

EMPLOYEE BENEFITS OVERVIEW GUIDE

PLAN YEAR:
September 1, 2018 –
August 31, 2019

BASTROP ISD



WHAT'S INSIDE?

S125 PLAN INFORMATION

FLEXIBLE SPENDING ACCOUNTS
AT A GLANCE CONTACT INFORMATION

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Visit Human Resources Department /Employee Benefits at <https://www.bisdtx.org>



NEW EMPLOYEE BENEFITS WEBSITE

NEW 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 Human Resources Department /Employee Benefits /2018-2019 Open Enrollment at <https://www.bisdtx.org>

IMPORTANT!! If you were employed with BISD in 2016-2017 you may already have an account!

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
For Medical will be in
July-August, 2018**



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

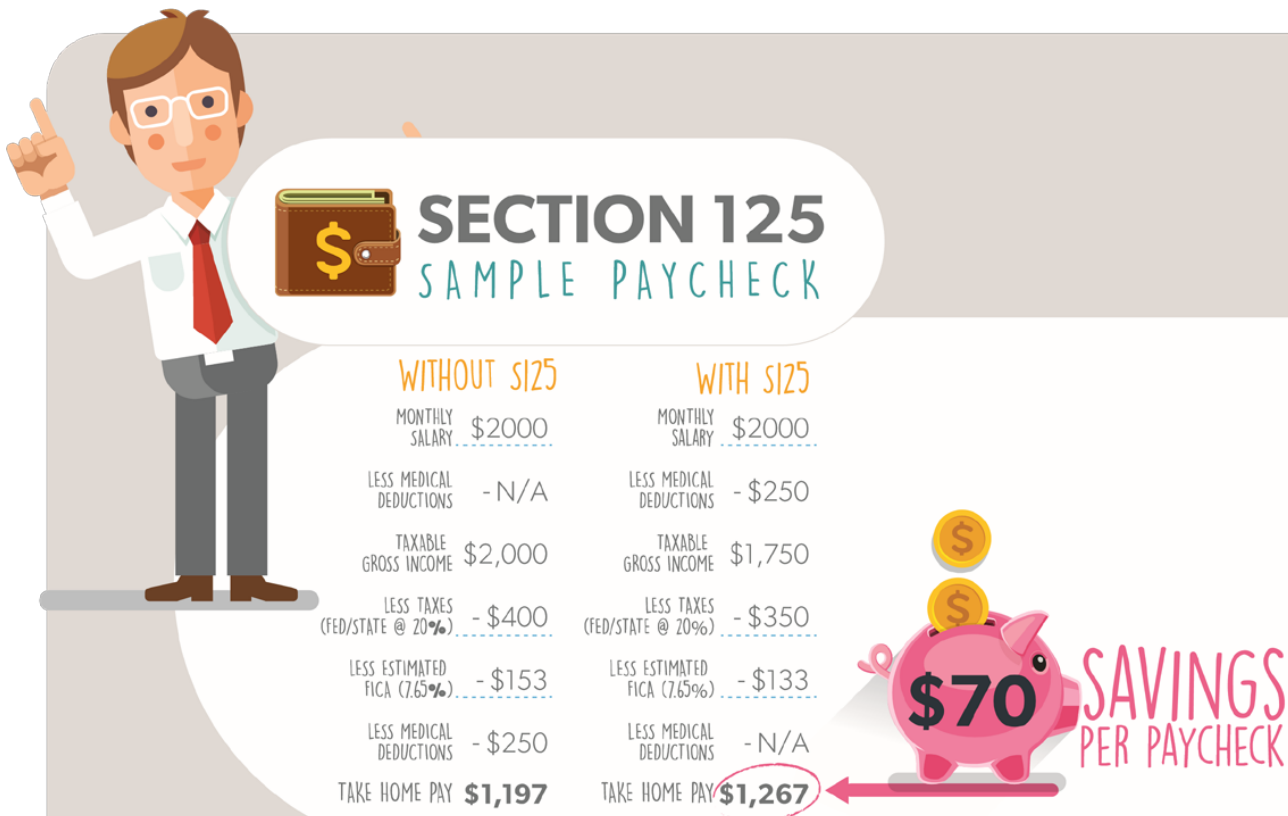
- Medical Insurance
- Dental Insurance
- Vision Insurance
- Critical Illness Insurance
- Cancer Insurance
- Accident Insurance
- Flexible Spending Accounts
- Health Savings Account

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, 2018 – AUGUST 31, 2019

FSA MAX: THE MAXIMUM YOU CAN SET ASIDE EACH YEAR IS \$2,600.



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

With the FF Flex Mobile App you can submit claims, view account balance & history, see claim status, view alerts, upload receipts and documentation and more! The FF Flex Mobile App is available for Apple® or Android™ devices on the App StoreSM or the Google Play StoreTM.

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.

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





BENEFITS AT A GLANCE

NOTE:

This is not the Open Enrollment period for the medical insurance. Bastrop ISD is currently a participant in the TRS ActiveCare Health Insurance Plan. Open enrollment for Medical Insurance will begin in July, watch for email information.

2018-2019 TRS-ActiveCare Coverage ActiveCare 1-HD C11	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2018-2019 Semi-Monthly Paycheck** Rate	18-19 Monthly Increase
Individual	\$367.00	\$42.00	\$21.00	\$16.00
+Spouse	\$1,035.00	\$710.00	\$355.00	\$44.00
+Children	\$701.00	\$376.00	\$188.00	\$30.00
+Family	\$1,374.00	\$1,049.00	\$524.50	\$58.00

2018-2019 TRS-ActiveCare Coverage ActiveCare Select C19	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2018-2019 Semi-Monthly Paycheck** Rate	18-19 Monthly Increase
Individual	\$540.00	\$215.00	\$107.50	\$26.00
+Spouse	\$1,327.00	\$1,002.00	\$501.00	\$63.00
+Children	\$876.00	\$551.00	\$275.50	\$42.00
+Family	\$1,668.00	\$1,343.00	\$671.50	\$79.00

2018-2019 TRS-ActiveCare Coverage ActiveCare 2 C18	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2018-2019 Semi-Monthly Paycheck** Rate	18-19 Monthly Increase
Individual	\$782.00	\$457.00	\$228.50	\$68.00
+Spouse	\$1,855.00	\$1,530.00	\$765.00	\$161.00
+Children	\$1,163.00	\$838.00	\$419.00	\$101.00
+Family	\$2,194.00	\$1,869.00	\$934.50	\$190.00

2018-2019 Scott & White C24	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2018-2019 Semi-Monthly Paycheck** Rate	18-19 Monthly Increase
Individual	\$578.36	\$253.36	\$126.68	\$17.32
+Spouse	\$1,353.40	\$1,028.40	\$514.20	\$90.32
+Children	\$908.06	\$583.06	\$291.53	\$19.64
+Family	\$1,509.56	\$1,184.56	\$592.28	\$108.58

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

* Bastrop ISD contributes \$325 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.

TRS-ActiveCare 2018-19 what's new & what's changing



Medical Coverage	TRS-ActiveCare-1HD		TRS-ActiveCare Select		TRS-ActiveCare 2	
	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year
	Note: This is a closed plan. Only participants presently enrolled in ActiveCare 2 are eligible to remain in this plan for 2018-19. No new enrollments will be allowed.					
In-network deductible Individual/Family	\$2,500/\$5,000	\$2,750/\$5,500	\$1,200/\$3,600	No change	\$1,000/\$3,000	No change
In-network out-of-pocket max Individual/Family	\$6,550/\$13,100	\$6,650/\$13,300	\$7,150/\$14,300	\$7,350/\$14,700	\$7,150/\$14,300	\$7,350/\$14,700
Out-of-network deductible Individual/Family	\$5,000/\$10,000	\$5,500/\$11,000	N/A	N/A	\$2,000/\$6,000	No change
Out-of-network out-of-pocket max Individual/Family	\$13,100/\$26,200	\$13,300/\$26,600	N/A	N/A	\$14,300/\$28,600	\$14,700/\$29,400
Specialist office visit	20% after deductible	No change	\$60 copay	\$70 copay	\$50 copay	\$70 copay
ER copay	20% after deductible	No change	\$200 copay plus 20% after deductible	\$250 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$250 copay plus 20% after deductible
NEW Freestanding ER	20% after deductible	\$500 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$500 copay plus 20% after deductible
Quest diagnostic lab	20% after deductible	No change	Plan pays 100%	20% after deductible	Plan pays 100%	20% after deductible
Prescription Coverage						
Retail (up to 31-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$65 copay	50% after RX deductible (min \$65*, max \$130)
Retail maintenance (after 1st fill; up to 31-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$90 copay	50% after RX deductible (min \$90*, max \$180)
Mail order & Retail-Plus (up to 90-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$180 copay	50% after RX deductible (min \$180*, max \$360)
Specialty prescription drug	20% after deductible	No change to coinsurance Limited to a 31-day supply per fill	20% after RX deductible	No change to coinsurance Limited to a 31-day supply per fill	\$200 (up to 31 day fill) \$450 (32-90 day fill)	20% after RX deductible (min \$200*, max \$900) Limited to a 31-day supply per fill

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

HMO Changes

Medical Coverage	Scott and White	
	2017 – 18 Plan Year	2018 – 19 Plan Year
Out-of-pocket maximum Individual/Family	\$6,550/\$13,100	\$7,000/\$14,000
PCP copay	\$20	\$15
Specialist copay	\$50	\$70
Urgent Care copay	\$55	\$50
ER copay	\$150 copay plus 20% after RX deductible	\$250 copay plus 20% after RX deductible
Prescription Coverage		
Specialty prescription drug	20% after RX deductible	Tier 1 and 2–15% after RX deductible Tier 3–25% after RX deductible



BENEFITS AT A GLANCE

Visit Human Resources Department /Employee Benefits at <https://www.bisdtx.org>

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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CANCER INSURANCE— ALLSTATE

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:

- Plans pay directly to offset expenses related to the treatment of cancer and other specified diseases like Lupus, Cystic Fibrosis, Lyme Disease, etc.
- Choose Low Plan or High Plan
- Low Plan pays \$5,000 annually for radiation/chemotherapy benefit;
- High Plan pays \$10,000 annually for radiation/chemotherapy benefit
- Both plans include a \$75 Wellness Benefit
- Both plans include an Intensive Care Unit benefit that will pay \$400 daily, up to 45 days, if you are confined to the ICU for ANY reason
- Both High and Low plans pay you \$4,000 upon initial cancer diagnosis.

Cancer Plan (semimonthly rates)	Low Plan	High Plan
Employee Only	\$10.53	\$15.20
Employee + Spouse	\$16.80	\$23.83
Employee + Children	\$14.94	\$21.69
Family	\$21.20	\$30.31

New Hires only (within 31 days of hire) and their dependents who apply for coverage during this open enrollment will be guaranteed coverage. Pre-existing condition limitations will apply for one year for those who are not currently in the group cancer plan. A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received within the twelve-month period prior to the effective date of coverage. Allstate does not pay for any loss due to a pre-existing condition during the first 12 months of coverage.

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
- Wellness benefit of \$25 during first year of coverage, \$50 during second year, and \$75 during third plus years (once per year)



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

Aflac is the new carrier for Critical Illness! 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
<ul style="list-style-type: none"> • Heart attack • Stroke • Major organ transplant • End stage renal failure • Invasive cancer • Coronary artery bypass (25%) • Carcinoma in situ (25%)



BENEFITS AT A GLANCE

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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
<ul style="list-style-type: none"> • 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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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 \$75,000. 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"> • Portable • Coverage up to age 121 • No scheduled rate increase • Rider for children and grandchildren • Chronic Illness Rider- pays up to 92% of policy value



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, 2018, the elected coverage will be declined.

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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 2016, 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:

- Basic coverage provided **FREE** to all eligible employees
- Monitors your identity 24/7/365
- Personal email address required to sign up for this program
- Plan can protect individual or family



iLOCK360 (semimonthly)	Basic	Plus	Premium
Employee Only	\$0	\$4.00	\$7.50
Employee + Spouse	N/A	\$7.50	\$11.00
Employee + Children	N/A	\$6.50	\$10.00
Employee + Family	N/A	\$10.00	\$13.50

Service	Basic	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			

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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

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.



Nationwide®
is on your side

My Pet Protection® is available exclusively through your employer. Get a quote today. www.petinsurance.com/bisdtx

IMPORTANT, BEFORE YOU ENROLL!!

If you were employed with BISD in 2016-2017 you may already have an account!

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.

NOTES:

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BENEFITS AT A GLANCE

Visit Human Resources Department /Employee Benefits at <https://www.bisdtx.org>

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 2018, you can contribute 100% of your includible compensation up to \$18,000, 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. Your initial password to enroll online is **bastr457** (case sensitive). **All investing involves risk. Past performance is not a guarantee of future returns.**



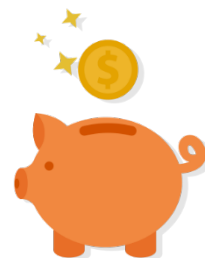
403(b) Retirement Savings Plan

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. 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. 2018 HSA Contribution limits: Individuals (self-only coverage)—\$3,450; Family coverage—\$6,900. 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 2018 is \$2,600**—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

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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.

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IMPORTANT CONTACTS

TAYLOR SILGUERO, ACCOUNT MANAGER

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

Benefit	Vendor	Phone	Website
Medical	TRS ActiveCare	800.222.9205	www.trsactivecareatna.com
Dental	Humana	800.233.4013	www.humana.com
Vision	Superior Vision	800.507.3800	www.superiorvision.com
Cancer	Allstate	800.521.3535	www.allstateatwork.com
Accident	Aflac	800.992.3522	www.aflac.com
Critical Illness	Aflac	800.992.3522	www.aflac.com
Hospital Indemnity	Aflac	800.992.3522	www.aflac.com
Educator Disability	Unum	866.679.3054	www.unum.com
Individual Life Insurance	Texas Life	254.745.6393	www.texaslife.com
Group Term Life Insurance	Unum	866.679.3054	www.unum.com
Identity Theft Protection	iLOCK360	855.287.8888	www.iLOCK360.com
Roadside Assistance	Fortegra Plus Motor Club	800.544.3895	www.fortegra.com
457 Retirement Plan	TCG Administrators	800.943.9179	www.tcgservices.com
403(b) Retirement Plan	TCG Administrators	800.943.9179	www.tcgservices.com
Flexible Spending Accounts (FSA)	First Financial	800.523.8422	www.ffga.com
Health Savings Account (HSA)	First Financial	800.523.8422	www.ffga.com

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Visit Human Resources Department /Employee Benefits /2018-2019 Open Enrollment at <https://www.bisdtx.org>

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

FORGOTTEN PASSWORD

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

2

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



Click **START HERE**

3

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

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.