

EMPLOYEE BENEFITS OVERVIEW GUIDE

Hire Date: _____

Due By: _____

PLAN YEAR:
September 1, 2021 – August 31, 2022

LA PORTE ISD



WHAT'S INSIDE?

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HOW TO ENROLL
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FLEXIBLE SPENDING ACCOUNTS
AVAILABLE RESOURCES
BENEFITS AT A GLANCE
CONTACT INFORMATION



REFERENCE CENTER

WWW.BENEFITSOLVER.COM
Company Key: lpisd (case sensitive)

LUPE LARA, BENEFITS SPECIALIST

OFFICE: 281-604-7054
EMAIL: LARAG@LPISD.ORG

OPEN ENROLLMENT IS
JULY 12TH THROUGH AUGUST 23RD 2021



★ Save the Dates ★

On-site enrollment help is available at the Instructional Technology Center (ITC) BY APPOINTMENT ONLY. Only the employee and one family member will be allowed to enter. To make an appointment go to <https://laporteisd.timetap.com/>. (Subject to change)

Friday August 13th - 11 am through 6 pm
Monday August 16th - 11 am through 6 pm
Monday August 23rd - 11 am through 6 pm

Employee Reference Center

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 forms and brochures that can be downloaded. For additional assistance logging in including locked accounts, contact the FEnroll Help Desk: Monday-Friday from 7 am to 5 pm Phone: (855) 523-8422

www.benefitsolver.com
Company Key: lpsid (case sensitive)



How to Enroll

Open Enrollment is

July 12th through August 23rd 2021

This year you have three options to enroll. A benefits advisor can help you enroll and answer any questions you may have by calling the Enrollment Assistance Center. Your First Financial Account Manager will be on site to assist you in enrolling in your benefits for three days by appointments only. You also have the option to enroll on-line 24/7 through BenefitSolver during your enrollment period. To prepare for your enrollment and view your elected benefits, visit the Reference Center at www.benefitsolver.com.

PHONE ENROLLMENT

A First Financial Representative will help enroll you in your benefits and answer questions. There is an option to leave a voice message for a representative to call you back.

July 12 - August 23, 2021

Monday - Friday from 8am - 5pm 855-765-4473, Option 3

ON SITE ENROLLMENT (During the open enrollment period)

There will be Benefit Advisors available to help you enroll and answer any questions you have on three different days. They will be located at the Instructional Technology Center (ITC), on August 13th, 16th, and 23rd from 11 AM to 6 PM BY APPOINTMENT ONLY. Only the employee and one family member will be allowed to enter. To make an appointment go to <https://laporteisd.timetap.com/>.

ONLINE ENROLLMENT

To enroll online, log in to BenefitSolver at www.benefitsolver.com and log in with your User Name and password for this benefit website. If you have forgotten your User Name or password, click the "Forgot user name or password" link. **The company key is: lpsid (case sensitive)**. If this is your first time logging into the site, click Register to get started. This site will request your social security number, date of birth (mm/dd/yyyy) and company key (lpsid), which is case sensitive. The site will ask you to create your User Name (8 characters or longer) and Password (8 characters or longer) and have a combination of letters and numbers. Please see the BenefitSolver navigation Instructions at the end of this book. For additional assistance logging in including locked accounts, contact the FFenroll Help Desk: Monday-Friday from 7 am to 5 pm Phone: (855) 523-8422

USEFUL INFORMATION TO KNOW


- Write your User Name and Password number down
- No changes will be permitted outside of annual enrollment, unless you have an IRS S125 qualified event. Qualified events include (but are not limited to) marriage, divorce, and the gain or loss of a dependent. You have 31 days from (and including) the date of the event to request a change consistent with that event.

Enrollment is:
July 12th
through
August 23rd



EMPLOYEE BENEFIT CHECKLIST

This is the perfect time to plan expenses for the school year and do a thorough check-up on your benefits for the 2021-2022 plan year.

CHECKLIST FOR OPEN ENROLLMENT	✓ Check
<p>Pick the Medical plan that works best for you and your family!</p> <p>TRS ActiveCare Medical Plans! Three Options to choose from:</p> <ul style="list-style-type: none"> • TRS ActiveCare Primary * • TRS ActiveCare Primary + * • TRS ActiveCare HD • TRS ActiveCare 2 (closed plan) <p>* For these plans you MUST select a Primary Care Physician (PCP) when you initially Enroll - visit bcbstx.com/trsactivecare to find the 10 digit PCP number - Please Note - if you are a new hire and had this plan at another district or currently enrolled in one of these plans, you will have to call TRS/BSwift at 866-355-5999 to change your PCP from what you had previously.</p>	
<p>Not all plans auto-renew. You MUST enroll annually if:</p> <ul style="list-style-type: none"> • You plan to participate in a Flexible Spending Account (FSA) • You want the Dependent Childcare Reimbursement Plan • You want to change your Sick Leave Bank election • You need to change your existing plans. 	
<p>Guarantee Issue* Benefits for Employees! (Keep an eye out for the pink star!)</p> <ul style="list-style-type: none"> ❖ Hospital Indemnity Plan - Helps pay for what your medical insurance won't ❖ AFA Group Cancer Insurance - over 25 benefits help pay while you recover ❖ Allstate Critical Illness - Plan pays a lump-sum benefit amount for over 30 illnesses ❖ Allstate Accident Plan - Pays directly to you for injuries outside of work ❖ Unum Disability - Income protection when you are unable to work and need a paycheck <p><small>*No medical questions or forms to fill out! Some limitations do apply.</small></p> <p>Express Issue Benefit - Only 3 Health Questions! : Texas Life Portable Permanent Life Insurance</p>	
<p>If you make no changes, your current elections (including plan type and enrolled dependents) will carry over to the 2021-2022 plan year for the following benefits:</p> <ul style="list-style-type: none"> • Delta Dental • Ameritas/VSP Vision • MetLife Hospital Indemnity • American Fidelity Cancer • Allstate Critical Illness • Allstate Accident • UNUM Disability • Sunlife Voluntary Life Insurance • Texas Life Permanent Life Insurance • iLock 360 Identity Theft • WellVia Telemedicine 	

OPEN ENROLLMENT

July 12 through August 23, 2021

This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail. For a more detailed explanation of benefits you may contact Lupe Lara at 281-604-7054 or LARAG@LPISD.ORG

Section 125 Cafeteria Plan Information and Rules

A Section 125 Cafeteria 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.

Here's How It Works

A Section 125 Cafeteria 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. All you have to do is enroll.

Is It Right for Me?

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

Which Benefits Are Eligible?

Medical, Dental, Vision, Critical Illness, Cancer, Accident, Hospital Indemnity, and Flexible Spending Accounts (FSA)

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. You have 31 days from (and including) the date of the event to request a change consistent with that 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



SECTION 125 SAMPLE PAYCHECK

WITHOUT S125		WITH S125	
MONTHLY SALARY	\$2000	MONTHLY SALARY	\$2000
LESS MEDICAL DEDUCTIONS	- N/A	LESS MEDICAL DEDUCTIONS	-\$250
TAXABLE GROSS INCOME	\$2,000	TAXABLE GROSS INCOME	\$1,750
LESS TAXES (FED/STATE @ 20%)	-\$400	LESS TAXES (FED/STATE @ 20%)	-\$350
LESS ESTIMATED FICA (7.65%)	-\$153	LESS ESTIMATED FICA (7.65%)	-\$133
LESS MEDICAL DEDUCTIONS	-\$250	LESS MEDICAL DEDUCTIONS	- N/A
TAKE HOME PAY	\$1,197	TAKE HOME PAY	\$1,267



**\$70 SAVINGS
PER PAYCHECK**

Flexible Spending Accounts

FSA Plan Year is: September 1, 2021 to August 31, 2022
FSA MAX: The maximum you can set aside each year is \$2,750

IRS Medical FSA

IRS 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.

Please note: If you don't use it, you will lose it! You MUST re-enroll every year, even if the amount is the same as last year.

Save your Receipts!

The IRS requires validation of transactions. Upon request, you will have 60 days from the date of the transaction to provide documentation. Failure to provide documentation will result in suspension of your card privileges until the necessary documentation is received.



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 at www.benefitsolver.com



QUESTIONS? CONTACT US TODAY!

Online: www.ffga.com | Phone: 866-853-FLEX | Fax: 800-298-7785

First Financial Group of America • FSA Department • PO Box 670329 • Houston, TX 77267-0329 Flex
Receipts and Documents only: First_Financial_Receipts@Alegeus.com

Health Savings Accounts

YOU MUST BE ENROLLED IN THE TRS ACTIVECARE HIGH DEDUCIBLE HEALTH CARE PLAN TO BE ELIGIBLE TO ENROLL IN A HEALTH SAVINGS ACCOUNT.

What is a Health Savings Account?

HSAs were created to help control healthcare costs. They provide a savings vehicle that allows you to set aside money to pay for higher deductibles associated with lower monthly premium High Deductible Health Plans (HDHP). The money you save in monthly insurance premiums may be for eligible medical expenses you incur in the future. Your HSA balance rolls over from year-to-year earning interest along the way. The account is portable. Upon retirement or separation of service, you take the HSA with you because it's your money and your account.

HSA Plan Year is: September 1, 2021 to August 31, 2022

HSA MAX: The maximum you can set aside each year is \$3,600 for self only and \$7,200 for family (age 55 or older can make an additional \$1,000 catch up contribution)

Key Advantages of an HSA

- »No end-of-year forfeiture of fund
- »Portable account
- »Provides an excellent savings vehicle for healthcare expenses
- »No monthly account fees
- »Free statements when you opt in for electronic
- »The money you put in to the account is deducted from your paycheck before tax
- »The interest and earnings you make on the account grow tax free
- »Distributions for eligible medical expenses are tax free

FACTS:

- »**Money is not available up front**
- »**You cannot have both Flex and HSA for Medical use.**
- »**There is a \$1.25 monthly fee for paper statements, but you may opt out online at www.ffga.com**

Keep good records of your expenses!

Receipts are NOT required at the time of distribution. Be sure to keep receipts for all of your medical expenses, for which you received a reimbursement, for at least three years for tax-reporting purposes as it is an IRS requirement. Keep track of your receipts and payments by using the portal to see balances, view transactions, create reports, and upload receipts.

Who can participate in an HSA and are there any restrictions?

- »You must be enrolled in the TRS ActiveCare HD Health Plan (HDHP)
- »You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan
- »You or your spouse (at their place of employment) cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement
- »You cannot participate if you are being claimed as a dependent on another person's tax return

What is CIP Verification and Why is it required?

The Customer Identification Program (CIP) is a combination of requirements set forth in the US Patriot Act. It states that all financial institutions must verify the identity of individuals wishing to conduct financial transactions with them. A Health Savings Account is a bank account established with UMB and is therefore required to follow the CIP verification process. The verification process reviews your SSN, home mailing address, date of birth, and full legal name against two federal databases. UMB will send you information regarding the CIP process after Open Enrollment.

IF THE REQUESTED DOCUMENTATION IS NOT RECEIVED WITHIN 45 DAYS, THE ACCOUNT WILL BE CLOSED AND YOU MUST RE-APPLY IN ORDER TO OPEN UP YOUR HSA ACCOUNT.

RESOURCES FOR FSA MANAGEMENT

FLEXIBLE BENEFITS CARD

The Flex Benefits Card is available to all employees that participate in an IRS Medical FSA and or an IRS 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 disabled and you will not be able to use it again until the necessary receipt or explanation of benefits from your insurance provider is received.

FLEX PORTAL

Our FSA Portal is a secure online site that you can access by logging into your account on www.ffga.com.

- Access account information
- View card details and profile information
- Submit claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Sign up for direct deposit for manual claims
- Register your phone to receive text alerts

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.

You must have 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 other products
- 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

Visit www.benefitsolver.com for rates and benefit information

Medical - TRS Active Care

First Financial Group of America enrolls this product for your district however any product questions or concerns need to be directed to Blue Cross Blue Shield or your district benefit administrator.

Important Items This Year:

The TRS AC-Primary and TRS AC-Primary+ plans require you to provide a Primary Care Physician (PCP) when you enroll for your benefits. To find your current PCP information, or to find a new Doctor, please visit www.bcbstx.com/trsactivecare or call 866-355-5999.

TRS-ActiveCare Primary	TRS Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$417.00	\$400.00	\$17.00	\$8.50
Employee + Child(ren)	\$751.00	\$400.00	\$351.00	\$175.50
Employee + Spouse	\$1176.00	\$400.00	\$776.00	\$388.00
Employee + Family	\$1405.00	\$400.00	\$1005.00	\$502.50

TRS-ActiveCare HD	TRS Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$429.00	\$400.00	\$29.00	\$14.50
Employee + Child(ren)	\$772.00	\$400.00	\$372.00	\$186.00
Employee + Spouse	\$1209.00	\$400.00	\$809.00	\$404.50
Employee + Family	\$1445.00	\$400.00	\$1045.00	\$522.50

TRS-ActiveCare Primary +	TRS Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$542.00	\$400.00	\$142.00	\$71.00
Employee + Child(ren)	\$879.00	\$400.00	\$479.00	\$239.50
Employee + Spouse	\$1334.00	\$400.00	\$934.00	\$467.00
Employee + Family	\$1675.00	\$400.00	\$1275.00	\$637.50

If you are currently in a Select plan you will be moved over to the Primary+ ; if you would like a different plan, please go in and elect at the Open Enrollment time period.

TRS-ActiveCare 2 - Closed to New Enrollees	TRS Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$1013.00	\$400.00	\$613.00	\$306.50
Employee + Child(ren)	\$1507.00	\$400.00	\$1,107.00	\$553.50
Employee + Spouse	\$2402.00	\$400.00	\$2002.00	\$1001.00
Employee + Family	\$2841.00	\$400.00	\$2,441.00	\$1220.50

The TRS Active Care 2 plan will be closed to any changes or new enrollments. Only those employees staying in the plan will get to keep it. Once Active Care 2 has been dropped, the plan cannot be re-elected.

How to Calculate Your Monthly Premium

Total Monthly Premium

Your District and State Contributions

–

Your Premium

Ask your Benefits Administrator for your district's premiums.

Wellness Benefits at No Extra Cost

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia® pregnancy support
- TRS Virtual Health
- Mental health support
- And much more!

Available for all plans.

See your Benefits Booklet for more details.

Things to Know

- TRS's Texas-sized purchasing power creates broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan summary	<ul style="list-style-type: none">• Lowest premium of the plans• Copays for doctor visits before you meet deductible• Statewide network• PCP referrals required to see specialists• Not compatible with a health savings account (HSA)• No out-of-network coverage	<ul style="list-style-type: none">• Lower deductible than the HD and Primary plans• Copays for many services and drugs• Higher premium than the other plans• Statewide network• PCP referrals required to see specialists• Not compatible with a health savings account (HSA)• No out-of-network coverage	<ul style="list-style-type: none">• Compatible with a health savings account (HSA)• Nationwide network with out-of-network coverage• No requirement for PCPs or referrals• Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$417	\$	\$542	\$
Employee and Spouse	\$1,176	\$	\$1,334	\$
Employee and Children	\$751	\$	\$879	\$
Employee and Family	\$1,405	\$	\$1,675	\$

Plan Features				
Type of Coverage	In-Network Coverage Only		In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000		\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible		You pay 20% after deductible	You pay 50% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300		\$6,900/\$13,800	\$20,250/\$40,500
Network	Statewide Network		Nationwide Network	
Primary Care Provider (PCP) Required	Yes		No	

Doctor Visits				
Primary Care	\$30 copay	\$30 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible
TRS Virtual Health	\$0 per consultation	\$0 per consultation	\$30 per consultation	

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health	\$0 per consultation	\$0 per consultation	\$30 per consultation	

Prescription Drugs				
Drug Deductible	Integrated with medical		Integrated with medical	
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 for certain generics		\$200 brand deductible	
Preferred Brand	You pay 30% after deductible		\$15/\$45 copay	
Non-preferred Brand	You pay 50% after deductible		You pay 25% after deductible	
Specialty	You pay 30% after deductible		You pay 50% after deductible	

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2	
<ul style="list-style-type: none">• Closed to new enrollees• Current enrollees can choose to stay in this plan• Lower deductible• Copays for many drugs and services• Nationwide network with out-of-network coverage• No requirement for PCPs or referrals	

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network	Out-of-Network	
\$1,000/\$3,000	\$2,000/\$6,000	
You pay 20% after deductible	You pay 40% after deductible	
\$7,900/\$15,800	\$23,700/\$47,400	
Nationwide Network		
No		

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible
\$0 per consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per consultation	

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
You pay 20% after deductible (\$200 min/\$900 max)	

Dental – Delta Dental

Visiting the dentist can help you and your family keep a great smile as well as maintaining good health. Oral care can be a significant financial expense. These plans are designed to help you keep your teeth in the best shape possible and help cover the costs. Delta Dental provides employees with 2 dental plans to choose from, a DHMO Plan and a PPO Plan.

DHMO Plan

- No claim forms or deductibles
- No exclusion for pre-existing conditions
- No annual maximum
- Coverage available only in the state of Texas
- Must choose from the Directory of Dentists - You must call 1-800-422-4234 to assign yourself a dentist prior to making an apt.
- Orthodontia coverage for up to 24 months for child dependents under the age of 26

Delta Dental DHMO Plan Semi-Monthly Rates	
Coverage Tier	Premium
Employee Only	\$8.11
Employee + One Dependent	\$15.43
Employee + Family	\$23.14

PPO Plan

- Have the freedom to choose any licensed dentist in- or out-of-network
- Save money by visiting a Preferred Provider list of "in-network" dentists
- Exams, x-rays and cleanings are covered at 100% in-network
- Annual deductible of \$50 per individual; \$150 per family; annual maximum benefit of \$1,000 per person
- Basic restorative care (e.g., fillings, root canals & gum treatments) is paid at 80% up to annual maximum
- Major services are covered at 50% up to annual maximum
- Twelve month waiting period for major services
- Orthodontia for children up to age 26 with a Lifetime maximum of \$1,000 per person

Delta Dental PPO Plan Semi-Monthly Rates	
Coverage Tier	Premium
Employee Only	\$19.91
Employee + Spouse	\$39.80
Employee + Child(ren)	\$35.41
Employee + Family	\$55.06

Vision – Ameritas / VSP

Vision insurance is a way to help cover expenses incurred for eye care services from eye care professionals such as optometrists and ophthalmologists. Regular eye exams can offer more than just measuring your eye sight! They can identify serious eye diseases early, allowing time for treatment. Most people don't realize that eye exams can also reveal the early signs of serious illnesses like diabetes, heart disease and high blood pressure. Highlights include:

- \$10 co-pay for eye exam
- \$10 co-pay for eyeglass basic lenses or contacts
- \$150 toward eyeglasses OR \$150 contact lens allowance
- You must use an in-network provider for less out-of-pocket expense
- Exam - once every 12 months; frame & lenses or contact lenses- once every 12 months

Ameritas VSP Plan Semi-Monthly Rates	
Coverage Tier	Premium
Employee Only	\$5.24
Employee + Spouse	\$10.50
Employee + Child(ren)	\$10.50
Employee + Family	\$15.28

Hospital Indemnity – MetLife

How will you prepare for out-of-pocket expenses from hospital and doctor bills? Most insurance will only cover a portion of your overall medical expenses. The hospital indemnity plan is designed to help cover your out-of-pocket expenses due to an inpatient hospital stay and assists with deductibles and expenses not covered by your major medical's plan. Benefits are paid directly to you so you can use the funds to pay for your needs at your discretion. Coverage is available for spouses and eligible children. **Guaranteed Issue for all Employees and their Dependents!**

- Normal Pregnancy is covered
- No pre-existing condition limitation
- Newborn Confinement Benefit - \$25 a day for up to 2 days
- Plan is Portable - take it with you when you leave the district

Benefit	Plan Pays You
Admission in hospital	\$500
Confinement in hospital	\$100 per day (up to 31 days)
Admission to ICU	\$1,000
Confinement in ICU	\$200 per day (up to 31 days)
Inpatient rehab unit	\$100 per day (up to 15 days)

MetLife Hospital Indemnity Plan Semi-Monthly Rates	
Coverage Tier	Premium
Employee Only	\$7.82
Employee + Spouse	\$12.68
Employee + Child(ren)	\$12.68
Employee + Family	\$18.28

Cancer Insurance - American Fidelity

If cancer touches someone in your family, this plan may help ease the impact on your finances. Benefit payments are made directly to you, allowing you to pay for expenses like co-payments, hospital stays, house and car payments. **GUARANTEED ISSUE FOR ALL EMPLOYEES AND THEIR DEPENDENTS!!!**

Highlights include:

- Benefits are paid directly to you and coverage can be for you or your entire family
- Pays you based upon a schedule of 25 benefits; some of the key benefits include:
 - ~Pays up to \$10,000(low plan) or \$15,000(high plan) annually for chemotherapy, radiation, and immunology
 - ~Pays up to \$10,000(low plan) or \$15,000(high plan) annually for blood, plasma, and platelets
- Both HIGH and LOW plans pay you upon initial cancer diagnosis- \$2,500 for low; \$5,000 for high
- Both HIGH and LOW plans include an Intensive Care Unit (ICU) rider that will pay \$600 daily, up to 45 days, if you are confined to the ICU for ANY reason
- Pays ambulance benefit, \$200 for ground, and \$2,000 for air
- Wellness screening Benefit - \$25 per year for Low plan, \$75 per year for High plan
- The plan is portable after 12 months of continuous coverage so you can take it with you when you leave the district
- Pays for Hospital confinement, extended care facilities, hospice care, surgery, among other things

American Fidelity Cancer Plan – Semi-Monthly Rates		
Plan Options	Employee	Family
Basic Cancer Plan (Low Plan)	\$7.90	\$13.43
Enhanced Plus Cancer Plan (High Plan)	\$15.81	\$26.90

Certain pre-existing condition limitations apply for one year. 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. AFA does not pay for any loss due to a pre-existing condition during the first 12 months of coverage.

Critical Illness Insurance - Allstate

If you experience an event such as a heart attack or stroke, Critical Illness Insurance may help. It pays a lump sum amount to help with expenses that may not be covered by major medical insurance – house payments, everyday expenses, lost income, and more.

Highlights include:

- **Guaranteed issue** - no medical questions to answer (12 month pre-existing condition limitation)
- Low and High plans available to meet your needs
- Plan pays lump-sum benefit amount of \$10,000 (Low Plan) or \$20,000 (High Plan)
- Wellness benefit pays you \$50 (Low Plan) or \$100 (High Plan) for annual health screening test
- Dependents coverage is 50% of employee's coverage
- 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
- The plan is portable so you can take it with you when you leave the district
- Smoker and Non-Smoker, Age-banded Rates for both plans are listed in the Reference Center

Covered Illnesses
• Heart Attack
• Stroke
• Major Organ Transplant
• Alzheimer's Disease
• Invasive Cancer
• Kidney Failure
• Skin Cancer – (25%)
• Coronary Artery By-Pass (25%)
• Other Listed Conditions – Partial Benefit

Disability – Educator Disability by Unum

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. It pays a monthly benefit amount based on a percentage of your gross income, so you may continue to pay for everyday living expenses.

HOW THE PLAN WORKS

Disability insurance pays a cash benefit and is designed to help protect you if you can't work due to any covered accident, injury or illness, as well as childbirth. Disability benefits will be payable up to the benefit period stated in your policy.

FEATURES

- **Guaranteed Issue coverage for everyone; pre-existing condition limitations only apply on new levels of coverage elected or for any enhancements to the plan**
- Based on your individual need, you can select from multiple elimination periods- 0/7 days, 14 days, 30 days, 60 days, 90 days and 180 days
- The cost depends on your age, the amount of coverage selected, and on how quickly you want benefits to begin
- Your monthly benefit will pay you in \$100 increments; up to 66⅔% of your salary or maximum of \$7,500/month
- **Disability insurance will pay you as long as you are medically disabled-up to the age of 65 and up to three years for illness if you are unable to return to work**
- **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**

Accident Insurance - Allstate

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**
- Plan is fully portable, even if you leave the district
- Coverage available for employee, spouse and children for accidents-both on and off the job
- No deductibles required
- Pays directly to the employee, based on the schedule of benefits
- Coverage includes- but is not limited to- fractured bones, third degree burns, concussions, broken teeth, emergency room treatment, ambulance, and hospital confinement

Accident Insurance Semi-Monthly Rates	
Coverage Tier	Premium
Employee Only	\$8.33
Employee + Spouse	\$12.39
Employee + Child(ren)	\$16.72
Employee + Family	\$20.90

ID Theft Protection – iLock360

Protect yourself and your family from the fastest growing crime in the US: Identity Theft. A low monthly cost provides protection by scouring the dark web for any compromised accounts and restores your identity with 24/7/365 support. This protection saves you money and time by relying on a service to handle all the details involved when your identity is stolen.

Highlights include:

- All employees eligible for Identity Theft Protection coverage
- Monitors your identity 24/7/365
- Personal email address required to sign up for this program
- Plan can protect individual or family
- Dependents are covered up to 18 years of age

iLock360 – Semi-monthly		
Coverage	Plus	Premium
Employee Only	\$4.00	\$7.50
Employee + Spouse	\$7.50	\$11.00
Employee + Children	\$6.50	\$10.00
Employee + Family	\$10.00	\$13.75

Once you are sent an initial email notification of your coverage, you will need to register your account online.

Service	Plus	Premium
CyberAlert monitors:		
• One Social Security Number		
• Two Phone Numbers	✓	✓
• Five Credit/Debit Cards	✓	✓
• Two Email Addresses		
• Two Medical ID Numbers		
• Five Bank Accounts		
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 1 credit bureau	✓	
Daily monitoring of 3 credit bureaus		✓
Score Tracker		✓
✓ adults ✓ children		

Individual Life Insurance - Texas Life Express Issue!

Ensuring your family is financially covered in the event of a loss is an important way of showing them you care about their needs. Life Insurance can help. Portable, Individual Life Insurance policies may help your family in the event of your death. **The application process is simple as it's Express Issue. You only have to answer three health questions, and there are no medical exams required.** You may also apply for this coverage for yourself, your spouse and minor children and grandchildren.

HIGHLIGHTS
<ul style="list-style-type: none"> • Portable – you can take it with you when you leave the district for the same premium you pay now • Coverage to age 121 • No scheduled rate increase • Employees age 49 and under : eligible to receive up to \$300,000 coverage; Express Issue • Employees age 50-65: eligible to receive up to \$100,000 coverage; Express Issue • Spousal Express Issue coverage up to \$50,000; varies based on spouse age • Coverage for child(ren) & grandchild(ren) up to \$50,000 • Chronic Illness Rider- pays up to 92% policy value to help cover cost of long term care if you cannot perform 2 of the 5 ADL (Assisted Daily Living) functions

Rates can be found in the Reference Center at www.benefitsolver.com

Group Term - Sunlife

La Porte ISD provides Group Basic Life Insurance and AD&D paid by the District in the amount of \$15,000. This is term insurance, available as long as you are employed by district. The policy has age-banded rates, and is available for spouse and child(ren) ONLY if you have Sun Life coverage for yourself.

Employees enrolling in the coverage after the first 31 days of their employment will be subject to insurability and must complete a health questionnaire prior to coverage being issued. If no health questionnaire is filled out and APPROVED, there will be no coverage in force for those who have applied for coverage for the first time, or any increases that are not new employees. During your enrollment in the website you must press the link provided for the questionnaire. If you are unable to completely fill-out the application on-line please print out the application in the reference center. Please fill out, sign, and please return to benefits department. You may also send via mail or scanned e-mail with signed application filled out.

Existing Employee	New Hire (within 31 days) -
<ul style="list-style-type: none"> • Age banded rates for employees, spouse, and children. The policy will age the insured as of their age on September 1 of each year and rates will be based on your age-band for that plan year. • Coverage available for spouse and child(ren) only if you have coverage for yourself • Employee: may apply for coverage in \$10,000 increments up to a maximum of \$500,000 • Spouse: \$10,000 increments to a maximum of \$250,000 (not to exceed 100% of employee coverage) • Child(ren): \$5,000 increments to a maximum of \$10,000 	<ul style="list-style-type: none"> • Age banded rates for employees, spouse, and children. The policy will age the insured as of their age on September 1 of each year and rates will be based on your age-band for that plan year. • Coverage available for spouse and child(ren) only if you have coverage for yourself • Guaranteed Issue up to 5x annual salary to a maximum of \$200,000 of coverage for employees • Guaranteed Issue for Spouse coverage in increments of \$10,000 up to \$30,000 of coverage (cannot exceed 100% of employee coverage) • Guaranteed Issue for Child(ren) coverage up to \$10,000

Please see a Benefits Advisor or review the plan summary in the Reference Center at www.benefitsolver.com for additional information.

Telemedicine – WellVia

Telemedicine allows you and your family access to a licensed healthcare professional, via phone or video chat, 24/7. The product provides convenience and immediate consultation on your medical issue so you can get back to your daily life. It saves travel and wait time to and from conventional medical facilities at a low monthly cost. The Board-Certified doctors diagnose, recommend treatment and prescribe medication via phone or video from anywhere.

Great for:

- Acid Reflux
- Cold & Flu
- Sore throat
- Allergies
- Sinus Infections
- Asthma
- Ear Infections
- Pink Eye
- Spider and bug bites
- Nausea
- Upper Respiratory Infections
- Bronchitis
- Strep Throat
- Rashes
- and more...

Highlights Include:

- \$0 Co-Pay
- Unlimited use for you and your dependents
- You do not need medical insurance with LPISD to use this plan

Well Via – Semi-Monthly Rate	
Employee + Family	\$5.00

Employee Assistance Program (EAP) – SupportLinc

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. The SupportLinc employee assistance program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. The Employee Assistance Program is a total life assistance tool for you and your dependents provided by LPISD.

Highlights include:

- Available 24/7/365 via phone, online resources and the eConnect Mobile App
- Free 30 min in person consult with an attorney at no charge
- Up to 3 face to face visits with a licensed professional Counselor
- EAP is available at no charge and is 100% confidential between participant and medical clinician
- EAP will help with anxiety, depression, marriage and relationship problems, grief and loss, substance abuse, anger management, work related pressures, stress and more

Phone: 800-475-3EAP (3327) | SMS Text Support to 51230 | Web: www.supportlinc.com

Please review the plan summary in the Reference Center at www.benefitsolver.com for additional information.

Financial Wellness – Finpath

The overall financial health and wellbeing of our employees is a very important issue for our District. Having useful tools under your belt, can help you manage your immediate, and future financial needs. That's where Finpath comes in. FinPath is a workplace benefit designed to help improve your financial spending habits, budgeting, and decision making. This is a FREE District paid service for you to help your family prioritize your short and long term financial goals!

Helps you:

- improve credit scores and debt
- save money and budget your income
- improve your financial decision-making

Includes:

- Learning Modules
- Planning toolkits
- Live Advisor Support

You are responsible for signing up for and participating in this free program through their website.

Get Started by Visiting: www.financialpathway.com

Catastrophic Sick Leave Bank

Eligible employees may select to become members of the Catastrophic Sick Leave Bank through the BenefitSolver website viewable by all employees when electing/declining benefits selections during the annual Open Enrollment period.

All fulltime or permanent part-time employees of the District, who have two(2) days of available local leave as of September 1 of the current school year, are eligible for initial membership in the Catastrophic Sick Leave Bank. Employees new to the district will have 31-days from their date of hire to apply for Catastrophic Sick Leave Bank membership. Please see more information in the Reference Center at www.benefitsolver.com

RETIREMENT OPTIONS

Research shows that Americans are living longer and their number of years in retirement is increasing. While your TRS pension may be enough to cover expenses during your initial retirement years, the reduced monthly income may not be sufficient for costly factors such as medical bills, taxes, and your desired standard of living. Contributing to a retirement savings plan can help supplement your pension during retirement. Most plans allow you to make adjustments to your contribution amount at any time. The Plans adopted by the district provided through Trusted Capital Group (TCG).

HELP IS AVAILABLE

For assistance enrolling or if you'd like to speak with a Retirement Plan Specialist, please call the TCG Advisors Hotline at 512-600-5204 or visit www.tcgservices.com/telewealth.

457(b) RETIREMENT PLAN

A 457(b) is an employer-sponsored, voluntary retirement plan that allows you to save money in a pre-tax (Traditional) or after-tax (Roth) account. Contributions to the plan are salary-deducted from your paycheck and automatically deposited into your 457(b) retirement savings account. Early withdrawals from a 457(b) account are not subject to a 10% percent early withdrawal tax upon separating from the employer.

Plan investments are overseen by a committee made up of superintendents and chief financial officers, giving participants the assurance educators are looking for their best interest. The plan does not have any surrender charges or penalties upon distribution. To get started, simply visit www.tcgservices.com/enroll.

403(b) RETIREMENT PLAN

A 403(b) is a voluntary retirement plan that allows you to save money in a pre-tax (Traditional) or after-tax (Roth) account. Contributions to the plan are salary-deducted from your paycheck and automatically deposited into your 403(b) retirement savings account. Early withdrawals from a 403(b) account are subject to a 10% early withdrawal tax.

TCG is the 403(b) plan administrator—managing your contributions, distributions, and personal updates. Money and investments are held with the vendor of your choice. To get started, visit www.tcgservices.com/documents and find your employer's 403(b) Approved Vendor List. Open an account by contacting one of the approved 403(b) providers directly. Next, register your access to your 403(b) administration account with TCG and set up salary deferrals at www.tcgservices.com/enroll.

CONTRIBUTION LIMITS

In 2021, you can contribute 100 percent of your compensation up to \$19,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,500 for a total of \$26,000. You may simultaneously contribute to both 403(b) and 457(b) plans.

Frequently Asked Questions

What is Guaranteed Issue (GI)?

Also referred to as Guaranteed Acceptance, or GA, means that you can't be turned down for health reasons. Guaranteed Issue is typically offered during initial enrollment for benefits.

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 does 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 2021, for one adult, it can be no more than \$8,150 and for a family, it can be no more than \$16,300.

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.

Before you get certain tests or procedures, do you need permission from your health insurance plan?

If your doctor says you need a test or procedure, your health plan may have to give permission if it's to be covered by insurance. Giving that permission is called preauthorization. Your plan's overview of benefits lists what care needs to be preauthorized. If you don't get it when it's required, your health plan won't pay its part of the costs.

Dependent care Information

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 guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail. For a more detailed explanation of benefits you may contact contact Lupe Lara at 281-604-7054 or LARAG@LPISD.ORG

Mobile Phone Applications

Helpful resources in the palm of your hand!

There are plenty of free phone applications that can help you with your health insurance benefits. You can download them on your apple or android device and use them when you need them!



AFmobile

Access your American Fidelity Cancer account with AFmobile. Here you can manage your benefits by filing and tracking claims, viewing the policy to see what's covered. You can also manage personal information, elect text and email notifications, or use it to contact American Fidelity.



BCBSTX App

With the Blue Cross Blue Shield of Texas Mobile App, your health care is always at your fingertips. You can look up the status of a claim, search for a doctor or urgent care facility, view your id card information, find contact information, check deductible and out of pocket amounts and more.



CVS/pharmacy

Put the convenience of CVS in your pocket with the free CVS mobile app. Manage and refill prescriptions, save with ExtraCare deals, find a clinic, print photos and more.



eConnect Mobile App

eConnect® provides participants with mobile access to helpful resources for a variety of behavioral health, wellbeing and productivity-related concerns. The app also contains a summary of each client's unique program, as well as the ability to connect immediately with a licensed and experienced behavioral health clinician.



FF Flex Mobile

All of your Flexible Spending Account information at the tip of your fingers. 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!



MyChoice Mobile App

With the MyChoice Mobile App, we provide all the tools necessary for employees to access their benefit choices when and where they need it most. Features include: Current Benefits, Upload Dependents, Future Elections, Beneficiaries, Messages, ID cards, Contact Information and more.



UNUM Customer App

Easily manage your claim 24/7 on all of your mobile devices. Features include: reporting a new claim, check the status of your existing claim, upload documents, review recent activity, or contact UNUM.



WellVia

Access to board certified doctors is just a click away. WellVia provides virtual healthcare by connecting you to U.S. board certified doctors within minutes wherever you are, at home, work, or while traveling.



IMPORTANT CONTACTS!

LUPE LARA, BENEFITS SPECIALIST

OFFICE: 281-604-7054 | EMAIL: LARAG@LPISD.ORG

BENEFIT	VENDOR	PHONE	WEBSITE
Medical	TRS ActiveCare - BCBSTX	866-355-5999	www.bcbstx.com/trsactivecare
Prescriptions/Mail Order	CVS/Caremark	800-222-9205	www.caremark.com/trsactivecare
Dental PPO	Delta Dental #18428	800-521-2651	www.deltadentalins.com
Dental DHMO	Delta Dental #78736	800-422-4234	www.deltadentalins.com
Vision	Ameritas / VSP	800-877-7195	www.vsp.com www.ameritas.com
Hospital Indemnity	MetLife	800-438-6388	www.metlife.com
Cancer	American Fidelity	800-662-1113	www.americanfidelity.com
Critical Illness	Allstate	800-521-3535	www.allstateatwork.com/ mybenefits
Disability	Unum #124859	800-858-6843	www.unum.com
Permanent Life	Texas Life	800-283-9233	www.texaslife.com
Group Life	SunLife #245044	800-247-6875	www.sunlife.com/us
Identity Theft	iLock360	855-287-8888	www.ilock360.com
Accident	Allstate	800-521-3535	www.allstateatwork.com
Telemedicine	WellVia	855-935-5842	www.wellviasolutions.com
Employee Assistance Program (EAP)	SupportLinc	800-475-3327	www.supportlinc.com
Retirement Savings 457(b) & 403(b)	TCG Group Holdings	800-943-9179	www.tcgservices.com
FSA, Dependent Care FSA & HSA	FFGA	866-853-3539	www.ffga.com

MARK JOHNSTON, ACCOUNT MANAGER

OFFICE: 281-272-7602 | EMAIL: MARK.JOHNSTON@FFGA.COM

HOW TO ENROLL IN YOUR BENEFITS:

1.

Visit the enrollment website
WWW.BENEFITSOLVER.COM
to get started

2.

If it's your first time to visit the site click REGISTER and proceed. After you have registered, you will go to USER NAME and PASSWORD. If your password is forgotten, click FORGOT YOUR PASSWORD, and proceed with prompts. **Your company key is lpsid (case sensitive)** For additional assistance logging in including locked accounts, contact the FFenroll Help Desk: Monday-Friday from 7 a.m. to 5 p.m. Phone: (855) 523-8422

3.

Click START HERE to begin the enrollment process. If you would like more information 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 as well as brochures on each of the benefits available. Just click the benefit tab you would like to view.

4.

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.

5.

You will need to go through each benefit to select I WANT COVERAGE or WAIVE COVERAGE. At the bottom of each benefit page you will click NEXT once you have selected your choice

Employer Cost	Employee Cost	
\$913.00	\$130.00	Edit
\$53.25	\$10.75	Edit

6.

After you have completed all the benefits you will be directed to the "Review Enrollment" page. Here, you can make a change to a benefit selection if you wish to do so. Click EDIT to the right of the benefit if you want to change and elect different coverage.

7.

When you have finished reviewing and are satisfied with your enrollment choices, click APPROVE at the bottom of the "Review Enrollment" page. The next, and last screen is the Confirmation page, click I AGREE to complete your enrollment.