

2024 - 2025 Plan Year



RED OAK ISD

BENEFIT GUIDE

EFFECTIVE: 09/01/2024 - 08/31/2025

WWW.MYBENEFITSHUB.COM/REDOAKISD

Table of Contents

How to Enroll	4-5
Annual Benefit Enrollment	6-9
1. Annual Enrollment	6
2. Section 125 Cafeteria Plan Guidelines	7
3. Eligibility Requirements	8
4. Health Savings Account (HSA) vs. Flexible Spending Account (FSA)	9
Basic Life and AD&D	10
Medical	11-15
Telehealth	16-17
Prescription Savings	18
Health Savings Account (HSA)	19
Hospital Cash	20
Dental	21-22
Vision	23
Disability	24-26
Cancer	27-28
Accident	29-30
Voluntary Life and AD&D	31-32
Emergency Medical Transportation	33
Flexible Spending Account (FSA)	34-35

FLIP TO...

PG. 4

HOW TO
ENROLL

PG. 6

SUMMARY
PAGES

PG. 10

YOUR
BENEFITS



Benefit Contact Information

RED OAK ISD BENEFITS Higginbotham Public Sector (800) 583-6908 www.mybenefitshub.com/redoakisd	LIFE AND AD&D The Hartford Group #00136135 (888) 277-4767 www.thehartford.com/employee-benefits/employees	MEDICAL - TRS ACTIVECARE BCBSTX (866) 355-5999 www.bcbstx.com/trsactivecare
RED OAK ISD BENEFITS OFFICE Maricela Torres (972) 617-4173 maricela.torres@redoakisd.org www.redoakisd.org	TELEHEALTH Recuro (855) 673-2876 www.recurohealth.com	PRESCRIPTION SAVINGS Clever RX Group #1085 (800) 873-1195
HEALTH SAVINGS ACCOUNT (HSA) EECU (817) 882-0800 www.eecu.org	HOSPITAL CASH CHUBB (888) 499-0425 www.chubb.com/us-en/	DENTAL United Concordia Low Plan #: 922953-001 High Plan #: 922953-002 (800) 332-0366 www.unitedconcordia.com
VISION EyeMed Group #1006662 (866) 804-0982 www.eyemed.com	DISABILITY The Hartford Group #395307 File a Claim: (866) 278-2655 www.thehartford.com	CANCER CHUBB (888) 499-0425 www.chubb.com/us-en/
ACCIDENT Lincoln Financial Group #5996 (800) 423-2765 www.lfg.com	EMERGENCY MEDICAL TRANSPORT MASA Group #MKROISD (800) 423-3226 www.masamts.com	FLEXIBLE SPENDING ACCOUNT (FSA) Higginbotham (866) 419-3519 https://flexservices.higginbotham.net/

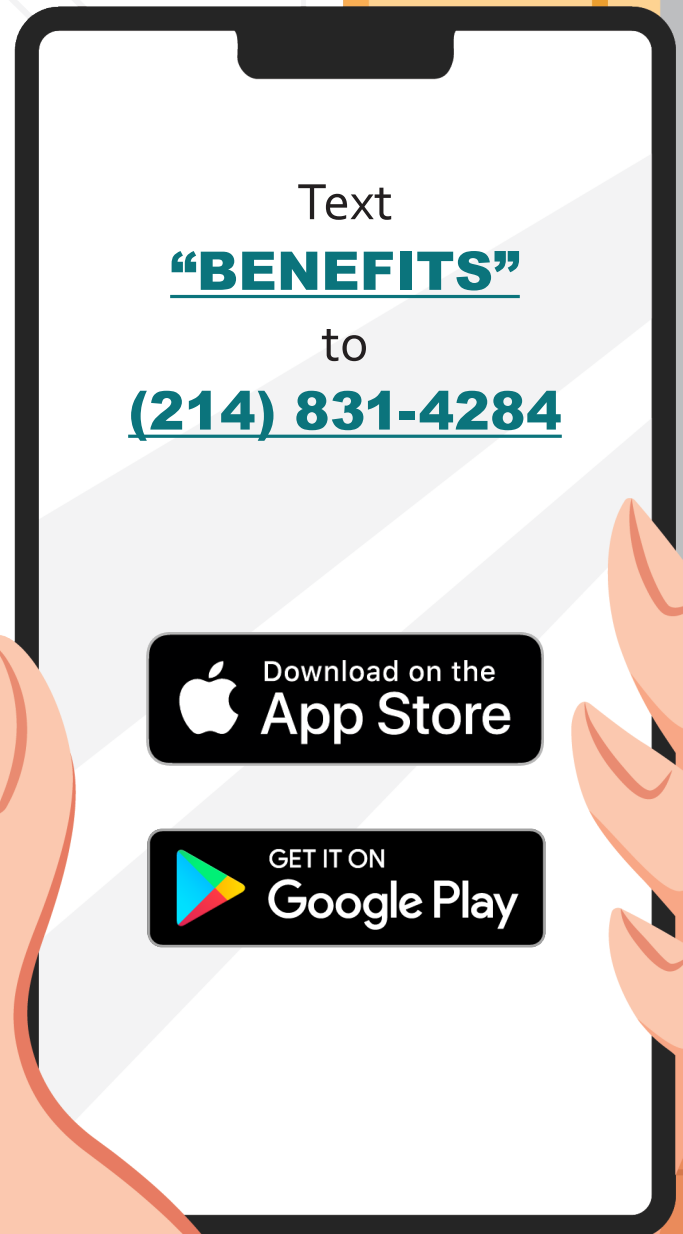
All Your Benefits - One App

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

Text **“BENEFITS”**
to **(214) 831-4284**
and get access to everything you
need to complete your benefits
enrollment:

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

App Group #:
FBSREDOAK





Login Process

1

www.mybenefitshub.com/redoakisd

2

CLICK LOGIN

3

Enter your Information

- Last Name
- Date of Birth
- Last Four (4) of Social Security Number

NOTE: THEbenefits**HUB** *uses this information to check behind the scenes to confirm your employment status.*

4

Once confirmed, the Additional Security Verification page will list the contact options from your profile. Select either **Text**, **Email**, **Call**, or **Ask Admin** options to receive a code to complete the final verification step.

5

Enter the code that you receive and click **Verify**. You can now complete your benefits enrollment!

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 Office or you can call Higginbotham Public Sector at 866-914-5202 for assistance.

Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: www.mybenefitshub.com/redoakisd. 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 Red Oak ISD benefit website: www.mybenefitshub.com/redoakisd. 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 log in 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.

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.

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 15 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 2024 benefits become effective on September 1, 2024, you must be actively-at-work on September 1, 2024 to be eligible for your new benefits.

PLAN	MAXIMUM AGE
Medical	To 26
Hospital Indemnity	To 26
Telehealth	To 26
EAP	To 26
Dental	To 26
Vision	To 26
Cancer	Unmarried to 26
Accident	Unmarried to 26
Voluntary Life	Unmarried to 26
AD&D	Unmarried to 26
Emergency Medical Transportation	To 26

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.

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 Higginbotham Public Sector, 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 Higginbotham Public Sector, 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 Higginbotham Public Sector 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.

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 Office to request a continuation of coverage.

	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	\$1,600 single (2024) \$3,200 family (2024)	N/A
Maximum Contribution	\$4,150 single (2024) \$8,300 family (2024) 55+ catch up +\$1,000	\$3,200 (2024)
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.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

FLIP TO
FOR HSA INFORMATION

PG. 19

FLIP TO
FOR FSA INFORMATION

PG. 34

Basic Life and AD&D

The Hartford

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/redoakisd



The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer gives extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.

Coverage Information		
APPLICANT	BASIC LIFE COVERAGE	BASIC AD&D COVERAGE
Employee	Benefit : \$10,000*	AD&D: Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both hands or both feet or sight of both eyes	100%
One hand and one foot	100%
Speech and Hearing in Both Ears	100%
Either hand or foot and sight of one eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either hand or foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and index finger of either hand	25%

* Coverage amount reduces to 50% at age 75.

PREMIUMS

Your employer pays 100% of the premium for your coverage.

ASKED & ANSWERED

WHO IS ELIGIBLE?

Active, full-time employees who work at least 15 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage- it is available without having to provide information about your health.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you under a group portability certificate or an individual conversion life certificate. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

ABOUT MEDICAL

Major medical insurance is a type of health care coverage that provides benefits for a broad range of medical expenses that may be incurred either on an inpatient or outpatient basis.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/redoakisd



	Monthly Premium	District Contribution	Employee Cost
TRS ActiveCare HD			
Employee Only	\$513.00	\$325.00	\$188.00
Employee and Spouse	\$1,386.00	\$325.00	\$1,061.00
Employee and Child(ren)	\$873.00	\$325.00	\$548.00
Employee and Family	\$1,745.00	\$325.00	\$1,420.00
TRS ActiveCare 2			
Employee Only	\$1,013.00	\$325.00	\$688.00
Employee and Spouse	\$2,402.00	\$325.00	\$2,077.00
Employee and Child(ren)	\$1,507.00	\$325.00	\$1,182.00
Employee and Family	\$2,841.00	\$325.00	\$2,516.00
TRS ActiveCare Primary			
Employee Only	\$501.00	\$325.00	\$176.00
Employee and Spouse	\$1,353.00	\$325.00	\$1,028.00
Employee and Child(ren)	\$852.00	\$325.00	\$527.00
Employee and Family	\$1,704.00	\$325.00	\$1,379.00
TRS ActiveCare Primary+			
Employee Only	\$588.00	\$325.00	\$263.00
Employee and Spouse	\$1,529.00	\$325.00	\$1,204.00
Employee and Child(ren)	\$1,000.00	\$325.00	\$675.00
Employee and Family	\$1,941.00	\$325.00	\$1,616.00

You bet your boots big things happen here, including TRS-ActiveCare's large network of doctors and hospitals.



TRS-ActiveCare Plan Highlights 2024-25



Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

****Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.**

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

Total Monthly Premium

— Your Employer Contribution

≡ Your Premium

Ask your Benefits Administrator for your district's specific 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 benefits
- And much more!

**Available for all plans.
See the benefits guide for more details.*

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Plus
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than Primary • Copays for many services • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$501		\$176	\$588
Employee and Spouse	\$1,353		\$1,028	\$1,529
Employee and Children	\$852		\$527	\$1,000
Employee and Family	\$1,704		\$1,379	\$1,941

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,050/\$16,100
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

TR-ActiveCare Primary+	TR-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>der referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account Nationwide network with out-of-network coverage No requirement for Primary Care Providers or referrals Must meet your deductible before plan pays for non-preventive care

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
	\$263	\$513		\$188
	\$1,204	\$1,386		\$1,061
	\$675	\$873		\$548
	\$1,616	\$1,745		\$1,420

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical	
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics	
You pay 25% after deductible	You pay 25% after deductible	
You pay 50% after deductible	You pay 50% after deductible	
\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible	
\$1-day supply; \$75 for 61-90 day supply	You pay 25% 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.

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

Total Premium	Employer Contribution	Your Premium
\$1,013		\$688
\$2,402		\$2,077
\$1,507		\$1,182
\$2,841		\$2,516

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

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical 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)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply



24/7 On-Demand Care Access

Don't wait to speak with a doctor, get the care when you need it

Getting sick is never planned. Here at Recuro we provide quality care around the clock to fit within your busy lifestyle.



Call 1.855.6RECURO

Call us, or download our app to speak with a doctor today!



Visit Us Online



Speak With an Agent



Download Our App

Common Conditions Treated



Sore Throat



Congestion



Cough



Cold & Flu



Yeast Infection



Insect Bites



Allergies



More



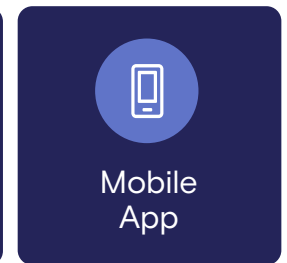
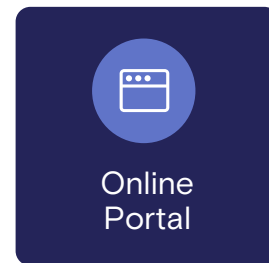
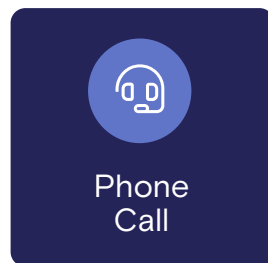
customerservice@recurohealth.com | 855.6RECURO | Scan QR Code to Download




Easy, Convenient, Affordable

**24/7/365 Access to U.S. Board
Certified, State Licensed Doctors**

- ➔ **Primary Care**
- ➔ **Pediatrics**
- ➔ **Urgent Care**

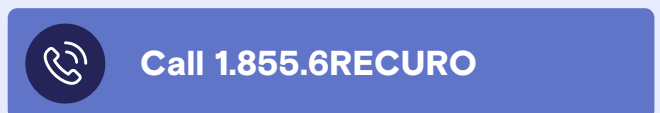


Healthcare that makes sense

Type of Visit	Average Cost
Primary Care	\$100
Urgent Care	\$150
Emergency Room	\$1400
 \$0	
2013 Medical Expenditure Panel Survey / MEPS	

Common Conditions Treated

- ✓ Acid Reflux
- ✓ Allergies
- ✓ Asthma
- ✓ Nausea
- ✓ Bronchitis
- ✓ Cold & Flu
- ✓ Infections
- ✓ Bladder Infection
- ✓ Rashes
- ✓ Sinus Conditions
- ✓ Sore Throat
- ✓ Thyroid Conditions
- ✓ UTIs
- ✓ And More...



Disclaimer: Recuro services are for non-emergency conditions only. Recuro does not replace the primary care physician, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com



NEVER OVERPAY FOR PRESCRIPTIONS AGAIN

NOW THAT'S CLEVER.



Download your Clever RX card or Clever RX App to unlock exclusive savings.



Present your Clever RX App or Clever RX card to your pharmacist.



FREE to use. Save up to 80% off prescription drugs and beat copay prices.

START SAVING TODAY WITH CLEVER RX

- ✓ 100% FREE to use
- ✓ Unlock discounts on thousands of medications
- ✓ Save up to 80% off prescription drugs – often beats the average copay
- ✓ Accepted at most pharmacies nationwide



STEP 1:

Download the FREE Clever RX App. From your App Store search for "Clever RX" and hit download. Make sure you enter in Group ID 1085 and in Member ID 1720 during the on-boarding process. This will unlock exclusive savings for you and your family!



STEP 2:

Find where you can save on your medication. Using your zip code, when you search for your medication Clever RX checks which pharmacies near you offer the lowest price. Savings can be up to 80% compared to what you're currently paying.



STEP 3:

Click the voucher with the lowest price, closest location, and/or at your preferred pharmacy. Click "share" to text yourself the voucher for easy access when you are ready to use it. Show the voucher on your screen to the pharmacist when you pick up your medication.



STEP 4:

Share the Clever RX App. Click "Share" on the bottom of the Clever RX App to send your friends, family, and anyone else you want to help receive instant discounts on their prescription medication. Over 70% of people can benefit from a prescription savings card.

NOW THAT IS NOT ONLY CLEVER, IT IS CLEVER RX.

DID YOU KNOW?

70%

Over 70% of people can benefit from a prescription savings card due to high deductible health plans, high copays, and being underinsured or uninsured.

30%

Over 30% of prescriptions never get filled due to high costs.

40%

40% of the top ten most prescribed drugs have increased in cost by over 100%

70%

Clever RX prices are lower than competitor prices 70% of the time.

C L E V E R  PRESCRIPTION SAVINGS CARD

SAVE UP TO 80% on prescription drugs at virtually all U.S. pharmacies!

BIN: 020529
PCN: CLEVR
Group: 1085
Member ID: 1720

For even greater savings, download the app for **FREE!**



C L E V E R 

CLEVERRX.COM

Pharmacist Help Line: 800-974-3135
Customer Help Line: 800-873-1195

THIS CARD IS NOT INSURANCE

This card valid exclusively at CVS, Target, Longs Drugs, Walmart, Kroger, Fry's, Harris Teeter, Walgreens, and Duane Reade. For thousands more pharmacies, download the [Clever RX App](#).

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/redoakisd



A Health Savings Account (HSA) is more than a way to help you and your family cover health care costs – it is also 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 (High Deductible Health Plan) 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 2024 is based on the coverage option you elect:

- Individual – \$4,150
- Family (filing jointly) – \$8,300

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.

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. to 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: www.eecu.org/locations.

ABOUT HOSPITAL CASH

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/redoakisd



Hospitalization Benefits	Payable Benefits	
	Plan 1	Plan 2
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> \$1,500 Maximum Benefit Per Calendar Year: 2 	<ul style="list-style-type: none"> \$2,500 Maximum Benefit Per Calendar Year: 2
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> \$100 Per Day Maximum Days Per Calendar Year: 31 	<ul style="list-style-type: none"> \$250 Per Day Maximum Days Per Calendar Year: 31
Hospital Confinement ICU Benefit The benefit for confinement in a hospital intensive care unit.	<ul style="list-style-type: none"> \$150 Per Day Maximum Days Per Calendar Year: 10 	<ul style="list-style-type: none"> \$250 Per Day Maximum Days Per Calendar Year: 10
Hospital ICU Admission Benefit This benefit is for admission to a hospital intensive care unit.	<ul style="list-style-type: none"> \$1,500 Maximum Benefit Per Calendar Year: 2 	<ul style="list-style-type: none"> \$2,500 Maximum Benefit Per Calendar Year: 2
Newborn Nursery This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury.	<ul style="list-style-type: none"> \$150 Per Day Maximum Days per Confinement-Normal Delivery: 5 Maximum Days per Confinement-Caesarean Section: 10 	<ul style="list-style-type: none"> \$250 Per Day Maximum Days per Confinement-Normal Delivery: 5 Maximum Days per Confinement-Caesarean Section: 10
Observation Unit This benefit is for treatment in a hospital observation unit for a period of less than 20 hours.	<ul style="list-style-type: none"> \$200 Maximum Days Per Calendar Year: 2 	<ul style="list-style-type: none"> \$200 Maximum Days Per Calendar Year: 2

Hospital Cash Monthly Premiums		
	Plan 1	Plan 2
Employee Only	\$17.26	\$30.05
Employee and Spouse	\$38.36	\$66.72
Employee and Child(ren)	\$31.90	\$55.60
Employee and Family	\$53.00	\$92.26

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/redoakisd



HIGH PLAN - FLEX PLAN		
Benefit Category ¹	In-Network ² Elite Plus	Non-Network ⁴
Class I – Diagnostic/Preventive Services		
Exams, Bitewing, X-rays, Cleanings, Fluoride Treatments, Sealants, Space Maintainers	100%	100%
Class II – Basic Services		
X-rays (Full Mouth, Panoramic, Periapical), Basic Restorative (Fillings), Palliative Treatment, Repairs of Crowns, Inlays, Onlays, Bridges, Dentures, Simple Extractions	80%	80%
Class III – Major Services		
Endodontics, Nonsurgical Periodontics, Surgical Periodontics, Oral Surgery, General Anesthesia, Inlays, Onlays, Crowns, Prosthetics (Bridges, Dentures)	50%	50%
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Pregnancy Benefit ³	<ul style="list-style-type: none">Covers 1 additional cleaning during pregnancyCovers 1 additional periodontal maintenanceScaling and root planing4 periodontal surgery procedures	
Smile for Health®--Wellness ³ Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke	<ul style="list-style-type: none">Covers 1 additional periodontal maintenance per year and all are covered at 100%Scaling and root planing are covered at 100%4 periodontal surgery procedures are covered at 100%	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Calendar Year Deductible (per person)	\$50 per person/Unlimited per Family Excludes Class I & Orthodontics	
Calendar Year Maximum (per person)	\$1,000 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement	Elite Plus	90th Percentile

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

- Dependent children to age 26.
- Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.
- Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com.
- United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 90th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.

LOW PLAN - FLEX PLAN		
Benefit Category ¹	In-Network ² Elite Plus	Non-Network ⁴
Class I – Diagnostic/Preventive Services		
Exams, Bitewing, X-rays, Cleanings, Fluoride Treatments, Sealants, Space Maintainers	80%	80%
Class II – Basic Services		
X-rays (Full Mouth, Panoramic, Periapical), Basic Restorative (Fillings), Palliative Treatment, Repairs of Crowns, Inlays, Onlays, Bridges, Dentures, Simple Extractions	50%	50%
Class III – Major Services		
Endodontics, Nonsurgical Periodontics, Surgical Periodontics, Oral Surgery, General Anesthesia, Inlays, Onlays, Crowns, Prosthetics (Bridges, Dentures)	25%	25%
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Pregnancy Benefit ³	<ul style="list-style-type: none">• Covers 1 additional cleaning during pregnancy• Covers 1 additional periodontal maintenance• Scaling and root planing• 4 periodontal surgery procedures	
Smile for Health®--Wellness ³ Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke	<ul style="list-style-type: none">• Covers 1 additional periodontal maintenance per year and all are covered at 100%• Scaling and root planing are covered at 100%• 4 periodontal surgery procedures are covered at 100%	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Calendar Year Deductible (per person)	\$50 per person/Unlimited per Family Excludes Class I & Orthodontics	
Calendar Year Maximum (per person)	\$750 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$750	
Reimbursement	Elite Plus	90th Percentile

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

1. Dependent children to age 26.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.
3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com.
4. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 90th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.

Dental Monthly Premiums		
	High PPO	Low PPO
Employee	\$30.99	\$21.61
Employee and 1 Dependent	\$60.37	\$42.98
Employee and 2+ Dependents	\$109.02	\$84.43

Vision Insurance

EyeMed

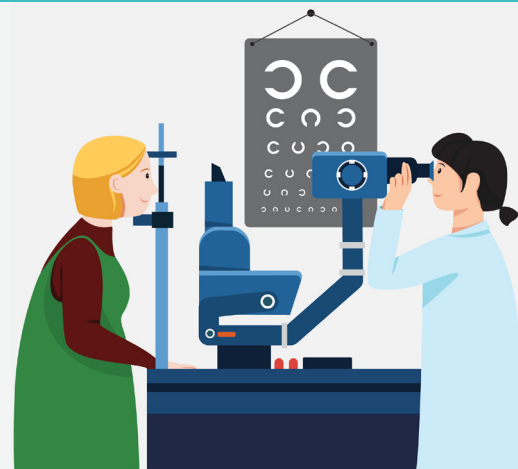
EMPLOYEE BENEFITS

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/redoakisd



Vision		Frequency	
Employee	\$5.78	Examination	Once every 12 months
Employee and 1 Dependent	\$10.97	Lenses or Contact Lenses	Once every 12 months
Employee and 2+ Dependents	\$16.11	Frame	Once every 24 months

Summary of Benefits	Member Cost	
Vision Care Services	In-Network (INSIGHT)	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$91
Standard Plastic Lenses		
Single Vision	\$25 Co-pay	Up to \$30
Bifocal	\$25 Co-pay	Up to \$50
Trifocal	\$25 Co-pay	Up to \$70
Standard Progressive Lens	\$90 Co-pay	Up to \$50
Premium Progressive Lens	\$110 Co-pay - \$135 Co-pay	
Tier 1 Tier 2 Tier 3 Tier 4	\$110 Co-pay \$120 Co-pay \$135 Co-pay \$90 Co-pay, 80% of charge less \$120 allowance	Up to \$50
Lenticular	\$25 Co-pay	Up to \$70
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate- Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating	\$57- \$68	N/A
Tier 1 Tier 2 Tier 3	\$57 \$68 80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up		
(Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$130 allowance; 15% off balance over \$130	Up to \$130
Disposable	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$130
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A

You're on the

INSIGHT Network

For a complete list of in-network providers near you, use our Enhanced Provider Locator on www.eyemed.com or call (866) 804-0982.

For Lasik providers, call (877) 5LASER6.

You can request your vision ID card by contacting EyeMed directly at (888) 581-3648. You can also go to www.eyemed.com and register/login to access your account

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/reoakisd



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.

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 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 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.

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

Disability Insurance

The Hartford

EMPLOYEE BENEFITS

- 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 25% of your elected benefit.

Maximum Benefit Duration: Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the age at which disability occurs, the maximum duration may vary. Premium option: For the premium benefit option- the table below applies to disabilities from a sickness or injury.

Other Important Benefits

Survivor Benefit: If you die while receiving disability benefits, a benefit will be paid to your spouse or child under age 25, equal to three times your last monthly gross benefit.

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

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

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

Workplace Modification: provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment.

Age Disabled	Maximum Benefit Duration
Prior to 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

Disability Monthly Premiums	
Elimination Period	Monthly Benefit per \$200
0/7	\$5.30
14/14	\$5.04
30/30	\$4.48
60/60	\$3.06
90/90	\$2.30
180/180	\$1.74

Educator Disability - Definitions

What is disability insurance? 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. This type of disability plan is called an educator disability plan and includes both long and short term coverage into one convenient plan.

Pre-Existing Condition Limitations - Please note that all plans will include pre-existing condition limitations that could impact you if you are a first-time enrollee in your employer's disability plan. This includes during your initial new hire enrollment. Please review your plan details to find more information about pre-existing condition limitations.

How do I choose which plan to enroll in during my open enrollment?

1. First choose your elimination period. The elimination period, sometimes referred to as the waiting period, is how long you are disabled and unable to work before your benefit will begin. This will be displayed as 2 numbers such as 0/7, 14/14, 30/30, 60/60, 90/90, etc.

The first number indicates the number of days you must be disabled due to **Injury** and the second number indicates the number of days you must be disabled due to **Sickness**.

When choosing your elimination period, ask yourself, "How long can I go without a paycheck?" Based on the answer to this question, choose your elimination period accordingly.

Important Note- some plans will waive the elimination period if you choose 30/30 or less and you are confined as an inpatient to the hospital for a specific time period. Please review your plan details to see if this feature is available to you.

2. Next choose your benefit amount. This is the maximum amount of money you would receive from the carrier on a monthly basis once your disability claim is approved by the carrier.

When choosing your monthly benefit, ask yourself, "How much money do I need to be able to pay my monthly expenses?" Based on the answer to this question, choose your monthly benefit accordingly.

The screenshot shows a web form titled "Current Long Term Disability Plan Election". A message states: "The employee is not currently enrolled in any Long Term Disability plans." Below this is a table with three columns: "Available Long Term Disability Plans", "Monthly Benefit", and "Cost".

Available Long Term Disability Plans	Monthly Benefit	Cost
<input checked="" type="radio"/> 7 Day Waiting Period View Plan Outline of Benefits Cost is deducted on a post-tax basis	\$2,600.00 - Cost: \$84.76 ▾	
<input type="radio"/> 14 Day Waiting Period View Plan Outline of Benefits Cost is deducted on a post-tax basis	Select Coverage... ▾	
<input type="radio"/> 30 Day Waiting Period View Plan Outline of Benefits Cost is deducted on a post-tax basis	Select Coverage... ▾	

Annotations on the form:

- A teal box at the top right says "Choose your Benefit Amount from the drop down box." with an arrow pointing to the "Monthly Benefit" column.
- A teal box at the bottom left says "Choose your desired elimination period." with three arrows pointing to the radio buttons for the 7, 14, and 30 Day Waiting Period options.

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/reoakisd



Cancer Insurance Benefits	Low Plan	High Plan
First Cancer Benefit	\$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year	\$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year
Diagnosis of cancer	Employee or spouse: \$5,000 Child(ren): \$7,500 Waiting period: 0 days Benefit reduction: none	Employee or spouse: \$10,000 Child(ren): \$15,000 Waiting period: 0 days Benefit reduction: none
Hospital confinement	\$100 per day – days 1 through 30 Additional days: \$100 Maximum days per confinement: 31	\$200 per day – days 1 through 30 Additional days: \$200 Maximum days per confinement: 31
Hospital confinement ICU	\$600 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31	\$600 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31
Radiation therapy, chemotherapy, immunotherapy	Maximum per covered person per calendar year 12-month period: \$10,000	Maximum per covered person per calendar year 12-month period: \$20,000
Alternative care	\$75 per visit Maximum visits per calendar year: 4	\$75 per visit Maximum visits per calendar year: 4
Medical imaging	\$150 per imaging study Maximum studies per calendar year: 2	\$150 per imaging study Maximum studies per calendar year: 2
Skin cancer initial diagnosis	\$100 per diagnosis Lifetime maximum: 1	\$100 per diagnosis Lifetime maximum: 1
Attending physician	\$30 per visit. Maximum visits per confinement: 2 Maximum visits per calendar year: 4	\$50 per visit. Maximum visits per confinement: 2 Maximum visits per calendar year: 4
Hospital confinement sub-acute ICU	\$300 per day – days 1 through 30 Additional days: \$300. Maximum days per confinement: 31	\$300 per day – days 1 through 30 Additional days: \$300. Maximum days per confinement: 31
Family care	Childcare: \$100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: \$100 per day Maximum days per calendar year: 30	Childcare: \$100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: \$100 per day Maximum days per calendar year: 30
Prescription drug in-patient	Per confinement: \$150 Maximum confinements per calendar year: 6	Per confinement: \$150 Maximum confinements per calendar year: 6
Private full-time nursing services	\$150 per day Maximum days per confinement: 5	\$150 per day Maximum days per confinement: 5
U.S. government or charity hospital	Days 1 through 30: \$100 Additional days: \$100 Maximum days per confinement: 15	Days 1 through 30: \$300 Additional days: \$300 Maximum days per confinement: 15
Family member transportation and lodging	Family transportation: \$100 per trip Maximum trips per calendar year: 12 Family lodging: \$100 per day Maximum days per calendar year: 100	Family transportation: \$100 per trip Maximum trips per calendar year: 12 Family lodging: \$200 per day Maximum days per calendar year: 100
Home health care	\$100 per day not to exceed the number of days confined. Maximum days per calendar year: 30	\$300 per day not to exceed the number of days confined. Maximum days per calendar year: 30
Hospice care	\$100 per day	\$300 per day
Skilled nursing care facility	\$100 per day Maximum days per calendar year: 30	\$300 per day Maximum days per calendar year: 30
Cancer Treatment Benefits	Low Plan	High Plan
Air ambulance	\$2,000 per trip. Maximum trips per confinement: 2	\$2,000 per trip. Maximum trips per confinement: 2
Ambulance	\$200 per trip. Maximum trips per confinement: 2	\$200 per trip. Maximum trips per confinement: 2
Blood, plasma, and platelets	\$300 per transfusion. Maximum transfusions per calendar year: 2	\$300 per transfusion. Maximum transfusions per calendar year: 2
Bone marrow or stem cell donation	\$100 per confinement. Lifetime maximum donations: 2	\$300 per confinement. Lifetime maximum donations: 2

Cancer Insurance

CHUBB

EMPLOYEE BENEFITS

Cancer Treatment Benefits	Low Plan	High Plan
Bone marrow or stem cell transplant	First bone marrow transplant: \$6,000 Additional transplant: 50%. Lifetime maximum transplant(s): 2 First stem cell transplant: \$600 Additional transplant: 50% Lifetime maximum transplant(s): 2	First bone marrow transplant: \$9,000 Additional transplant: 50%. Lifetime maximum transplant(s): 2 First stem cell transplant: \$900 Additional transplant: 50% Lifetime maximum transplant(s): 2
Hormonal therapy	\$50 per treatment. Maximum treatments per calendar year: 12	\$50 per treatment. Maximum treatments per calendar year: 12
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit	\$750 Lifetime maximum consultation(s): 1	\$750 Lifetime maximum consultation(s): 1
Counseling	\$75 per visit Maximum visits per calendar year: 6	\$75 per visit Maximum visits per calendar year: 6
Hair piece	\$150 per hair piece Lifetime maximum: 1	\$150 per hair piece Lifetime maximum: 1
Medical equipment	\$150 per piece of equipment. Maximum pieces per calendar year: 2	\$150 per piece of equipment. Maximum pieces per calendar year: 2
Non-surgical prosthesis	\$100. Lifetime maximum number of devices: 1	\$200. Lifetime maximum number of devices: 1
Recovery at home	\$150 per day not to exceed the number of days confined. Maximum days per calendar year: 15	\$150 per day not to exceed the number of days confined. Maximum days per calendar year: 15
Therapy	\$25 per day of therapy. Maximum days per calendar year: 40	\$25 per day of therapy. Maximum days per calendar year: 40
Transportation and lodging	Transportation: \$100 per trip Maximum trips per calendar year: 12 Lodging: \$100 per day Maximum days per calendar year: 100	Transportation: \$100 per trip Maximum trips per calendar year: 12 Lodging: \$200 per day Maximum days per calendar year: 100
Preventative and Wellness Benefits	Low Plan	High Plan
Cancer wellness	\$50. Maximum days of service, per covered person per calendar year: 1 day(s) Waiting period: 0 days	\$50. Maximum days of service, per covered person per calendar year: 1 day(s) Waiting period: 0 days
Genetic tumor testing	\$100 per test. Maximum tests per calendar year: 2	\$100 per test. Maximum tests per calendar year: 2
Heritable cancer screening	\$100. Maximum tests per calendar year: 1	\$100. Maximum tests per calendar year: 1
Pharmacogenomic (PGX) screening test	\$100 per test. Maximum tests per calendar year: 2	\$100 per test. Maximum tests per calendar year: 2
Heart attack or stroke	\$10,000. Recurrence benefit: \$5,000 Waiting period: 0 days Benefit reduction: none	\$10,000. Recurrence benefit: \$5,000 Waiting period: 0 days Benefit reduction: none
Waiting period	Waiting period: 0 days	Waiting period: 0 days
Surgery	Up to \$3,000	Up to \$5,000
Anesthesia	General anesthesia: 25% of surgery benefit Maximum benefits per calendar year: 2	General anesthesia: 25% of surgery benefit Maximum benefits per calendar year: 2
Outpatient surgery facility service	\$200 per day. Maximum benefits per calendar year: 4	\$200 per day. Maximum benefits per calendar year: 4
Preventative surgery	\$250. Lifetime maximum: 1	\$250. Lifetime maximum: 1
Reconstructive surgery	Breast TRAM flap: \$2,000 Breast reconstruction: \$500 Breast symmetry: \$500 Facial reconstruction: \$500	Breast TRAM flap: \$2,000 Breast reconstruction: \$500 Breast symmetry: \$500 Facial reconstruction: \$500
Second and third opinion	\$300. Maximum benefits per calendar year: 2	\$300. Maximum benefits per calendar year: 2
Skin cancer surgery	\$100. Maximum benefits per calendar year: 2	\$100. Maximum benefits per calendar year: 2
Surgical prosthesis	\$1,000 per device. Lifetime maximum benefit amount: \$1,000	\$2,000 per device. Lifetime maximum benefit amount: \$2,000
Hospital intensive care for accident or illness	Hospital confinement ICU for accident or sickness benefit: \$100. Maximum number of days per confinement: 30	Hospital confinement ICU for accident or sickness benefit: \$200. Maximum number of days per confinement: 30
Advocacy Package	Low Plan	High Plan
Kindly Human™ Participants can talk for up to six hours total per year for pre-clinical peer-to-peer connections and navigation across real-life issues.	Included	Included
Renewability	Conditionally Renewable Coverage is automatically renewed as long as the insured is an eligible employee, premiums are paid as due, and the Policy is in force.	
Portability	Portability Employees can keep their coverage if they change jobs or retire while the Policy is in force.	
Continuity of coverage	Included	
Pre-existing conditions limitation	A condition for which a covered person received medical advice or treatment within the 12 months preceding the certificate effective date.	
Waiver of premium	Included	
Monthly Premium	Low Plan	High Plan
Employee only	\$14.64	\$22.94
Employee & Spouse	\$28.42	\$43.60
Employee & Child(ren)	\$18.06	\$28.12
Family	\$30.68	\$46.04

Accident Insurance

Lincoln Financial Group

EMPLOYEE BENEFITS

ABOUT ACCIDENT

Do you have kids playing sports, are you a weekend warrior, or maybe accident-prone? Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/redoakisd



How to file a claim:

Online through the secure self-service portal

Email: fileclaim@LFG.com

Fax: (888) 735-7636

Phone: (800) 423-2765

Mail:

The Lincoln National Life Insurance Company

P.O Box 2609

Omaha NE 68103

Accident Insurance Monthly Premiums		
	Plan A High	Plan B Low
Employee Only	\$9.70	\$6.24
Employee and Spouse	\$16.54	\$10.84
Employee and Child(ren)	\$18.56	\$12.48
Employee and Family	\$25.18	\$16.88

Emergency Treatment	High Plan	Low Plan
Ambulance	\$225	\$150
Air ambulance	\$1,125	\$750
Emergency care/treatment	\$150	\$100
X-ray	\$30	\$20
Initial care visit	\$75	\$50
Major diagnostic exam	\$150	\$100
Fractures*	High Plan	Low Plan
Fingers, toes	\$100	\$50
Ankle, arm (elbow to wrist), elbow, foot (except toes), hand (except fingers), kneecap, rib, shoulder blade, vertebral process, wrist	\$450	\$250
Coccyx, collarbone, lower jaw, sternum	\$525	\$300
Arm (shoulder to elbow), bones of the face, nose, upper jaw	\$875	\$500
Leg (knee to ankle), pelvis, skull non-depressed, vertebral body	\$1,750	\$1,000
Hip, leg (hip to knee)	\$2,625	\$1,500
Skull depressed	\$3,500	\$2,000
Surgical treatment Surgery	2x nonsurgical benefit	2x nonsurgical benefit
Chip fracture	25% of fracture benefit	25% of fracture benefit
Dislocations**	High Plan	Low Plan
Fingers, toes	\$100	\$50
Collarbone (acromio and separation), elbow, hand (except fingers), lower jaw, shoulder, wrist	\$450	\$250
Ankle, collarbone (sternoclavicular), foot (except toes)	\$875	\$500
Knee (except kneecap)	\$1,750	\$1,000
Hip	\$2,625	\$1,500
Surgical treatment	2x nonsurgical benefit	2x nonsurgical benefit
Partial dislocation	25% of dislocation benefit	25% of dislocation benefit

* Fracture benefits listed are nonsurgical. Treatment for the fracture must occur within 90 days of the accident. The combined maximum of all fractures is two times the highest fracture payable.

** Dislocation benefits listed are nonsurgical. Treatment for the dislocation must occur within 90 days of the accident. The combined maximum of all dislocations is two times the highest dislocation payable.

Specific Injuries	High Plan	Low Plan
Blood, plasma, platelets (Blood, plasma, platelets and other non-blood substitute IV solutions)	\$375	\$250
2nd degree burns: based upon surface area burned	\$100-\$1,000	\$50-\$500
3rd degree burns: based upon surface area burned	\$375-\$10,000	\$250-\$5,000
Skin grafts	25% of burn benefit	25% of burn benefit
Concussion	\$150	\$100
Dental crown	\$150	\$100
Dental extraction / Dental injury – broken tooth	\$75	\$50
Eye (surgical repair)	\$300	\$200
Eye (removal of foreign object)	\$150	\$100
Laceration: based upon the need for and length of sutures	\$35-\$400	\$25-\$200
Severe Traumatic brain injury	\$5,000	\$2,500
Surgical benefits: Benefits will be paid up to two times the highest surgical benefit payable for all surgeries.		
Arthroscopic surgical benefit	\$150	\$100
Cranial surgical benefit	\$1,125	\$750
Hernia surgical benefit	\$150	\$100
Thoracic/open abdominal	\$1,500	\$1,000
Ligaments, tendons, rotator cuff	\$750	\$500
Knee cartilage	\$750	\$500
Ruptured disc	\$750	\$500
Other Surgery under general anesthesia	\$225	\$150
Other Surgery under conscious sedation	\$125	\$75
Recovery assistance	High Plan	Low Plan
Family care	\$75	\$50
Companion lodging (100+ miles from home)	\$150 per day	\$100 per day
Transportation (100+ miles from home)	\$300 per trip	\$200 per trip
Accidental Death & Dismemberment Benefit	High Plan	Low Plan
Accidental death		
Your death	\$50,000	\$25,000
Your spouse or life partner	\$20,000	\$10,000
Your child	\$10,000	\$5,000
Common carrier death		
Your death	\$100,000	\$50,000
Your spouse or life partner	\$40,000	\$20,000
Your child	\$20,000	\$10,000
<i>A common carrier is any land, air or water conveyance licensed to transport passengers for hire.</i>		
Transportation of remains (100+ miles)	\$10,000	\$5,000
Safe driver: seat belt/air bag/helmet	10% of Accidental death and dismemberment benefit	
Loss of hand, foot, arm, leg, eye or hearing in one ear	\$10,000	\$5,000
Loss of finger, thumb, toe	\$500	\$250
Severe loss (loss of sight in both eyes, loss of hearing in both ears, loss of speech, loss of both arms, loss of both legs, loss of arm and leg, paraplegia, hemiplegia, loss of both arms and both legs, quadriplegia)	\$30,000	\$10,000
Health Assessment/Wellness Benefit	High Plan	Low Plan
You receive a cash benefit every year you and any of your covered family members complete a single covered assessment test	\$50	\$50
Additional Plan Benefits	High Plan	Low Plan
Portability	Included	Included
Child Sports Injury Benefit	Included	Included

Voluntary Life and AD&D

The Hartford

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/reoakisd



The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.

Voluntary Life and AD&D Coverage Information		
APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit: Increments of \$10,000 Maximum: the lesser of 7x earnings or \$500,000	AD&D: Optional.
Spouse	Benefit: Increments of \$5,000. Maximum: the lesser of 100% of your supplemental coverage or \$250,000	AD&D: Optional.
Child(ren)	Benefit: \$10,000 (Max Age 26 Years Old)	AD&D: Optional.

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT		Voluntary Group Life Monthly Premiums		
Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.		Age	Employee per \$10,000	Spouse per \$5,000
Life	100%	0-24	\$0.30	\$0.15
Both hands or both feet or sight of both eyes	100%	25-29	\$0.30	\$0.15
One hand and one foot	100%	30-34	\$0.40	\$0.20
Speech and Hearing in Both Ears	100%	35-39	\$0.70	\$0.35
Either hand or foot and sight of one eye	100%	40-44	\$1.00	\$0.50
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%	45-49	\$1.60	\$0.80
Movement of Both Lower Limbs (Paraplegia)	75%	50-54	\$2.40	\$1.20
Movement of Three Limbs (Triplegia)	75%	55-59	\$3.70	\$1.85
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%	60-64	\$5.50	\$2.75
Either hand or foot	50%	65-69	\$9.30	\$4.65
Sight of One Eye	50%	70-74	\$16.50	\$8.25
Speech or Hearing in Both Ears	50%	75+	\$33.70	\$16.85
Movement of One Limb (Uniplegia)	25%	Voluntary Group Life: Child(ren) Monthly Premiums- \$10,000		
Thumb and index finger of either hand	25%	0-26 \$1.75		
		AD&D Monthly Premiums		
		Employee per \$10,000 in coverage \$0.25		
		Spouse per \$10,000 in coverage \$0.25		
		Child- \$10,000 in coverage \$0.50		

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full-time employee who works at least 15 hours per week on a regularly scheduled basis. Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to “spouse” in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

If you enroll during your annual enrollment period or as a new hire and elect an amount that exceeds the guaranteed issue amount of \$250,000, you will need to provide evidence of insurability to the carrier before the excess amount can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

If you enroll during your annual enrollment period or as a new hire and elect an amount that exceeds the guaranteed issue amount of \$50,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

This insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)’s health. AD&D is available without having to provide information about your or your family’s health.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective the first day of the month following the date you elect coverage. You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

DOES MY BENEFIT AMOUNT EVER REDUCE?

Yes, elected amounts will reduce to 50% of the approved amount when the employee reaches age 75.

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/redoakisd



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. If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

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, please contact MASA at (800) 643-9023.

Emergency Medical Transport Monthly Premiums

Employee and Family	\$14.00
---------------------	---------

Flexible Spending Account (FSA)

Higginbotham

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.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/redoakisd



Health Care FSA

The Health Care FSA covers qualified medical, dental and vision expenses for you or your eligible dependents. You may contribute up to \$3,200 annually to a Health Care FSA and you are entitled to the full election from day one of your plan year. Eligible expenses include:

- Dental and vision expenses
- Medical deductibles and coinsurance
- Prescription copays
- Hearing aids and batteries

You may not contribute to a Health Care FSA if you contribute to a Health Savings Account (HSA).

Higginbotham Benefits Debit Card

The Higginbotham Benefits Debit Card gives you immediate access to funds in your Health Care FSA when you make a purchase without needing to file a claim for reimbursement. If you use the debit card to pay anything other than a copay amount, you will need to submit an itemized receipt or an Explanation of Benefits (EOB).

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 baby sitter 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.

Things to Consider Regarding the Dependent Care FSA

- 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.

Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$3,200. The maximum per plan year you can contribute to a Dependent Care FSA is \$5,000 when filing jointly or head of household and \$2,500 when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.
- In most cases, you can continue to file claims incurred during the plan year for another 90 days after the plan year ends.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.
- Review your employer's Summary Plan Document for full details. FSA rules vary by employer.

Over-the-Counter Item Rule Reminder

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription to qualify as an eligible Health Care FSA expense. You will only need to obtain a one-time prescription for the current plan year. You can continue to purchase your regular prescription medications with your FSA debit card. However, the FSA debit card may not be used as payment for an OTC item, even when accompanied by a prescription.

Higginbotham Portal

The Higginbotham Portal provides information and resources to help you manage your FSAs.

- Access plan documents, letters and notices, forms, account balances, contributions and other plan information
- Update your personal information
- Utilize Section 125 tax calculators
- Look up qualified expenses
- Submit claims
- Request a new or replacement Benefits Debit Card

Register on the Higginbotham Portal

Visit <https://flexservices.higginbotham.net> and click Register. Follow the instructions and scroll down to enter your information.

- Enter your Employee ID, which is your Social Security number with no dashes or spaces.
- Follow the prompts to navigate the site.
- If you have any questions or concerns, contact Higginbotham:
 - * Phone – 866-419-3519
 - * Questions – flexsupport@higginbotham.net
 - * Fax – 866-419-3516
 - * Claims- flexclaims@higginbotham.net

2024 - 2025 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 Red Oak 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 Red Oak 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/REDOAKISD