnion)	✓	
Daily monitoring of three credit bureaus (TransUnion, Equifax, Experian)		✓
ScoreTracker™		✓
✓ adults ✓ children		

## WELLVIA TELEMEDICINE

Dependents covered up to age 26

WellVia provides you with access to a national network of board certified, state licensed doctors offering medical consultations 24 hours a day, 7 days a week! Doctors can diagnose, recommend treatment and prescribe medication via phone or video. Speak to a doctor within minutes from anywhere – home – work – or while traveling.

Use for symptoms such as:

- Allergies
- Bronchitis
- Cold and Flu
- Sinus Infection
- Sore Throat
- UTI
- Nausea
- And many more...

- Unlimited use with \$0 copay



WellVia Telemedicine (semimonthly)	Premium
Employee	\$5.00
Employee and Family	\$5.00

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# BENEFITS AT A GLANCE

To Enroll Online Visit: [bit.ly/bastropisdhr](http://bit.ly/bastropisdhr) Departments/Benefits

## PET INSURANCE- Nationwide®

Nationwide® provides affordable pet health coverage from preventive care to significant medical incidents. Your employees are eligible for preferred pricing which makes this peace-of-mind protection even more affordable. Find out why Nationwide is the #1 choice in America for pet insurance.

To enroll or get more information, contact 877-738-7874 or visit [www.petinsurance.com/bisdtx](http://www.petinsurance.com/bisdtx)

Please Note: This will not be payroll deducted but you can get a discount using the link provided or calling and letting them know you have special pricing with Bastrop ISD.



- Accidents, including poisonings and allergic reactions
- Injuries, including cuts, sprains and broken bones
- Common illnesses, including ear infections, vomiting and diarrhea
- Serious/chronic illnesses, including cancer and diabetes
- Hereditary and congenital conditions
- Surgeries and hospitalization
- X-rays, MRIs and CT scans
- Prescription medications and therapeutic diets

Just like all other pet insurers, we don't cover pre-existing conditions. However, we go above and beyond with extra features such as **emergency boarding, lost pet advertising and more.** This plan has a low \$250 annual deductible and a generous \$7,500 maximum annual benefit. Also available with wellness.

My Pet Protection® is available exclusively through your employer. Get a quote today. [www.petinsurance.com/bisdtx](http://www.petinsurance.com/bisdtx)



Nationwide®  
is on your side

## BASTROP ISD SICK LEAVE BANK

Now is the time to enroll if you are considering opting-in to the sick leave bank!

The Bastrop ISD Sick Leave Bank serves to alleviate some of the hardship caused to an employee and the employee's family when a catastrophic illness or injury forces the employee to exhaust all leave and lose compensation. The sick leave bank enables employees to give or receive critical care to family members or themselves, with the intent of relieving anxiety of the possibility of a sudden loss of income, while being confronted by severe illness or injury.

**EACH YEAR YOU MUST EITHER ENROLL (opt in) or WAIVE COVERAGE (opt out).**



If you donate a day each year, (by opting in at open enrollment each year), and you meet the criteria below, you can request days from the Sick Leave Bank by submitting a Request Form along with the completed Sick Leave Bank Attending Physician's Statement. If the request meets the criteria, it then goes to a committee where approval is given or denied.

Below is the criteria you must meet to be eligible to apply:

1. Life-threatening; and/or
2. Requires 5 or more days of hospitalization or major medical treatment such as surgery, chemotherapy, radiation and the like; and
3. Has totally incapacitated the individual from work; and
4. Requires the services of an M.D. or D.O. throughout the pe-riod of the catastrophic leave, as certified by a medical pro-fessional.
5. The condition of pregnancy shall not be covered. However, medical complications that arise from childbirth shall be considered.
6. Routine illnesses and general surgeries do not qualify as catastrophic, in general.
7. Worker's Compensation injury will not be covered by the Sick Leave Bank.



# BENEFITS AT A GLANCE

To Enroll Online Visit: [bit.ly/bastropisdhr](http://bit.ly/bastropisdhr) Departments/Benefits

## EMPLOYEE LEAVE BENEFITS



### Paid Leave:

- **State Personal Leave** – 5 days
- **Local Sick Leave** – 5 days
- **Extended Sick Leave** – 10 days (Docked at 1/2 of your daily rate, can only be used for employee's illness.)
- **Sick Leave Bank** – Must opt-in during open enrollment to be eligible. Must meet criteria, available for Employee, Spouse or child. Leave based on years of BISD service.
- **Catastrophic Injury or Illness Leave** – Must meet criteria, available for Employee, Spouse or child.
- **Assault Leave** – must be requested by the employee

### Unpaid Leave:

- **Family Medical Leave** – FMLA is a Federal law that provides eligible employees with up to 12 weeks of unpaid, job-protected leave per year. It is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons.
- **Temporary Disability Leave** – 180 days (for qualified employees only). Runs concurrent with FMLA when applicable.

PLEASE CONTACT THE DEPARTMENT OF HUMAN RESOURCES WITH ANY QUESTIONS YOU MAY HAVE REGARDING YOUR LEAVE BENEFITS

## BASTROP EDUCATION FOUNDATION



### What is the Foundation?

The Bastrop Education Foundation is a local, grassroots, philanthropic organization committed to improving education and educational opportunities throughout Bastrop ISD. The Foundation has awarded nearly 350 grants, totaling more than \$1.6 million dollars. The grants demonstrate a tremendous wellspring of teacher talent, creativity, commitment, and initiative. The scope of the grants varies widely: affecting individual classrooms, a full grade level, multiple campuses, or the entire district. *The Foundation's activities and programs are funded exclusively by donations - large and small - that collectively create an impact for the community far greater than any of us might achieve individually.*

TO CONTRIBUTE TO THE BASTROP EDUCATION FOUNDATION please click on "I want Coverage" while in the Benefit Solver and then select the monetary amount you wish to contribute. If you wish to opt out please click on "Waive Coverage". All donations to the Foundation are tax deductible; please consult your financial advisor for specific details. Donations will be payroll deducted semi-monthly.

## NOTES:

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# BENEFITS AT A GLANCE

To Enroll Online Visit: [bit.ly/bastropisdhr](http://bit.ly/bastropisdhr) Departments/Benefits

## 457(b) Retirement Savings Plan

Section 457(b) Deferred Compensation Plan refers to Section 457(b) of the Internal Revenue Code of 1986. This is a district-sponsored voluntary retirement savings plan that allows an employee to save money for retirement on a tax-deferred basis. This plan allows you to start, stop, increase or decrease contributions at any time. The plan contains most of the same features of the 403(b) plan, but is particularly different in one unique way: distributions from the 457(b) Deferred Compensation Plan are not subject to the 10% excise tax for early withdrawal.

In 2019, you can contribute 100% of your includible compensation up to \$19,000, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,000 for a total of \$24,000 for the year. TCG Administrators (formerly JEM Resource Partners) is the plan administrator; you can elect salary deductions at [www.tcgservices.com](http://www.tcgservices.com). Your initial password to enroll online is **bastr457** (case sensitive). **All investing involves risk. Past performance is not a guarantee of future returns.**



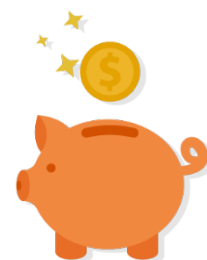
## 403(b) Retirement Savings Plan

A 403(b) is a retirement savings plan generally offered by public schools and other tax-exempt organizations that allows employees to make contributions on a pretax basis. Most plans allow you to start, stop, increase or decrease contributions at any time. The employer determines the investment providers and employees must open an account with one of those providers to contribute. TCG Administrators (formerly JEM Resource Partners) is the plan administrator; you can elect salary deductions at [www.tcgservices.com](http://www.tcgservices.com). Your initial password to enroll online is **bastr403** (case sensitive). **All investing involves risk. Past performance is not a guarantee of future returns.**



## Health Savings Account (HSA)

The Health Savings Account is only available for employees that elect a High Deductible Health Plan (HDHP). This would include the TRS ActiveCare 1HD. So to be eligible for the HSA, you would need to be enrolled in or elect this medical plan for next year. 2019 HSA Contribution limits: Individuals (self-only coverage)—\$3,500; Family coverage—\$7,000. HSA Catch-up contributions (age 55 or older): \$1,000. The HSA is very different from the Flexible Spending Account (FSA), as it is not pre-funded and you can only utilize the account as the monies from your paycheck are received to the HSA. Also the HSA is NOT a use-it-or-lose-it plan. The monies will continue to stay in your account until utilized for qualified expenses. The HSA can be increased, decreased, started or stopped at any time throughout the plan year. Employees who select a general purpose FSA, or whose spouse has a general purpose FSA, cannot have an HSA too.



## Flexible Spending Account (FSA)—Medical

This plan allows for tax savings on most medical, dental, and vision expenses not covered by insurance. Non-covered expenses apply to all dependent family members even if not covered by a particular insurance plan. The employee estimates an annual election based upon the amount of non-covered expenses expected to be incurred. **The maximum election amount for 2019 is \$2,700**—this amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside for the employee in a special account. A MasterCard debit card will be issued to you to pay for most expenses incurred. Your employer has chosen the \$500 roll-over option for your plan. This option allows you the opportunity to roll-over \$500 of unclaimed medical FSA funds into the following plan year. Any amount in excess of \$500 will be forfeited under the use-it-or-lose-it rule.



## Flexible Spending Account (FSA)—Dependent Care

This is a plan that allows for a tax savings on day care expenses for children under the age of 13 and for dependent adults unable to care for themselves. The employee estimates an annual election for the amount of expenses to be incurred. The annual election amount is deducted in equal parts from each paycheck, before taxes are calculated, and then set aside in a special account for the employee. As expenses are incurred the employee submits a claim and the money is reimbursed to the employee from the employee's account as the monies come in from each paycheck. **The IRS does not allow the Dependent Care Account (DCA) to be pre-funded.** Where accepted, the debit card may be used for payment of dependent care expenses. Please see the summary plan description located on the enrollment website for more information. Note: Any money not claimed by the employee within ninety days (90) after the end of the plan year is **forfeited**. The maximum annual election amount is \$5,000 per household. If you are married and filing separately, each spouse may only elect up to \$2,500.





# BENEFITS AT A GLANCE

To Enroll Online Visit: [bit.ly/bastropisdhr](http://bit.ly/bastropisdhr) Departments/Benefits

## Frequently Asked Questions

### What is Express Issue?

You may apply for the Texas Life permanent, portable coverage, not only for yourself, but also for your spouse, children and grandchildren by answering just 3 questions:

During the last six months, has the proposed insured:

- Been actively at work on a full time basis, performing usual duties?
- Been absent from work due to illness or medical treatment for a period of more than five consecutive working days?
- Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?



### What is a "pre-existing condition"?

A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received prior to the effective date of coverage.

### What is a deductible?

A deductible is what you must pay for your health care before your insurance pays its part. Most plans have deductibles, which start over when your "PLAN YEAR" starts over. For example, if your plan has a \$1,000 deductible and you have surgery that costs \$5,000, you'll pay \$1,000 before your insurer helps you cover your bills.

### What is a co-pay?

A copay is a small, fixed amount—often \$15 or \$20—that you pay for covered services like a prescription or a doctor's visit. Some health plans also apply coinsurance to certain services. With it, you pay a percentage of the total cost of care. For example, if you have a 20% coinsurance, and your doctor's appointment costs \$300, you'd pay \$60. That's if you've met your deductible.

### What is out-of-pocket maximum mean?

Your out-of-pocket maximum is the most you have to pay each year toward your medical services or prescription drugs before your insurance pays for all your care. This amount does not include what you pay in premiums. The Affordable Care Act limits the out-of-pocket maximums. In 2016, for one adult, it can be no more than \$6,850, and for a family, it can be no more than \$13,700.

### What does EOB mean?

After you've visited your doctor or had a procedure in a hospital, you'll receive an explanation of benefits (EOB) form explaining how much of the charges your insurance will pay. The EOB isn't a bill itself, but it can tell you what your doctor may charge you. Look for the words "due from patient" to see how much you may owe after your insurance pays.

### Dependent Care Accounts

#### If I contribute to a Dependent Care Account, can I also write-off my daycare expenses on my taxes?

No, you may not. If you use the Dependent Care Account, you save money up-front on your taxes. Your per-paycheck deductions are taken out of your paycheck before you pay taxes on your income. Thus, your taxable income is less, and you pay less in taxes.

#### What kinds of care does this cover?

- Before-school and after-school care
- Expenses for preschool/nursery school
- Extended day programs
- Au pair services (amounts paid for the actual care of the dependent)
- Baby sitter (in or out of the home)
- Nanny services (amounts paid for the actual care of the dependent)
- Summer day camp for your qualifying child under the age of 13
- Elder day care for a qualifying individual



#### Can I use the dependent care account to fund elder care for my mother/father/spouse?

Yes, you may use your Dependent Care account to fund care for individuals who qualify as your dependent child under the age of 13 who lives with you for more than half the year (and for whom you are the custodial parent in cases of divorce) your spouse, or other tax dependent, who is incapable of self-care and lives with you for more than half the year.

***This is an outline of benefits only. If there is a conflict between the terms of this outline of benefits and the contract, the terms of the contract will prevail. Please see a Benefits Advisor or review plan summary in the Reference Center at [www.benefitsolver.com](http://www.benefitsolver.com) for additional information.***

# IMPORTANT CONTACTS

## TAYLOR SILGUERO, ACCOUNT MANAGER

OFFICE: 800-672-9666 | CELL: 512-630-6654 | EMAIL: [TAYLOR.SILGUERO@FFGA.COM](mailto:TAYLOR.SILGUERO@FFGA.COM)

## MARSHA GOERTZ, BISD BENEFITS MANAGER

BASTROP ISD 512-772-7135 | EMAIL: [mgoertz@bisdtx.org](mailto:mgoertz@bisdtx.org)

BENEFIT	VENDOR	PHONE	WEBSITE
Medical	TRS ActiveCare	800-222-9205	<a href="http://www.trsactivecareetna.com">www.trsactivecareetna.com</a>
Dental	Humana	800-223-4013	<a href="http://www.humana.com">www.humana.com</a>
Vision	Superior Vision	800-507-3800	<a href="http://www.superiorvision.com">www.superiorvision.com</a>
Disability	Unum	866-679-3054	<a href="http://www.unum.com">www.unum.com</a>
Cancer	Aflac	800-992-3522	<a href="http://www.aflac.com">www.aflac.com</a>
Accident	Aflac	800-992-3522	<a href="http://www.aflac.com">www.aflac.com</a>
Critical Illness	Aflac	800-992-3522	<a href="http://www.aflac.com">www.aflac.com</a>
Hospital Indemnity	Aflac	800-992-3522	<a href="http://www.aflac.com">www.aflac.com</a>
Individual Permanent Life	Texas Life	800-283-9233	<a href="http://www.texaslife.com">www.texaslife.com</a>
Group Life	Unum	866-679-3054	<a href="http://www.unum.com">www.unum.com</a>
Telemedicine	WellVia	855-935-5842	<a href="http://www.WellViasolutions.com">www.WellViasolutions.com</a>
Identity Theft Protection	iLOCK360	855-287-8888	<a href="http://www.iLOCK360.com">www.iLOCK360.com</a>
457 and 403(b) Retirement Plans	TCG Administrators	800-943-9179	<a href="http://www.tcgservices.com">www.tcgservices.com</a>
Flexible Spending Accounts (FSA)	First Financial	800-523-8422	<a href="http://www.ffga.com">www.ffga.com</a>
Health Saving Accounts (HSA)	First Financial	800-523-8422	<a href="http://www.ffga.com">www.ffga.com</a>

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1

When you enter the site for the first time click **Register** and proceed. After you have registered, you will go to **User Name** and **Password**. If password is forgotten, click **Forgot Your Password**, and proceed with prompts.

**AFTER YOU HAVE REGISTERED FOR THE FIRST TIME, YOU WILL GO HERE**

2

Your company key is **bastrop** (case sensitive)

**FORGOTTEN PASSWORD**

You will be prompted for SSN, company key, and DOB (MM/DD/YYYY). Follow prompts.



3

Click **START HERE**

You may go to the Reference Center to get more details on the available plans. You can view provider directories for the dental and vision plans if you would like to see the available network providers.

4

**VIEW CURRENT BENEFITS BY CLICKING HERE**

5

Click **START ENROLLMENT**

The next screen contains text regarding the upcoming changes and important benefits dates. Please read the text and click **START ENROLLMENT** at the bottom of the page to proceed.

6

You will need to go through each benefit to select or waive each one this year. After you have completed all the benefits, you will be directed to the "Review Enrollment" page. You are still able to make a change to a benefit there also. Click **EDIT** to the right of the benefit you wish to change or elect. After you review your benefits, please scroll down to the bottom of the page and click **NEXT**.

7

When finished making your benefit change, scroll to the bottom of the page and click **NEXT**. You will advance to the review page.

8

When you are finished reviewing your enrollment and making changes, click **APPROVE** at the bottom or top of the Review Enrollment page. Continue to the last step on the next page. On the next screen click **I AGREE**, and then click **PRINT** for a summary of your chosen benefits.