2022 - 2023 Plan Year

DENTON ISD

BENEFIT GUIDE

EFFECTIVE: 09/01/2022 - 8/31/2023

WWW.MYBENEFITSHUB.COM/DENTONISD

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Benefit Contact Information

DENTON ISD BENEFIT SERVICES

Financial Benefit Services
866-914-5202
www.mybenefitshub.com/dentonisd

DENTON ISD INSURANCE DEPARTMENT

Denton ISD Insurance Department
(940) 369-0028
benefits@dentonisd.org
PO Box 1951
1307 N Locust St
Denton, TX. 76201
www.dentonisd.org/Domain/74

MEDICAL

Texas Schools Health Benefits Program (TSHBP)
(888) 803-0081
All Plans: www.tshbp.org
Pharmacy Benefits: SouthernScripts
Group #50000
https://tshbp.info/DrugPham

DENTAL

Cigna
Group #3340946
(800) 244-6224
www.mycigna.com

VISION

Superior Vision
Group #31823
PO Box 967, Rancho Cordova, CA 95741
(800) 507-3800
www.superiorvision.com

CANCER

American Public Life
Group #20031
(800) 256-8606
www.ampublic.com

DISABILITY

The Hartford
Group #G681062
(800) 523-2233
www.thehartford.com

To file a claim: 940-369-0028 or
disdinsurance@dentonisd.org

BASIC/VOLUNTARY LIFE AND AD&D

AUL a OneAmerica Company
Group #G615927
(800) 537-6442
www.oneamerica.com

FLEXIBLE SPENDING ACCOUNTS (FSA)

National Benefit Services
Group #NBS563887
(800) 274-0503
www.nbsbenefits.com
Employer #: NBS563887

EAP

AUL a OneAmerica Company
Call: 855-365-4754
TDD: 800-697-0353
www.guidanceresources.com
Company ID: ONEAMERICA6

HEALTH SAVINGS ACCOUNT (HSA)

EECU
(817) 882- 0800
www.eecu.org

HOSPITAL INDEMNITY

Cigna
Group #HC961335
(800) 754-3207
www.cigna.com

EMERGENCY MEDICAL TRANSPORTATION

MASA
Group #B2BDenton
(800) 423-3226
claims@masaglobal.com

TELEHEALTH + BEHAVIORAL HEALTH

MDLive
(888) 365-1663
https://members.mdlive.com/fbs/landing_home

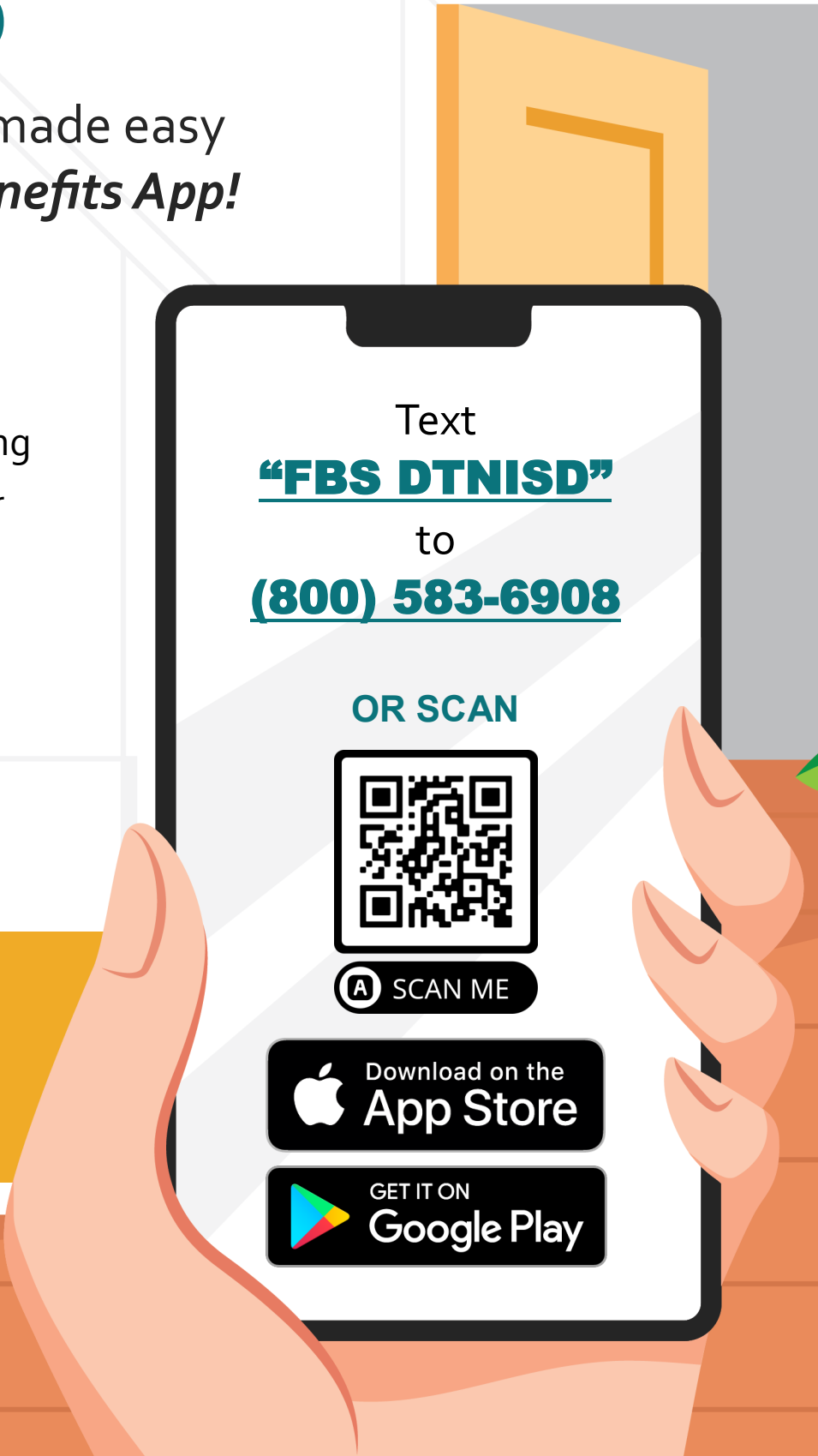
All Your Benefits - One App

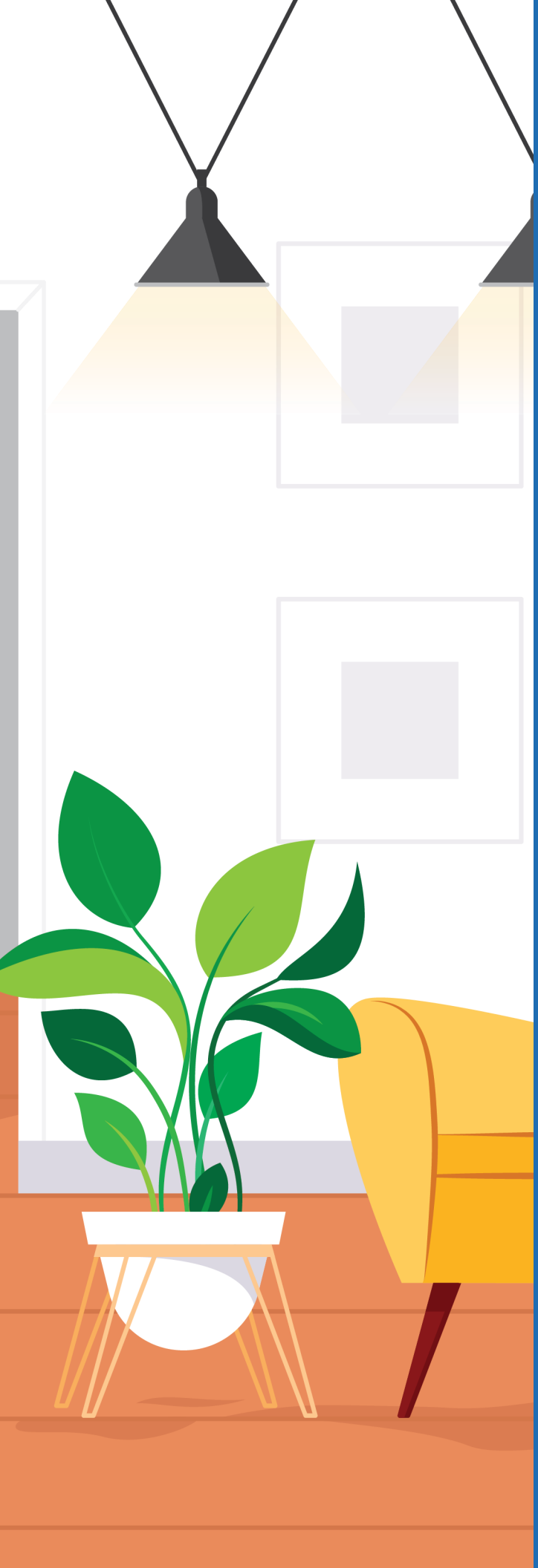
Employee benefits made easy through the ***FBS Benefits App!***

Text **"FBS DTNISD"** to **(800) 583-6908** and get access to everything you need to complete your benefits enrollment:

- Benefit Resources
- Online Enrollment
- Interactive Tools
- And more!

App Group #:
FBSDTNISD





How to Log In

1 www.mybenefitshub.com/dentonisd

2 CLICK LOGIN

3 ENTER USERNAME & PASSWORD

Username:
The first six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

If you have six (6) or less characters in your last name, use your full last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

Default Password:
Last Name (lowercase, excluding punctuation) followed by the last four (4) digits of your Social Security Number.

Benefit Updates - What's New:

NEW! MEDICAL TELEHEALTH & BEHAVIORAL BENEFITS

Allows Unlimited Medical and Behavioral Benefits for the entire family without electing a medical plan!

NEW! HOSPITAL INDEMNITY PLAN!

This plan provides a one-time Hospital Admission benefit of $1000 or $2500 with no deductible or Medical Insurance requirement. It has no waiting periods or pre-existing limitations and daily benefits payable to you.

NEW! TSHBP PLANS BEING OFFERED EXCLUSIVELY!

TRS plans are no longer offered as it is being replaced by 4 tier TSHBP plans. If you were previously enrolled in a TRS Medical plan, you will be automatically enrolled in the Aetna TSHBP plans for HD or Copay. The Signature plans do not require an assigned PPO but you must stay in the Aetna network to receive benefits. Refer to the provider search tool on the employee website or the attached TSHBP resource to search for participants in these plans.

Two Directed Care Plans (HealthSmart Network)

- TSHBP Copay Plan
  - $0 Deductible, $35 in-network office/specialist copay
  - $0 Virtual visits, Lowest up front Out-of-Pocket Max
- TSHBP HD Plan
  - HSA Compatible, $3,000 individual embedded Deductible
  - Deductible, then plan pays 100%, $30 Virtual Visits
- Both plans include in & out-of-network benefits.
- Care Coordinators required for procedures/hospital services
- Neither of these plans require a PCP selection or referrals.
- "High Cost" Specialty Drugs - limited coverage
- Visit www.tshbp.org to locate a provider.

Two Traditional PPO Plans (Aetna Network)

- Signature Plan Aetna
  - $2,000/$7,500 individual Deductible/Out-of-Pocket Max
  - 25% Coinsurance, $30 Primary Care, $0 Virtual Visits
- Signature HD Plan
  - $3,000/$7,000 individual Deductible/Out-of-Pocket Max
  - 30% Coinsurance, $30 Virtual Visits
- Similar to TRS-Active Care
- Care Coordinator is an Optional Benefit
- Neither of these plans require a PCP selection, referrals.
- " High Cost" Specialty Drugs - full coverage
- Visit www.aetna.com/asa to locate a provider

Don't Forget!

- Login and complete your benefit enrollment from 07/18/2022-08/07/2022
- Enrollment assistance is available by calling Financial Benefit Services at (866) 914-5202.
- Update your information: home address, phone numbers, email, and beneficiaries.
- **REQUIRED!!** Due to the Affordable Care Act (ACA) reporting requirements, you must add your dependent's ***CORRECT*** social security numbers in the online enrollment system. If you have questions, please contact your Benefits Administrator.

Section 125 Cafeteria Plan Guidelines

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 31 days of your qualifying event and meet with your Benefit Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

CHANGES IN STATUS (CIS):	QUALIFYING EVENTS
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain/Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Judgment/Decree/ Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

Annual Benefit Enrollment

SUMMARY PAGES

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. Changes are not permitted during the plan year (outside of annual enrollment) unless a Section 125 qualifying event occurs.

- Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.
- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.

New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 31 days of benefit eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefits department or you can call Financial Benefit Services at 866-914-5202 or email disdinsurance@dentonisd.org for assistance.

Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: www.mybenefitshub.com/dentonisd. Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

How can I find a Network Provider?

For benefit summaries and claim forms, go to the Denton ISD benefit website: www.mybenefitshub.com/dentonisd. Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can login to the carrier website and print a temporary ID card or simply give your provider the insurance company's phone number and they can call and verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.

If the insurance carrier provides ID cards, but there are no changes to the plan, you typically will not receive a new ID card each year.

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 16 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2022 benefits become effective on September 1, 2022, you must be actively-at-work on September 1, 2022 to be eligible for your new benefits.

Dependent Eligibility Requirements

Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, through the maximum age listed below. Dependents cannot be double covered by married spouses within the district as both employees and dependents.

PLAN	MAXIMUM AGE
Medical	To age 26
Dental	To age 26
Vision	To age 26
Life	To age 26
Cancer	To age 26

If your dependent is disabled, coverage may be able to continue past the maximum age under certain plans. If you have a disabled dependent who is reaching an ineligible age, you must provide a physician's statement confirming your dependent's disability. Contact your Benefit Administrator to request a continuation of coverage.

Please note, limits and exclusions may apply when obtaining coverage as a married couple or when obtaining coverage for dependents.

Potential Spouse Coverage Limitations: *When enrolling in coverage, please keep in mind that some benefits may not allow you to cover your spouse as a dependent if your spouse is enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on spouse eligibility.*

FSA/HSA Limitations: *Please note, in general, per IRS regulations, married couples may not enroll in both a Flexible Spending Account (FSA) and a Health Savings Account (HSA). If your spouse is covered under an FSA that reimburses for medical expenses then you and your spouse are not HSA eligible, even if you would not use your spouse's FSA to reimburse your expenses. However, there are some exceptions to the general limitation regarding specific types of FSAs. To obtain more information on whether you can enroll in a specific type of FSA or HSA as a married couple, please reach out to the FSA and/or HSA provider prior to enrolling or reach out to your tax advisor for further guidance.*

Potential Dependent Coverage Limitations: *When enrolling for dependent coverage, please keep in mind that some benefits may not allow you to cover your eligible dependents if they are enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on dependent eligibility.*

Disclaimer: *You acknowledge that you have read the limitations and exclusions that may apply to obtaining spouse and dependent coverage, including limitations and exclusions that may apply to enrollment in Flexible Spending Accounts and Health Savings Accounts as a married couple. You, the enrollee, shall hold harmless, defend, and indemnify Financial Benefit Services, LLC from any and all claims, actions, suits, charges, and judgments whatsoever that arise out of the enrollee's enrollment in spouse and/or dependent coverage, including enrollment in Flexible Spending Accounts and Health Savings Accounts.*

Helpful Definitions

Actively-at-Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/2022 please notify your benefits administrator.

Annual Enrollment

The period during which existing employees are given the opportunity to enroll in or change their current elections.

Annual Deductible

The amount you pay each plan year before the plan begins to pay covered expenses.

Calendar Year

January 1st through December 31st

Co-insurance

After any applicable deductible, your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

Guaranteed Coverage

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during initial eligibility period. Actively-at-work and/or pre-existing condition exclusion provisions do apply, as applicable by carrier.

In-Network

Doctors, hospitals, optometrists, dentists and other providers who have contracted with the plan as a network provider.

Out-of-Pocket Maximum

The most an eligible or insured person can pay in co-insurance for covered expenses.

Plan Year

September 1st through August 31st

Pre-Existing Conditions

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescription drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services).

HSA vs. FSA

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
Employer Eligibility	A qualified high deductible health plan.	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	$1,400 single (2022) $2,800 family (2022)	N/A
Maximum Contribution	$3,650 single (2022) $7,300 family (2022)	$2,850 (2022)
Permissible Use Of Funds	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	Yes, will roll over to use for subsequent year's health coverage.	No. Access to some funds may be extended if your employer's plan contains a 2 1/2 –month grace period or $500 rollover provision.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

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Basic Life and AD&D
One America

EMPLOYEE BENEFITS

ABOUT LIFE AND AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

What you need to know about your Basic Life and AD&D Benefits

Guaranteed Issue: Employee: $15,000

Accidental Death and Dismemberment (AD&D): Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract. Additional AD&D benefits include seat belt, air bag, repatriation, child higher education, childcare, paralysis/loss of use, severe burns, disappearance, and exposure.

Accelerated Life Benefit: If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose

Employee Assistance Program (EAP): This is an added value of your Basic Life Insurance plan with the district that offers no cost counseling up to 6 Sessions in-person per plan year. Call 855.387.9727 or go online to: www.guidanceresources.com with your Company Web ID: ONEAMERICA6

Basic Employee Life and AD&D Coverage

Your Life and AD&D insurance coverage amount is $15,000.

Coverage is provided at no cost to you.

Employee Assistance Program (EAP)
One America

EMPLOYEE BENEFITS

ABOUT EAP

An Employee Assistance Program (EAP) is a program that assists you in resolving problems such as finding child or elder care, relationship challenges, financial or legal problems, etc. This program is provided by your employer at no cost to you.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

Confidential Counseling

6 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM —highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 6 sessions per issue per year) and other resources for:

- Stress, anxiety and depression
- Relationship/marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

Work-Life Solutions

Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

GuidanceResources® Online

Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- Timely articles, HelpSheetsSM , tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation

Get peace of mind.

EstateGuidance® lets you quickly and easily write a will on your computer. Just go to www.guidanceresources.com and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify your wishes for your property
- Provide funeral and burial instructions

Call Your ComPsych Guidance Resources program anytime for confidential assistance.
Call: 855.365.4754 TDD: 800.697.0353

Go online: guidanceresources.com
Your company Web ID: ONEAMERICA6

Medical Insurance

Texas Schools Health Benefits Program

EMPLOYEE BENEFITS

ABOUT TSHBP

The TSHBP is proud to offer a variety of plans and benefits to meet your school district's needs. All plans are designed so members can easily navigate through their health medical needs.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

Directed Care Highlights

HealthSmart

The TSHBP Directed Care Plans utilize a national network to provide physician and ancillary services access to all members. Enrolled school districts will access the HealthSmart practitioner and ancillary only network to gain access to over 478,000 providers in over 1,222,000 unique locations across the United States, Please note, hospitals are excluded from the PPO networks. All hospital and other medical facility-based services are accessed via an assigned Care Coordinator.

TSHBP members will experience the lowest out-of-pocket costs for physician and ancillary medical services when utilizing network providers. HealthSmart Network Solutions' Physician and Ancillary Only Primary PPO contains approximately 478,000 contracted providers in over 1,222,000 unique locations across the country.

It is easy to look up providers in your area by looking up providers in your area by clicking on the link below. Your searches can be saved to your computer or sent to your email.

https://tshbp.info/HSNetwork

Access the MyTSHBP Digital Wallet for easy access to all your benefit resources.

Scan Me

Aetna Network Highlights

Aetna Signature Administrators®

You want a network that is comprehensive, is easy to use and can help you save on costs. Look no further. You can now find support through our Aetna Signature Administrators® preferred provider organization network. Discover provider options and reduced costs.

With our network, you now have access to over 1.2 million participating doctors, 8,700 hospitals, and strong, negotiated discounts.

We know quality care is important. So we make sure our doctors successfully complete our credentialing requirements. Our credentialing process meets industry standards, as well as state and federal requirements.

You'll also have access to over 600 Institutes of Excellence™ facilities and Institutes of Quality® facilities. We measure these publicly recognized institutes by clinical performance, outcomes and efficiency. Then, we pass this guidance along to you—so you can choose the best facility.

No one likes changing doctors every year. We make it easier, so you don't have to. Our local network teams work with doctors and hospitals to promote effective member care and better customer satisfaction. As a result, the turnover in our network is remarkably low, year after year.

Ready to search our network? Just visit http://aetna.com/asa

PPO Deductible Credits

With the Aetna PPO plans, if you choose to utilize the services of a Care Coordinator for a procedure or admission to a facility, you will receive a $500 credit toward your deductible[1]. If you have already met your deductible, the $500 credit will apply to your out-of-pocket maximum!

[1]On the HDHP plan, a member must meet a minimum of $1,400 of the deductible accumulation before receiving the credit to comply with HSA requirements.

Medical Insurance
Texas Schools Health Benefits Program

EMPLOYEE BENEFITS

PLAN SUMMARY	DIRECTED CARE PLANS		AETNA NETWORK PLANS	
	High Deductible (Current)	**CoPay (Current)**	**Aetna HD (New)**	**Aetna Signature (New)**
	Directed Care Plan • *Use CC for Hospital/ Surgical Services* • *Compatible with an HSA* • *Lowest HD Premium Plan* • *Out-of-Network Benefits*	**Directed Care Plan** • *Use CC for Hospital/ Surgical Services* • *Co-payments for Services* • *Reduce Out-of-Pocket* • *Out-of-Network Benefits*	**Traditional PPO Plan** • *Compatible with an HSA* • *Network for all physician and hospital services*	**Traditional PPO Plan** • *Lowest Deductible Plan* • *Brand Drug Deductible* • *Network for all physician and hospital services*
Plan Features	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Individual/Family Deductible	$3,000/$9,000	$0 Deductible	$3,000/$6,000	$2,000/$4,000
Coinsurance	None - Plan Pays 100% after deductible	None - Plan Pays 100% after out-of-pocket is met	You pay 30% after deductible	You pay 25% after deductible
Ind/Fam Out of Pocket	$3,000/$9,000	$3,500/$10,500	$7,000/$14,000	$7,500/$15,000
National Network	HealthSmart	HealthSmart	Aetna	Aetna
PCP Required	No	No	No	No
PCP Referral to Specialist	No	No	No	No
Doctor Visits				
Preventive Care	Yes - $0 copay	Yes - $0 copay	Yes - $0 copay	Yes - $0 Copay
Primary Care	Deductible, then Plan pays 100%	$35 copay	You pay 30% after deductible	$30 copay
Specialist	Deductible, then Plan pays 100%	$35 copay	You pay 30% after deductible	$70 copay
Virtual Health	$30 per consultation	$0 per consultation	$30 per consultation	$0 per consultation
Care Facilities				
Urgent Care	Deductible, then Plan pays 100%	$50 copay	You pay 30% after deductible	$50 copay
Emergency Care	Deductible, then Plan pays 100%	$500 copay	You pay 30% after deductible	You pay $500 copay + 25% after deductible
Outpatient Surgery	Deductible, then Plan pays 100%	$500 copay	You pay 30% after deductible	You pay 25% after deductible
Prescriptions				
Drug Deductible	Integrated with medical	No deductible	Integrated with medical	$500 brand deductible
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply
Generics	Deductible, then Plan pays 100%	$0 at selected pharmacies; others $10/$20 copay	You pay 20% after deductible; $0 for certain generics	$15/$45 copay
Preferred Brand	Deductible, then Plan pays 100%	$35 copay or 50% copay (max $100)	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	Deductible, then Plan pays 100%	$70 copay or 50% copay (max $200)	You pay 50% after deductible	You pay 50% after deductible
Specialty	Limited - PAP Required	Limited - PAP Required	Full Coverage - PAP Required	Full Coverage - PAP Required
Employee Cost (District Contribution of $260)				
Employee Only	$111.00	$153.00	$169.00	$217.00
Employee/Spouse	$755.00	$895.00	$949.00	$989.00
Employee/Child	$434.00	$525.00	$512.00	$551.00
Employee/Family	$1,070.00	$1,265.00	$1,185.00	$1,272.00

Health Savings Account (HSA)
EECU

EMPLOYEE BENEFITS

ABOUT HSA

A Health Savings Account (HSA) is a personal savings account where the money can only be used for eligible medical expenses. Unlike a flexible spending account (FSA), the money rolls over year to year however only those funds that have been deposited in your account can be used. Contributions to a Health Savings Account can only be used if you are also enrolled in a High Deductible Health Care Plan (HDHP).

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

A Health Savings Account (HSA) is more than a way to help you and your family cover health care costs; it is a tax-exempt tool to supplement your retirement savings and cover health expenses during retirement. An HSA can provide the funds to help pay current health care expenses as well as future health care costs.

A type of personal savings account, an HSA is always yours even if you change health plans or jobs. The money in your HSA (including interest and investment earnings) grows tax-free and spends tax-free if used to pay for qualified medical expenses. There is no "use it or lose it" rule — you do not lose your money if you do not spend it in the calendar year — and there are no vesting requirements or forfeiture provisions. The account automatically rolls over year after year.

HSA Eligibility

You are eligible to open and contribute to an HSA if you are:

- Enrolled in an HSA-eligible HDHP (TSHBP HD or Aetna HD).
- Not covered by another plan that is not a qualified HDHP, such as your spouse's health plan
- Not enrolled in a Health Care Flexible Spending Account, nor should your spouse be contributing towards a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else's tax return
- Not enrolled in Medicare or TRICARE
- Not receiving Veterans Administration benefits

You can use the money in your HSA to pay for qualified medical expenses now or in the future. You can also use HSA funds to pay health care expenses for your dependents, even if they are not covered under your HDHP.

Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2022 is based on the coverage option you elect:

- Individual – $3,650
- Family (filing jointly) – $7,300

You decide whether to use the money in your account to pay for qualified expenses or let it grow for future use. If you are 55 or older, you may make a yearly catch-up contribution of up to $1,000 to your HSA. If you turn 55 at any time during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

Health Savings Account (HSA)
EECU

EMPLOYEE BENEFITS

Opening an HSA
If you meet the eligibility requirements, you may open an HSA administered by EECU. You will receive a debit card to manage your HSA account reimbursements. Keep in mind, available funds are limited to the balance in your HSA.

Important HSA Information
- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through EECU are eligible for automatic payroll deduction and company contributions.

How to Use your HSA
- Online/Mobile: Sign-in for 24/7 account access to check your balance, pay bills and more.
- Call/Text: (817) 882-0800. EECU's dedicated member service representatives are available to assist you with any questions. Their hours of operation are Monday through Friday from 8:00 a.m. to 7:00 p.m. CT, Saturday 9:00 a.m.–1:00 p.m. CT and closed on Sunday.
- Lost/Stolen Debit Card: Call the 24/7 debit card hotline at (800) 333-9934
- Stop by a local EECU financial center for in-person assistance; find EECU locations & service hours a www.eecu.org/locations.

Flexible Spending Account (FSA)
NBS

EMPLOYEE BENEFITS

ABOUT FSA

A Flexible Spending Account allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit. This money is use it or lose it within the plan year (unless your plan contains a $500 rollover or grace period provision).

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

IMPORTANT FSA RULES

The maximum per plan year you can contribute to a Heath Care Family FSA is $2850 and $1400 if you are single. The maximum per plan year you can contribute to a Dependent Care FSA is $500 when filing jointly or head of household and $2,500 when married filing separately.

GENERAL PLAN INFORMATION

Plan Year End:.....August 31st
Run-out Period:.....90 Days
Maximum Medical Limit.....Current IRS limit $2,850
...See Code Section 125(i)(2) or current enrollment information
Maximum Dependent Care Limit:.....$5,000

Deadlines to File Claims

Health FSA.....,November 29 following Plan Year End
DCAP.....November 29 following Plan Year End
FSA Mid-year termination..... 90 days following termination date
DCAP Mid-year termination....90 days following termination date

Deadlines to Use Funds

Health FSA Grace Period.....75 days
Dependent Care Grace Period:.....75 days

WHEN AM I ELIGIBLE TO PARTICIPATE?

If you work 16 hours or more each week for the company, you will be eligible to join the Plan when you have met the eligibility requirements for our group medical plan. You will enter the Plan on the same day that you join our group medical plan.

HOW DO I RECEIVE REIMBURSEMENTS?

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at www.NBSbenefits.com. Claim forms must be submitted no later than 90 days after the Plan Year for the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. Any contributions remaining at the end of the Plan Year will be forfeited. Terminated Employees have 90 Days after their date of termination to submit receipts for services prior to their termination date.

HOW DO I ACCESS MY FSA FUNDS?

You can access the funds in your Health Care FSA two different ways:
Use your NBS Debit Card to pay for qualified expenses, doctor visits and prescription copays.
Pay out-of-pocket and submit your receipts for reimbursement:
Fax – 844-438-1496
Email – service@nbsbenefits.com
Online – my.nbsbenefits.com
Call for Account Balance: 855-399-3035
Mail: PO Box 6980
West Jordan, UT 84084

HOW DO I CONTACT NBS?

Hours of Operation: 6:00 AM – 6:00 PM MST, Mon-Fri
Phone: (800) 274-0503
Email: service@nbsbenefits.com
Mail: PO Box 6980
West Jordan, UT 84084

DEPENDENT CARE FSA

The Dependent Care FSA helps pay for expenses associated with caring for elder or child dependents so you or your spouse can work or attend school full time. You can use the account to pay for day care or babysitter expenses for your children under age 13 and qualifying older dependents, such as dependent parents. Reimbursement from your Dependent Care FSA is limited to the total amount deposited in your account at that time. To be eligible, you must be a single parent, or you and your spouse must be employed outside the home, disabled or a full-time student.

Flexible Spending Account (FSA)
NBS

DEPENDENT CARE FSA GUIDELINES

- Overnight camps are not eligible for reimbursement (only day camps can be considered).
- If your child turns 13 midyear, you may only request reimbursement for the part of the year when the child is under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.
- The dependent care provider cannot be your child under age 19 or anyone claimed as a dependent on your income taxes.

FSASTORE.COM

FSAstore.com offers thousands of FSA-eligible products and services to purchase using your FSA Debit Card or any major credit card. Competitive pricing and free shipping on order $50 can save you up to 40% using your FSA pretax dollars.

Hospital Indemnity
Cigna

EMPLOYEE BENEFITS

ABOUT HOSPITAL INDEMNITY

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

Hospital Care coverage provides a benefit when a Covered Person incurs a hospital stay resulting from a Covered Injury or Covered Illness.

Available Coverage: The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand the terms, conditions, state variations, exclusions, and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Waiting Period: None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.

Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	$1,000	$2,500
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	$50	$100
Hospital Stay No Elimination Period. Limited to 30 days.	$100	$200
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 30 days.	$150	$300
Hospital Observation Stay 24-hour Elimination Period. Limited to 72 hours.	$100 per 24-hour period	$200 per 24-hour period
Newborn Nursery Care Admission Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	$500	$500
Newborn Nursery Care Stay Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	$100	$100

How do I submit a claim?
Complete the claim form with the link provided below:
https://www.cigna.com/static/www-cigna-com/docs/individuals-families/member-resources/hospital-care-claim-form.pdf

Options for filing the Claim Form:

- Call 800.754.3207 to speak with one of our dedicated customer service representatives.
- Email your scanned documents to: SuppHealthClaims@Cigna.com

Hospital Indemnity
Cigna

EMPLOYEE BENEFITS

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States

Benefit Amounts Payable: Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants, if allowed under this plan, may be required to provide medical evidence of insurability.

Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

Hospital Admission: Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Chronic Condition Admission: Must be admitted as an Inpatient due to a covered chronic condition and treatment for a covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Stay: Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.

Intensive Care Unit (ICU) Stay: Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.

Hospital Observation Stay: Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours on a non-inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.

Newborn Nursery Care Admission and Newborn Nursery Care Stay: Must be admitted as an Inpatient and confined in a hospital immediately following birth at the direction and under the care of a physician.

Hospital Indemnity		
	Plan 1	Plan 2
Employee	$12.46	$24.54
Employee + Spouse	$22.50	$45.14
Employee + Child(ren)	$20.46	$41.04
Family	$30.48	$61.22

Telehealth + Behavioral Health
MDLive

EMPLOYEE BENEFITS

ABOUT TELEHEALTH

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

Alongside your medical coverage is access to quality telehealth services through MDLIVE. Connect anytime day or night with a board-certified doctor via your mobile device or computer. While MDLIVE does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering a convenience care clinic, urgent care clinic or emergency room for treatment
- Are on a business trip, vacation or away from home
- Are unable to see your primary care physician

When to Use MDLIVE:

At a cost that is the same or less than a visit to your physician, use telehealth services for minor conditions such as:

- Sore throat
- Headache
- Stomachache
- Cold
- Flu
- Allergies
- Fever
- Urinary tract infections

Do not use telemedicine for serious or life-threatening emergencies.

MDLIVE Behavioral Health:

Managing stress or life changes can be overwhelming but it's easier than ever to get help right in the comfort of your own home. Visit a counselor or psychiatrist by phone, secure video, or MDLIVE App.

- Talk to a licensed counselor or psychiatrist from your home, office, or on the go!
- Affordable, confidential online therapy for a variety of counseling needs.
- The MDLIVE app helps you stay connected with appointment reminders, important notifications and secure messaging.

Registration is Easy

Register with MDLIVE so you are ready to use this valuable service when and where you need it.

- Online – www.mdlive.com/fbsbh
- Phone – 888-365-1663
- Mobile – download the MDLIVE mobile app to your smartphone or mobile device
- Select –"MDLIVE as a benefit" and "FBS" as your Employer/Organization when registering your account.

Telehealth	
Employee & Family	$12.00

Dental Insurance
Cigna

EMPLOYEE BENEFITS

ABOUT DENTAL

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through Cigna Dental.

How to Find a Dentist Visit https:// hcpdirectory.cigna.com/ or call 800-244-6224 to find an in-network dentist. Your network will be Total Cigna DPPO.

How to Request a New ID Card You can request your dental id card by contacting Cigna directly at 800-244-6224. You can also go to www.mycigna.com and register/login to access your account. In addition, you can download the "MyCigna" app on your smartphone and access your id card right there on your phone.

DENTAL - HIGH PLAN				
Network Options	*In-Network:* Total Cigna DPPO Network		*Out-of-Network:* See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Policy Year Benefits Maximum Applies to: Class II & III expenses	$2,000		$2,000	
Policy Year Deductible Individual Family	$50 Unlimited		$50 Unlimited	
Benefit Highlights	*Plan Pays*	*You Pay*	*Plan Pays*	*You Pay*
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine & non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: Dentures	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel/resin Crowns: permanent cast and porcelain Bridges and Dentures Repairs: Bridges, Crowns and Inlays Denture Relines, Rebases and Adjustments	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: $1,500	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Benefit Plan Provisions				

In-Network Reimbursement: For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse thedentist according to a Fee Schedule or Discount Schedule.
Non-Network Reimbursement: For services provided by a non-network dentist, Cigna Dental will reimburse according to theMaximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.

DENTAL - LOW PLAN				
Network Options	*In-Network:* Total Cigna DPPO Network		*Out-of-Network:* See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Allowable Charge	
Policy Year Benefits Maximum Applies to: Class II & III expenses	$1,250		$1,250	
Policy Year Deductible Individual Family	$50 Unlimited		$50 Unlimited	
Benefit Highlights	*Plan Pays*	*You Pay*	*Plan Pays*	*You Pay*
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine & non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	90% No Deductible	10% No Deductible	90% No Deductible	10% No Deductible
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: Dentures	70% After Deductible	30% After Deductible	70% After Deductible	30% After Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel/resin Crowns: permanent cast and porcelain Bridges and Dentures Repairs: Bridges, Crowns and Inlays Denture Relines, Rebases and Adjustments	40% After Deductible	60% After Deductible	40% After Deductible	60% After Deductible
Benefit Plan Provisions				

In-Network Reimbursement: For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse thedentist according to a Fee Schedule or Discount Schedule.

Non-Network Reimbursement: For services provided by a non-network dentist, Cigna Dental will reimburse according to theMaximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all providersubmitted amounts in the geographic area. The dentist may balance bill up to their usual fees.

Late Entrant Limitation Provision: Payment will be reduced by 50% for Class III services for 12 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.

DHMO PLAN

If you enroll in the DHMO plan, you must select a Primary Care Dentist (PCD) from the DHMO network directory to manage your care. Each eligible dependent may choose their own PCD. The Patient Charge Schedule applies only when covered dental services are performed by your network dentist. Not all Network Dentist perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services. Dental services are unlimited; you pay fixed co-pays, there are no deductibles and there are no claim forms to file. There is no coverage for services provided without a referral from your PCD or if you seek care from out-of-network providers. Please refer to your benefit website for full details.

How do I find an In-network Dentist? Visit: https://hcpdirectory.cigna.com/ or call 800-244-6224 to find an in-network dentist. Your network will be Cigna Dental Care DHMO.

Dental Rates			
	High Plan	Low Plan	DHMO
Employee	$51.69	$21.09	$14.54
Employee + Spouse	$110.43	$41.95	$28.95
Employee + Child(ren)	$100.08	$45.47	$31.26
Family	$186.52	$66.36	$45.66

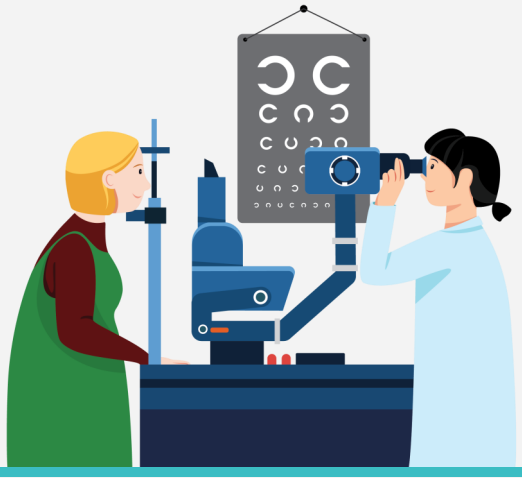
Vision Insurance
Superior Vision

EMPLOYEE BENEFITS

ABOUT VISION

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd



Plan Highlights:

You have the option of choosing either the **high option** or the low option plan. The high option allows you to receive the contact lens allowance **AND** one complete pair of glasses every **12 months**. The **low option** allows you to receive the contact lens allowance, **OR** the frame allowance every **12 months**.

High Option Plan		Low Option Plan	
Co-Pays		**Co-Pays**	
Exam	$10	Exam	$15
Materials	$20	Materials	$20
Contact Lens Fitting	$25	Contact Lens Fitting	$25
Services/Frequency		**Services/Frequency**	
Exam	12 months	Exam	12 months
Frames	12 months	Frames	12 months
Contact Lens Fitting	12 months	Contact Lens Fitting	12 months
Lenses	12 months	Lenses	12 months
Contact Lenses	12 months	Contact Lenses	12 months

Benefits through Superior National Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam (MD)	Covered in full	Up to $42	Covered in full	Up to $42
Exam (OD)	Covered in full	Up to $37	Covered in full	Up to $37
Frames	$150 retail allowance	Up to $60	$125 retail allowance	Up to $50
Contact Lens Fitting (standard)	Covered in full	Not covered	Covered in full	Not covered
Contact Lens Fitting (specialty)	$50 retail allowance	Not covered	$50 retail allowance	Not covered
Lenses (standard) per pair				
Single Vision	Covered in full	Up to $26	Covered in full	Up to $26
Bifocal	Covered in full	Up to $34	Covered in full	Up to $34
Trifocal	Covered in full	Up to $50	Covered in full	Up to $50
Progressive lens upgrade	See description	Up to $50	See description	Up to $50
Photochromic	Covered in full	Not covered	Not covered	Not covered
Polycarbonate	Covered in full	Not covered	Not covered	Not covered
Factory scratch coat	Covered in full	Not covered	Not covered	Not covered
Contact Lenses	$150 retail allowance	Up to $100	$150 retail allowance	Up to $100

How do I get an ID card?

You can request your vision id card by contacting Superior Vision directly at 800-507-3800. You can also go to www.superiorvision.com and register/login to access your account by clicking on "Members" at the top of the page. You can also download the Superior Vision mobile app on your smart phone.

Vision		
	High Plan	Low Plan
Employee	$16.95	$9.04
Employee + Spouse	$36.48	$19.46
Employee + Child(ren)	$27.45	$14.63
Family	$50.10	$26.71

Vision
Superior Vision

Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options

The following options have out-of-pocket maximums on standard (not premium, brand, or progressive) lenses.

Maximum Member Out-of-Pocket		
	Single Vision	Bifocal & Trifocal
Ultraviolet coat	$15	$15
Tints, solid or gradients	$25	$25
Anti-reflective coat	$50	$50
High index 1.6	$55	20% off retail

Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, other prescription materials:	20% off retail
Disposable contact lenses:	10% off retail

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

Cancer Insurance
APL

EMPLOYEE BENEFITS

ABOUT CANCER

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

Summary of Benefits		
Cancer Treatment Policy Benefits	**Plan 1 Level 3**	**Plan 2 Level 4**
Radiation Therapy, Chemotherapy, Immunotherapy - Maximum per 12-month period	$15,000	$20,000
Hormone Therapy - Maximum of 12 treatments per calendar year	$50 per treatment	$50 per treatment
Experimental Treatment	paid in same manner and under the same maximums as any other benefit	
Cancer Screening Rider Benefits	**Level 1**	**Level 1**
Diagnostic Testing - 1 test per calendar year	$50 per test	$50 per test
Follow-Up Diagnostic Testing - 1 test per calendar year	$100 per test	$100 per test
Medical Imaging - per calendar year	$500 per test / 1 per calendar year	
Surgical Rider Benefits	**Level 1**	**Level 3**
Surgical	$30 unit dollar amount Max $3,000 per operation	$45 unit dollar amount Max $4,500 per operation
Anesthesia	25% of amount paid for covered surgery	
Bone Marrow Transplant - Maximum per lifetime	$6,000	$9,000
Stem Cell Transplant - Maximum per lifetime	$600	$900
Prosthesis - Surgical Implantation/Non-Surgical (not Hair Piece) 1 device per site, per lifetime	$1,000 / $100	$2,000 / $200
Internal Cancer First Occurrence Rider Benefits	**Level 2**	**Level 4**
Lump Sum Benefit - Maximum 1 per Covered Person per lifetime	$5,000	$10,000
Lump Sum for Eligible Dependent Children - Maximum 1 per Covered Person per lifetime	$7,500	$15,000
Heart Attack/Stroke First Occurrence Rider Benefits	**Level 2**	**Level 4**
Lump Sum Benefit - Maximum 1 per Covered Person per lifetime	$5,000	$10,000
Lump Sum for Eligible Dependent Children - Maximum 1 per Covered Person per lifetime	$7,500	$15,000
Hospital Intensive Care Unit Rider Benefits		
Intensive Care Unit	$600 per day	$600 per day
Step Down Unit - Maximum of 45 days per Confinement for any combination of Intensive Care Unit or Step Down Unit	$300 per day	$300 per day

Cancer		
	Low	High
Employee Only	$21.50	$33.48
Employee and Spouse	$45.64	$71.64
Employee and Child(ren)	$27.22	$41.32
Employee and Family	$51.36	$79.50

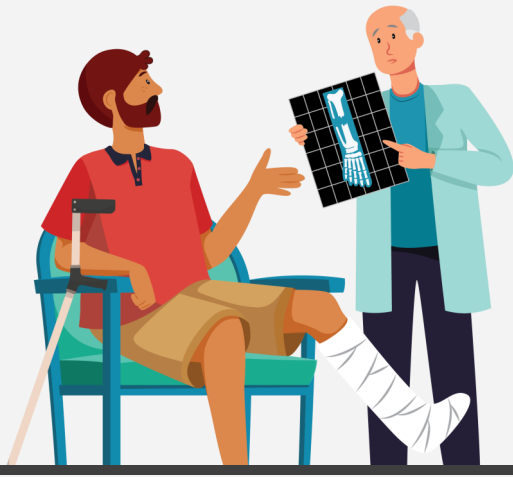
THIS IS ONLY A SUMMARY OF BENEFITS. PLEASE REFER TO THE CERTIFICATE OF COVERAGE FOR LIMITATIONS AND EXCLUSIONS TO DETERMINE ACTUAL COVERAGES. GO TO WWW.MYBENEFITSHUB.COM/DENTONISD UNDER THE CANCER SECTION FOR COMPLETE DETAILS.

Disability Insurance
The Hartford

EMPLOYEE BENEFITS

ABOUT DISABILITY

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.



For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

What is Educator Disability Insurance?

Educator Disability insurance is a hybrid that combines features of short-term and long-term disability into one plan. Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. The plan gives you flexibility to be able to choose an amount of coverage and waiting period that suits your needs. We offer Educator Disability insurance for you to purchase through The Hartford.

If you need to file a claim, please contact The Hartford at 866-278-2655 and provide Group# 681062.

Actively at Work: You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.

Eligibility: You are eligible if you are an active employee who works at least 15 hours per week on a regularly scheduled basis.

Benefit Amount: You may purchase coverage that will pay you a monthly flat dollar benefit in $100 increments between $200 and $8,000 that cannot exceed 66 2/3% of your current monthly earnings. Earnings are defined in The Hartford's contract with your employer.

Elimination Period: You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a disability benefit payment. The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.

For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.

Definition of Disability: Disability is defined as The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy, or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings. One you have been disabled for 24 months, you must be prevented from performing one or more essential duties of any occupation, and as a result, your monthly earnings are 66 2/3% or less of your pre-disability earnings.

Pre-Existing Condition Limitation: Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have been insured under this policy for 12 months before your disability begins.

If your disability is a result of a pre-existing condition, we will pay benefits for a maximum of 4 weeks

Disability Insurance
The Hartford

Benefit Integration: Your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance
- State Teacher Retirement Disability Plans
- Workers' Compensation
- Other employer-based disability insurance coverage you may have
- Unemployment benefits
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

Your plan includes a minimum benefit of $100.

Maximum Benefit Duration: Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary. Please see the applicable schedules below based on your election of either the Gold Premium or Silver Select benefit options.

- Gold Premium Option: For the Gold benefit option – the table below applies to disabilities resulting from ***sickness or injury***.
- Silver Select Option: For the Silver benefit option – the table below applies to disabilities resulting from ***injury***.

Age Disabled	Benefits Payable
Prior to Age 63	To Normal Retirement Age or 48 months if greater
Age 63	To Normal Retirement Age or 42 months if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and older	18 months

Silver Select Option: For the Silver benefit option – the table below applies to disabilities resulting from ***sickness***.

Age Disabled	Benefits Payable
Prior to Age 65	3 Years
Age 65 to 69	To Age 70, but not less than one year
Age 69 and older	1 Year

Disability		
Elimination Period	Gold Premium	Silver Select
0/7	$3.59	$2.64
14/14	$3.16	$2.16
30/30	$2.68	$1.77
60/60	$1.74	$1.45
90/90	$1.50	$1.21
180/180	$1.10	$0.91

Voluntary Life and AD&D

One America

EMPLOYEE BENEFITS

ABOUT LIFE AND AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

What you need to know about your Voluntary Term Life Benefits

Flexible Options:

- Employee: $10,000 to $500,000, in $10,000 increments.
- Spouse: $5,000 to $250,000, in $5,000 increments, not to exceed 100% of the employee's amount

Guaranteed Issue:

- Employee: $250,000
- Spouse: $50,000
- Child: $10,000

Dependent Life Coverage: Optional dependent life coverage is available to eligible employees. You must select employee coverage in order to cover your spouse and/or child(ren).

Accelerated Life Benefit: If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

Guaranteed Increase in Benefit: You may be eligible to increase your coverage annually until you reach your maximum amount without providing evidence of insurability.

Accidental Death and Dismemberment (AD&D): You must select Life coverage in order to select any AD&D coverage. Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract.

Voluntary Group Life and AD&D		
Age	Employee (per $10,000)	Spouse (per $10,000)
20-24	$0.70	$0.70
25-29	$0.70	$0.70
30-34	$0.80	$0.80
35-39	$0.90	$0.90
40-44	$1.30	$1.30
45-49	$1.70	$1.70
50-54	$2.60	$2.60
55-59	$3.90	$3.90
60-64	$6.00	$6.00
65-69	$11.60	$11.60
70-74	$11.60	$11.60
75+	$11.60	$11.60

Voluntary Group Life and AD&D- Child(ren) (per $10,000 in coverage)	
0-26	$2.00

Emergency Medical Transport
MASA

EMPLOYEE BENEFITS

ABOUT MEDICAL TRANSPORT

Medical Transport covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter, depending on the plan.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/dentonisd

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network. After the group health plan pays its portion, MASA MTS works with providers to deliver our members' $0 in out-of-pocket costs for emergency transport.

Emergent Air Transportation
In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

Emergent Ground Transportation
In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

Non-Emergency Inter-Facility Transportation
In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

Repatriation/Recuperation
Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

Should you need assistance with a claim contact MASA at 800-643-9023. You can find full benefit details at: www.mybenefitshub.com/dentonisd.

Plan Features		
	Emergent Plus Membership	Platinum Membership
Emergency Air Transportation	x	x
Emergent Ground Transportation	x	x
Non-Emergency Inter-Facility Transportation	x	x
Repatriation/ Recuperation	x	x
Escort Transportation		x
Visitor Transportation		x
Return Transportation		x
Mortal Remains Transportation		x
Minor Return		x
Organ Retrieval/Organ Recipient Transportation		x
Vehicle Return		x
Pet Return		x
Worldwide Coverage		x

Emergency Medical Transportation		
	Emergent Plus	Platinum
Employee & Family	$14.00	$39.00

2022 - 2023 Plan Year

Enrollment Guide General Disclaimer: This summary of benefits for employees is meant only as a brief description of some of the programs for which employees may be eligible. This summary does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at the Denton ISD Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

Rate Sheet General Disclaimer: The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at the Denton ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

WWW.MYBENEFITSHUB.COM/DENTONISD