

Spring ISD 2022-2023

BENEFITS GUIDE



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This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

WHAT'S NEW & CHANGES

NEW FOR 2022-2023

Effective 9/1/2022

- New Medical Provider – UBC/Allegiance with Cigna Nationwide Open Access Plus network which includes Memorial Hermann network also will offer the HD, Basic and Enhanced plans.
- New Prescription Provider – RxBenefits (service team) + Optum Rx (supplier and mail order prescriptions)
 - For those current on TRS ActiveCare you will need to go online and select your new medical plan.
- New Vision Provider – MetLife, has 2 plans available
 - Low Plan matches current plan, eye exam and a pair of glasses or contacts once a year.
 - High Plan covers an eye exam, more lens options and enhancements, PLUS 2 pairs of glasses or glasses and contacts!
- New Disability Provider – The Standard
- New Medical Transportation Provider – MASA, Ambulance or Air Transport for individual or family.

CHANGES FOR 2022 – 2023

Effective 9/1/2022

- **TRS-ActiveCare Plans are no longer an available option to be enrolled in for medical. Please see the available options with the Spring ISD UBC/Allegiance/Cigna plans!**
- Health Savings Account no longer an available option,
 - the new medical plans offer a \$0 copay for some generic drugs and a \$0 copay at the Spring ISD Health and Wellness Center Clinics for those employees and dependents enrolled on the Spring ISD UBC/Allegiance/Cigna plans; therefore the IRS does not consider those qualified plans for a HSA option

Please Note: You can use existing HSA monies you still have in the accounts, but you cannot continue to contribute or add additional monies to your HSA

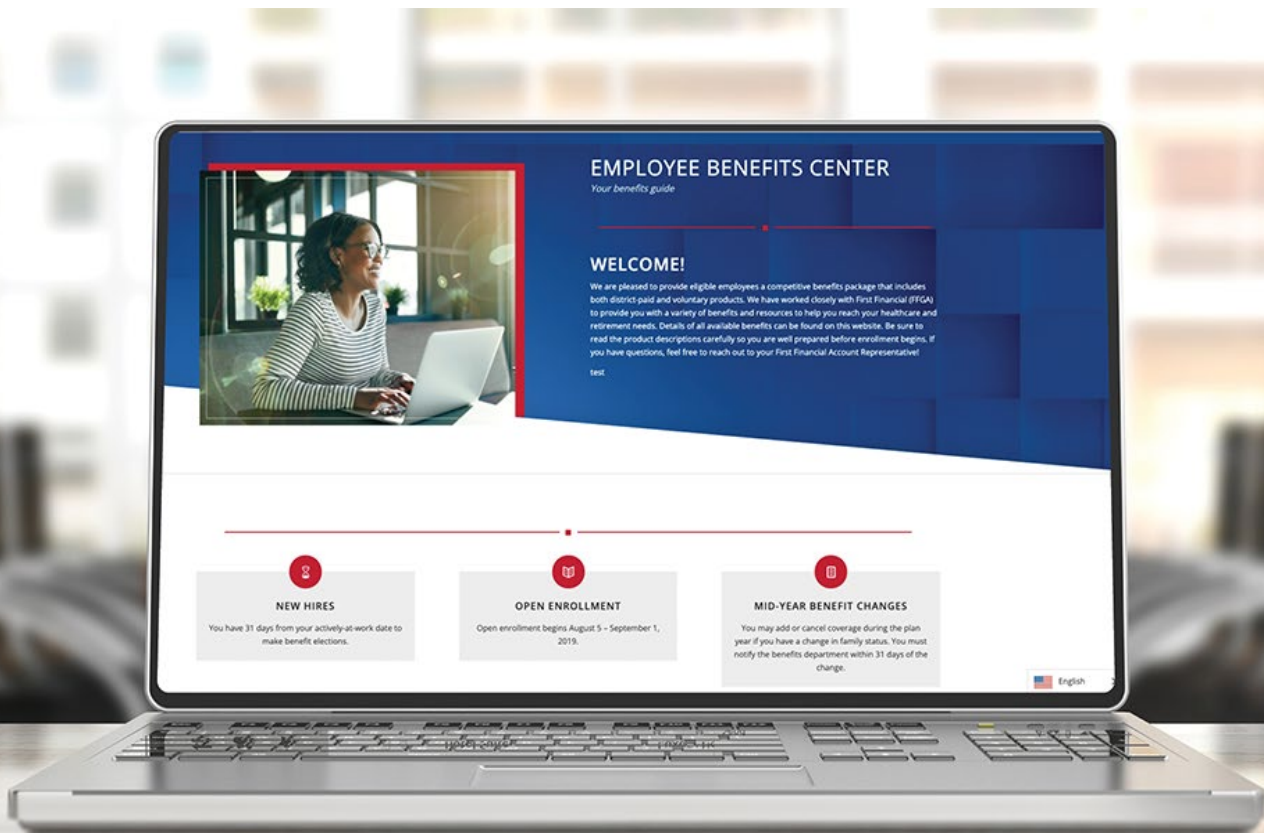
EMPLOYEE BENEFIT CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Spring ISD and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefit Center, or EBC, to see current benefit options for your plan, benefit descriptions and details, carrier contact information, product brochures, as well as find claim forms, and enrollment information.

Simply type the URL below into your browser or click on the link below.

<https://ffbenefits.ffga.com/springisd/>



HOW TO ENROLL

ENROLLMENT ASSISTANCE CENTER INSTRUCTIONS

Call 855-765-4473; select Option 3 to be connected to your local First Financial branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. Wait times will vary. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

ONLINE ENROLLMENT

Visit the enrollment website at <https://www.benefitsolver.com>, log-in with your username and password for the benefit website. Forgot your Username or Password for this website, click the link below Login button, you will be prompted to enter your SSN, Date of Birth (MM/DD/YYYY), zip code and Company Key – *springisd* (all lower case – no spaces). The site will give you, your username and ask you to create a new password (8 characters or longer with a combination of letters and numbers). Write both down as the site will then ask you to login with them.

First-time user, click Register to get started. The site will prompt you to enter in Spring ISD's Company Key *springisd* (note lower case) your SSN, Date of Birth (MM/DD/YYYY), Zip Code. The site will ask you to create your username (8 characters or longer) and password (8 characters or longer and have a combination of letters and numbers). Please read and accept the Electronic Signature Agreement as the final step in the register process.

VIEW REFERENCE CENTER

Reference Center you can find detail Plan Information, including necessary forms and contact information for all vendors.

VIEW YOUR CURRENT BENEFITS

After logging in you will arrive at your home page. You can view your current benefits and premiums by going to the top right under your name click the arrow and click on the 2021-22 Benefit Summary. To start enrollment go back to home page and click the Start Open Enrollment button.

REVIEW/ADD DEPENDENTS

Review and update all required Personal Information. Click Next to Add Dependents. It is very important to make sure the social security numbers and birth dates listed are correct, If you plan to add dependents to your benefit plans.

BEGIN ELECTIONS

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Below is your On-Site enrollment schedule.

ON-SITE SCHEDULE		
7/25-28 (Mon-Thurs)	The Community Engagement Center 17125 Ella, 77090	9 a.m. to 4 p.m.
8/1-12 (Mon-Fri)	Child Nutrition Center 15330 Kuykendahl, 77090	
7/25- 7/28 (Mon-Thurs)	Transportation 341 E Richey Rd., 77073	9 a.m. to 4 p.m.
8/8 – 8/12 (Mon-Fri)		
8/1-8/ 5 (Mon-Fri)	Teach Up 15651 N. Freeway, 77090	9 a.m. to 4 p.m.

ELIGIBILITY

ELIGIBILITY

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. Your New Hire Enrollment elections will be made online <https://www.benefitsolver.com>

Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the [Employee Benefits Center](#).

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online at <https://www.benefitsolver.com> from your work or home computer.

Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the [Employee Benefits Center](#).

MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

QUALIFYING LIFE EVENTS INCLUDE:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption, or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

USEFUL INFORMATION TO KNOW

- Remember, no changes to your elections will be permitted after annual enrollment, unless you have a qualified mid-year change under Section 125 or a special enrollment event.
- **You must click "Approve" AND then a pop-up comes up and you must click "I Agree" after selecting your elections, otherwise, the elections will be removed.**

This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contract will prevail. For a more detailed explanation of benefits, you may contact your Account Manager Elizabeth Riley at 281-705-9222 or John Brick at 832-859-5865 or visit www.benefitsolver.com

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

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

HERE'S HOW IT WORKS

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

IS IT RIGHT FOR ME?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer's Section 125 Plan – that's a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

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

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267
YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!		

**The figures in the sample paycheck above are for illustrative purposes only.*

MEDICAL

UBC/Allegiance with Cigna | www.ubc-benefits.com/spring-benefits | 855-999-6828

All 3 Spring ISD - UBC/Allegiance with Cigna Medical Plans have:

- Cigna Open Access Plus Nationwide Network with more than 1 million healthcare professionals
- Memorial Hermann Network is available also to utilize with lower deductibles and expenses for Employees
- No PCP selection required
- No PCP Referrals
- No Drug Deductible
- Free Generic Drugs
- Free WellVia 24/7 Virtual Health
- Lower Out-of-Pocket maximums
- In- and Out-of-Network benefits
- Free access to both Spring ISD Health and Wellness Center for you and covered dependents over the age of 2.

Overviews

HD - Medical Plan

The Spring ISD HD plan serves as the primary High Deductible plan option, with low-cost monthly premiums in exchange for higher annual deductibles and out-of-pocket maximums. With in- and out-of-network benefits, no need for physician referrals, zero drug deductible, free generic drugs, and free virtual medicine through Wellvia, this plan provides the highest premium savings to plan members, with the greatest overall annual savings potential.

Basic - Medical Plan

The Spring ISD Basic plan is designed to provide members and their families a copay based plan offering for Primary Care and Specialist visits, in exchange for moderate monthly premiums. With in- and out-of-network benefits, no need for physician referrals, no drug deductible, free generic drugs, and free virtual medicine through Wellvia, this plan provides affordable access to care, with additional flexibility and cost transparency for services.

Enhanced - Medical Plan

The Spring ISD Enhanced plan provides the richest medical benefits, in exchange for higher monthly premiums. Combining the best aspects from all other plan offerings, this plan provides copays for Primary Care and Specialists, no need for physician referrals, zero drug deductible, free generic drugs, and free virtual medicine through Wellvia. This plan also provides: In and out-of-network benefits, the most generous coinsurance percentage of all comparable plans, and the lowest annual deductibles and out-of-pocket maximums available.

Health and Wellness Center no cost as your first option for day to day and preventative health care

- Go to for treatments and services on: Allergies/Asthma/ Annual or Sports Physicals/Adult immunizations/Cold/Congestion/Flu/Diabetes Mgmt /High Blood Pressure/High Cholesterol/Lab Work / Tests/ Minor injuries/Thyroid Disorders/Personal Health Assessments / and more
- Covered at 100%, \$0 Copay / \$0 Deductible / \$0 Coinsurance/ \$0 Labs / \$0 Chronic Disease Mgmt
- Ask your provider if you can take a generic medicine as they are no cost to you always.
- Fast, easy appointment access, Little to no wait time, More time with your provider
- If you need someone to talk to, utilize the mental health counselor. This also no cost to you or your family members on the plan

Changes for 2022-2023

Effective 9/1/2022, TRS-ActiveCare Medical is no longer an available options to enroll in.

2022-23 UBC Rate Sheet



Wellness Benefits at No Extra Cost

- No Drug Deductible
- Free Generic Drugs
- Free Wellvia 24/7 Virtual Health
- Free Access to both Spring ISD Health and Wellness Centers

Things to Know

- No PCP Referrals
- In and Out-of-Network Benefits
- Nationwide Network available through Cigna
- Lower annual deductible when utilizing Memorial Hermann Network

Plan

Summaries

Monthly Premiums	Employee Only
	Employee and Spouse
	Employee and Child
	Employee and Family

	< 25k	25k-50k	> 50k
	\$72	\$97	\$147
	\$620	\$645	\$695
	\$340	\$365	\$415
	\$852	\$877	\$927

Plan Features	Memorial Hermann	CIGNA OAP
Individual/Family Deductible	\$1,500/\$3,000	\$3,000/\$6,000
Type of Coverage	In-Network Coverage	In-Network Coverage
Individual/Family Maximum Out-of-Pocket	You pay 20% after deductible	You pay 20% after deductible
Primary Care Provider (PCP) Required	No	No

	Memorial Hermann	CIGNA OAP
	\$1,250/\$2,500	\$2,500/\$5,000
	In-Network Coverage	In-Network Coverage
	You pay 20% after deductible	You pay 20% after deductible
	\$8,000/\$16,000	\$8,500/\$17,000
	No	No

Doctor Visits	Primary Care	Specialist
	Spring ISD Health and Wellness Centers	Wellvia 24/7 Virtual Health

	Memorial Hermann	CIGNA OAP
	\$35 Copay	\$35 Copay
	\$70 Copay	\$70 Copay
	\$0	\$0
	\$0	\$0

Immediate Care	Urgent Care	Emergency Care
	20% after deductible	20% after deductible
	20% after deductible	20% after deductible
	\$0	\$0
	\$0	\$0

	Memorial Hermann	CIGNA OAP
	\$50 Copay	\$50 Copay
	20% after deductible	20% after deductible
	\$100 Copay	\$100 Copay
	\$250 Copay then 20% after deductible	\$250 Copay then 20% after deductible

Prescription Drugs	Drug Deductible	Generics (30 day Supply/90 day supply)	Preferred Brand	Non-Preferred Brand	Specialty
	None	\$0 Retail and Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	50% to a maximum of \$1500 a month

	Memorial Hermann	CIGNA OAP
	\$50 Copay	\$50 Copay
	20% after deductible	20% after deductible
	\$100 Copay	\$100 Copay
	\$250 Copay then 20% after deductible	\$250 Copay then 20% after deductible

Out-of-Network Coverage	Individual/Family Deductible	Individual/Family Maximum Out-of-Pocket
	\$5,000/\$12,000	Unlimited
	You pay 40% after deductible	Unlimited

	Memorial Hermann	CIGNA OAP
	\$5,000/\$12,000	\$5,000/\$8,000
	You pay 40% after deductible	You pay 40% after deductible
	Unlimited	Unlimited

HD PLAN	BASIC PLAN	ENHANCED PLAN
<ul style="list-style-type: none"> Lowest Premiums available Lowest Out-of-Pocket Maximums available 	<ul style="list-style-type: none"> Low Premiums Lower Annual Deductibles than HD Plan 	<ul style="list-style-type: none"> Lowest Annual Deductibles available Lowest Out-of-Pocket Maximums available

	< 25k	25k-50k	> 50k
	\$72	\$97	\$147
	\$620	\$645	\$695
	\$340	\$365	\$415
	\$852	\$877	\$927

	Memorial Hermann	CIGNA OAP
	\$1,500/\$3,000	\$3,000/\$6,000
	In-Network Coverage	In-Network Coverage
	You pay 20% after deductible	You pay 20% after deductible
	\$8,000/\$16,000	\$8,500/\$17,000
	No	No

	Memorial Hermann	CIGNA OAP
	\$1,250/\$2,500	\$2,500/\$5,000
	In-Network Coverage	In-Network Coverage
	You pay 20% after deductible	You pay 20% after deductible
	\$8,000/\$16,000	\$8,500/\$17,000
	No	No

	Memorial Hermann	CIGNA OAP
	\$35 Copay	\$35 Copay
	\$70 Copay	\$70 Copay
	\$0	\$0
	\$0	\$0

	Memorial Hermann	CIGNA OAP
	\$50 Copay	\$50 Copay
	20% after deductible	20% after deductible
	\$100 Copay	\$100 Copay
	\$250 Copay then 20% after deductible	\$250 Copay then 20% after deductible

	Memorial Hermann	CIGNA OAP
	\$5,000/\$12,000	\$5,000/\$8,000
	You pay 40% after deductible	You pay 40% after deductible
	Unlimited	Unlimited

	Memorial Hermann	CIGNA OAP
	\$50 Copay	\$50 Copay
	20% after deductible	20% after deductible
	\$100 Copay	\$100 Copay
	\$250 Copay then 20% after deductible	\$250 Copay then 20% after deductible

	Memorial Hermann	CIGNA OAP
	\$5,000/\$12,000	\$5,000/\$8,000
	You pay 40% after deductible	You pay 40% after deductible
	Unlimited	Unlimited

FULL TIME RATES FOR UNDER \$25,000

HD PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$372.00	\$300.00	\$72.00	\$36.00
Employee + Spouse	\$1,095.00	\$475.00	\$ 620.00	\$ 310.00
Employee + Child(ren)	\$695.00	\$355.00	\$340 .00	\$170.00
Employee + Family	\$1,327.00	\$ 475.00	\$ 852.00	\$ 426.00

BASIC PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$387.00	\$300.00	\$87.00	\$43.50
Employee + Spouse	\$1,145.00	\$475.00	\$670.00	\$335.00
Employee + Child(ren)	\$706.00	\$355.00	\$351.00	\$175.50
Employee + Family	\$1,366.00	\$475.00	\$891.00	\$445.50

ENHANCED PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$540.00	\$300.00	\$240.00	\$120.00
Employee + Spouse	\$1,145.00	\$475.00	\$852.00	\$426.00
Employee + Child(ren)	\$876.00	\$355.00	\$521.00	\$260.50
Employee + Family	\$1,667.00	\$475.00	\$1,192.00	\$596.00

FULL TIME RATES FOR \$25,000 TO \$49,999

HD PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$372.00	\$275.00	\$97.00	\$48.50
Employee + Spouse	\$1,095.00	\$450.00	\$645.00	\$322.50
Employee + Child(ren)	\$695.00	\$330.00	\$365.00	\$182.50
Employee + Family	\$1,327.00	\$450.00	\$877.00	\$438.50

BASIC PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$387.00	\$275.00	\$112.00	\$56.00
Employee + Spouse	\$1,145.00	\$450.00	\$695.00	\$347.50
Employee + Child(ren)	\$706.00	\$330.00	\$376.00	\$188.00
Employee + Family	\$1,366.00	\$450.00	\$916.00	\$458.00

ENHANCED PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$542.00	\$275.00	\$265.00	\$132.50
Employee + Spouse	\$1,327.00	\$450.00	\$877.00	\$438.50
Employee + Child(ren)	\$876.00	\$330.00	\$546.00	\$273.00
Employee + Family	\$1,667.00	\$450.00	\$1,217.00	\$608.50

FULL TIME RATES FOR \$50,000 AND OVER

HD PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$372.00	\$225.00	\$147.00	\$73.50
Employee + Spouse	\$1,095.00	\$400.00	\$695.00	\$374.50
Employee + Child(ren)	\$695.00	\$280.00	\$415.00	\$207.50
Employee + Family	\$1,327.00	\$400.00	\$927.00	\$463.50

BASIC PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$387.00	\$225.00	\$162.00	\$81.00
Employee + Spouse	\$1145.00	\$400.00	\$745.00	\$372.50
Employee + Child(ren)	\$706.00	\$280.00	\$426.00	\$213.00
Employee + Family	\$1,366.00	\$400.00	\$966.00	\$483.00

ENHANCED PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$540.00	\$225.00	\$315.00	\$157.50
Employee + Spouse	\$1,327.00	\$400.00	\$927.00	\$463.50
Employee + Child(ren)	\$876.00	\$280.00	\$596.00	\$298.00
Employee + Family	\$1,667.00	\$400.00	\$1,267.00	\$633.50

HALF TIME RATES FOR UNDER \$25,000

HD PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$372.00	\$150.00	\$222.00	\$111.00
Employee + Spouse	\$1,095.00	\$237.50	\$857.50	\$428.75
Employee + Child(ren)	\$695.00	\$177.50	\$517.50	\$258.75
Employee + Family	\$1,327.00	\$237.50	\$1,089.50	\$544.75

BASIC PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$387.00	\$150.00	\$237.00	\$118.50
Employee + Spouse	\$1,145.00	\$237.50	\$907.50	\$453.75
Employee + Child(ren)	\$706.00	\$177.50	\$528.50	\$264.25
Employee + Family	\$1,366.00	\$237.50	\$1,128.50	\$564.25

ENHANCED PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$540.00	\$150.00	\$390.00	\$195.00
Employee + Spouse	\$1,327.00	\$237.50	\$1089.50	\$544.75
Employee + Child(ren)	\$876.00	\$177.50	\$698.50	\$349.25
Employee + Family	\$1,667.00	\$237.50	\$1,429.50	\$714.75

HALF TIME RATES FOR \$25,000 - \$49,999

HD PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$372.00	\$137.50	\$234.50	\$117.25
Employee + Spouse	\$1,095.00	\$ 225.00	\$870.00	\$435.00
Employee + Child(ren)	\$695.00	\$ 165.00	\$530.00	\$265.00
Employee + Family	\$1327.00	\$225.00	\$1,102.00	\$551.00

BASIC PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$ 378.00	\$137.50	\$249.50	\$124.75
Employee + Spouse	\$1145.00	\$225.00	\$920.00	\$460.00
Employee + Child(ren)	\$706.00	\$165.00	\$541.00	\$270.50
Employee + Family	\$1,366.00	\$225.00	\$1,141.00	\$570.50

ENHANCED PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$ 540.00	\$137.50	\$402.50	\$201.25
Employee + Spouse	\$1,327.00	\$225.00	\$1102.00	\$551.00
Employee + Child(ren)	\$876.00	\$165.00	\$711.00	\$355.50
Employee + Family	\$1,667.00	\$225.00	\$1,442.00	\$721.00

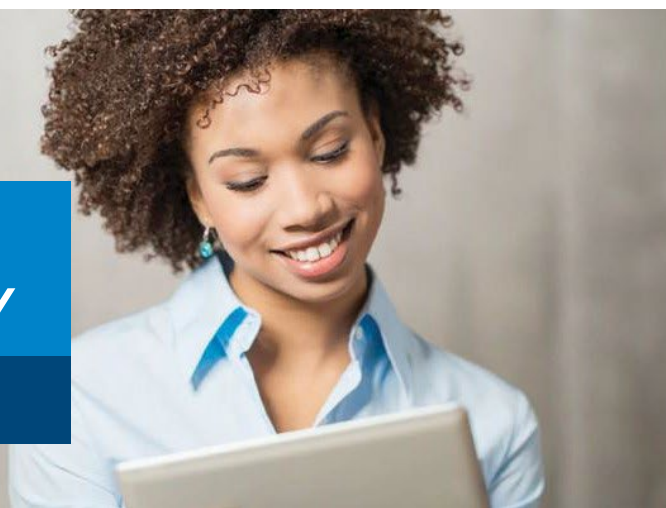
HALF TIME RATES FOR \$50,000 AND OVER

HD PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$372.00	\$112.50	\$259.50	\$129.75
Employee + Spouse	\$1,095.00	\$200.00	\$895.00	\$447.50
Employee + Child(ren)	\$695.00	\$140.00	\$555.00	\$277.50
Employee + Family	\$1327.00	\$200.00	\$1,127.00	\$563.50

BASIC PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$ 387.00	\$112.50	\$274.50	\$137.25
Employee + Spouse	\$1,145.00	\$200.00	\$945.00	\$472.50
Employee + Child(ren)	\$706.00	\$140.00	\$566.00	\$283.00
Employee + Family	\$1,366.00	\$200.00	\$1,166.00	\$583.00

ENHANCED PLAN	Total (Monthly)	District Contribution (Monthly)	Employee Rate (Monthly)	Employee Rate (Semi-monthly)
Employee Only	\$540.00	\$112.50	\$427.50	\$213.75
Employee + Spouse	\$1327.00	\$200.00	\$1,127.00	\$563.50
Employee + Child(ren)	\$876.00	\$140.00	\$736.00	\$368.00
Employee + Family	\$1,667.00	\$200.00	\$1467.00	\$733.50

FINDING A DOCTOR IN OUR DIRECTORY IS EASY



Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



Step 1

Go to [Cigna.com](https://www.cigna.com), and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."



Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.



Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).



Step 4

Optional: Select one of the plans offered by your employer during open enrollment. **(OAP) Network Open Access Plus**

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to [myCigna.com](https://mycigna.com) – your one-stop source for managing your health plan, anytime, just about anywhere. On [myCigna.com](https://mycigna.com), you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

Questions? Call 1-800-Cigna24

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Providers and facilities that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: Medical: OK-HP-APP-1 et al., OR-HP-POL3802-13, TN-HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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Dear Plan Member,

We're excited to welcome you to the RxBenefits family. As a friendly reminder, we have partnered with Spring ISD and OptumRx to bring you best-in-class pharmacy benefits. Our goal is to ensure your safety, make every effort to reduce your out-of-pocket costs, and promptly address any questions or issues that may arise to ensure you get the maximum value from your new benefits plan.

This packet is designed exclusively for you, and includes the following helpful resources that provide important information about your pharmacy plan:

- **Prescription Benefit Coverage for Spring ISD**
This document gives you an easy-to-understand breakdown of all the important details of the coverage through your new pharmacy plan.
- **Member Services Support Contact Information**
Our professional member services representatives are available to support you should any questions or issues arise.
- **Details on Accessing OptumRx's Website & Mobile App**
Spring ISD has selected OptumRx as your backend claims manager, giving you access to one of the largest national pharmacy networks. OptumRx's web portal and app will help you manage your medications anywhere, anytime, search for the nearest retail pharmacy, and check drug interactions.
- **Information on How to Sign-Up for Mail Order**
Get up to a three-month supply of your maintenance medication(s) delivered safely and reliably right to your door. Save time and money!

Your permanent ID card(s) will be distributed to you shortly by OptumRx, or your medical vendor. If you need to fill a prescription before your card(s) arrives, simply provide all of the information on the card below to the pharmacy to process your request.



RxBIN: 610011
RxPCN: IRX
RxGRP: RXBENEFIT

Beginning June 1, 2022, please contact RxBenefits with questions regarding prescription coverage:

Plan Members call Member Support: 800.933.0765

Pharmacists call Pharmacy Help Desk: 800.880.1188

As always, RxBenefits' Member Services team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling 800.933.0765 or emailing CustomerCare@rxbenefits.com.

Please reach out to us at any time if you have any questions or concerns. We are thrilled to be partnering with you to take your pharmacy benefit to the next level.

Sincerely,
Your RxBenefits Team

RxBenefits

RxBenefits + OPTUMRx | CustomerCare@rxbenefits.com | 800-933-0765

WHAT'S NEW?

Pharmacy Provider OPTUM through Rx Benefits

- Mail Order prescriptions will be transferred
- Prior Authorizations will be transferred
- Brand name 90 day drug prescription costs are now \$125
- Download the Optum RX App for pharmacy look-up, cost comparisons and more
- For Pharmacy questions: 800-933-0765

Medical Plan Benefits Questions?



ubc-benefits.com/spring-benefits
(case sensitive)

help@ubc-benefits.com

Specific Medical Coverage Questions?



Allegiance Customer Service Line:
(855) 999-6828/Active Mid August
2022

Questions About Prescription Cost and Coverage?



RxBenefits Help Line
(800) 933-0765



HD - plan quick-reference

Refer to plan documents for limitations and additional information.

HD - Medical Plan

Feature	Your Memorial Hermann Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Annual Deductible	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family
Coinsurance (after the annual deductible is met.)	20% after deductible	20% after deductible	40% after deductible
Annual Out-of-Pocket Maximum	\$8,000 individual \$16,000 family	\$8,000 individual \$16,000 family	Unlimited
Physician Services			
Office Visits - Primary	20% after deductible	20% after deductible	40% after deductible
Office Visits - Specialist	20% after deductible	20% after deductible	40% after deductible
Urgent Care Visits	\$50 copay	\$100 copay	40% after deductible
Emergency Care Visits	20% after deductible	\$250 copay then 20% after deductible	40% after deductible
Spring - Health and Wellness Center	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Telehealth - WellVia	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Prescription Drugs			
Drug Deductible	N/A	N/A	N/A
Generic (30/90 Day Supply)	Plan pays 100% retail and mail order	Plan pays 100% retail and mail order	Plan pays 100% retail and mail order
Preferred Brand	30% Retail / Mail \$125	30% Retail / Mail \$125	30% Retail / Mail \$125
Non-Preferred Brand	30% Retail / Mail \$125	30% Retail / Mail \$125	30% Retail / Mail \$125
Specialty	50% to a max \$1,500	50% to a max \$1,500	50% to a max \$1,500

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

HD - Medical Plan (continued)

Feature	Your Memorial Hermann Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Maternity Services			
Routine Prenatal Care	20% after deductible	20% after deductible	40% after deductible
Delivery in Hospital	20% after deductible	20% after deductible	40% after deductible
Newborn Care in Hospital (Routine)	20% after deductible	20% after deductible	40% after deductible
Additional Services			
Inpatient Hospital	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	40% after deductible
Lab & X-ray Outpatient (minor)	20% after deductible	20% after deductible	40% after deductible
Hospital Emergency Care Services**	20% after deductible	20% after deductible	40% after deductible
Chiropractic	20% after deductible	20% after deductible	40% after deductible
Preventative Care*			
Well-Child Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Well-Woman Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Routine Screening Mammography	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Adult Health Assessments	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Immunizations	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Screening Colonoscopy	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible

*Subject to Affordable Care Act requirements. **treated as network

Basic - plan quick-reference

Refer to plan documents for limitations and additional information.

Basic - Medical Plan

Feature	Your Memorial Hermann Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Annual Deductible	\$1,250 individual \$2,500 family	\$2,500 individual \$5,000 family	\$5,000 individual \$8,000 family
Coinsurance (after the annual deductible is met.)	20% after deductible	20% after deductible	40% after deductible
Annual Out-of-Pocket Maximum	\$8,500 individual \$17,000 family	\$8,500 individual \$17,000 family	Unlimited
Physician Services			
Office Visits - Primary	\$35 copay	\$35 copay	40% after deductible
Office Visits - Specialist	\$70 copay	\$70 copay	40% after deductible
Urgent Care Visits	\$50 copay	\$100 copay	40% after deductible
Emergency Care Visits	20% after deductible	\$250 copay then 20% after deductible	40% after deductible
Spring - Health and Wellness Center	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Telehealth - WellVia	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Prescription Drugs			
Drug Deductible	N/A	N/A	N/A
Generic (30/90 Day Supply)	Plan pays 100% retail and mail order	Plan pays 100% retail and mail order	Plan pays 100% retail and mail order
Preferred Brand	30% Retail / Mail \$125	30% Retail / Mail \$125	30% Retail / Mail \$125
Non-Preferred Brand	30% Retail / Mail \$125	30% Retail / Mail \$125	30% Retail / Mail \$125
Specialty	50% to a max \$1,500	50% to a max \$1,500	50% to a max \$1,500

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

Basic - Medical Plan (continued)

Feature	Your Memorial Hermann Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Maternity Services			
Routine Prenatal Care	20% after deductible	20% after deductible	40% after deductible
Delivery in Hospital	20% after deductible	20% after deductible	40% after deductible
Newborn Care in Hospital (Routine)	20% after deductible	20% after deductible	40% after deductible
Additional Services			
Inpatient Hospital	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	40% after deductible
Lab & X-ray Outpatient (minor)	20% after deductible	20% after deductible	40% after deductible
Hospital Emergency Care Services**	20% after deductible	20% after deductible	40% after deductible
Chiropractic	20% after deductible	20% after deductible	40% after deductible
Preventative Care*			
Well-Child Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Well-Woman Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Routine Screening Mammography	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Adult Health Assessments	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Immunizations	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Screening Colonoscopy	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible

*Subject to Affordable Care Act requirements. **treated as network

Enhanced - plan quick-reference

Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan

Feature	Your Memorial Hermann Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Annual Deductible	\$600 individual \$1,200 family	\$1,200 individual \$2,400 family	\$3,000 individual \$6,000 family
Coinsurance (after the annual deductible is met.)	20% after deductible	20% after deductible	40% after deductible
Annual Out-of-Pocket Maximum	\$8,000 individual \$16,000 family	\$8,000 individual \$16,000 family	Unlimited
Physician Services			
Office Visits - Primary	\$35 copay	\$35 copay	40% after deductible
Office Visits - Specialist	\$70 copay	\$70 copay	40% after deductible
Urgent Care Visits	\$50 copay	\$100 copay	40% after deductible
Emergency Care Visits	20% after deductible	\$250 copay then 20% after deductible	40% after deductible
Spring - Health and Wellness Center	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Telehealth - WellVia	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Prescription Drugs			
Drug Deductible	N/A	N/A	N/A
Generic (30/90 Day Supply)	Plan pays 100% retail and mail order	Plan pays 100% retail and mail order	Plan pays 100% retail and mail order
Preferred Brand	30% Retail / Mail \$125	30% Retail / Mail \$125	30% Retail / Mail \$125
Non-Preferred Brand			
Specialty	50% to a max \$1,500	50% to a max \$1,500	50% to a max \$1,500

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan (continued)

Feature	Your Memorial Hermann Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Maternity Services			
Routine Prenatal Care	20% after deductible	20% after deductible	40% after deductible
Delivery in Hospital	20% after deductible	20% after deductible	40% after deductible
Newborn Care in Hospital (Routine)	20% after deductible	20% after deductible	40% after deductible
Additional Services			
Inpatient Hospital	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	40% after deductible
Lab & X-ray Outpatient (minor)	20% after deductible	20% after deductible	40% after deductible
Hospital Emergency Care Services**	20% after deductible	20% after deductible	40% after deductible
Chiropractic	20% after deductible	20% after deductible	40% after deductible
Preventative Care*			
Well-Child Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Well-Woman Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Routine Screening Mammography	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Adult Health Assessments	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Immunizations	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Screening Colonoscopy	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible

*Subject to Affordable Care Act requirements. **treated as network



Spring ISD Health & Wellness Centers

Powered by  **Care**^{ATC}

110 Cypress Station Dr. Houston, TX 77090

21301 Kuykendahl Dr. Spring, TX 77379



Meet the Team

Jessica Brady, MD



Mary Moran, FNP



Diana Lewis, CMA



Houston Area Health Center Locations



Spring - Cypress Station Health Center
110 Cypress Station Dr
Houston, TX 77090

Spring - Kuykendahl Health Center 21301
Kuykendahl Rd, Ste F
Spring, TX 77379

Humble - Kingwood Health Center
1331 Kingwood Dr
Kingwood, TX 77339

Humble - West Lake Health Center
17905 West Lake Houston Pkwy Ste 102
Humble, TX 77346

Three ways to schedule an appointment: ☎ 800.993.8244 🖨 www.careatc.com/patients 📱 CareATC app

Treatment and Services

Adult Immunizations / Allergies / Anxiety / Asthma / Annual Physicals / Behavioral Health / Bipolar and Personality Disorders / Colds / Congestion / Contraceptive Management / Depression / Diabetes Management / Fertility and Hormonal Imbalances / Flu and High Blood Pressure / High Cholesterol / Labs / Minor Injuries / Pregnancy Early Management / PTSD / Sick Visits / Skin Acute and Chronic Management / Skin Biopsy and Removal of Lesions, Cancers, Warts, Moles / Sport Physicals / Weight Management / Well Woman Exams



FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

MEDICAL FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$550 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$550 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$550 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2022 is \$2,850.

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.

DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$2,500.

HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

FSA RESOURCES

BENEFITS CARD

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

- **The IRS requires validation of most transactions for FSAs.** You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 90 days of the purchase or date of service your card will be suspended until the necessary, receipt or explanation of benefits from your insurance provider is received.
- **Dependent Care FSA Contributions are not loaded upfront.** Funds become available as contributions are made to your account.

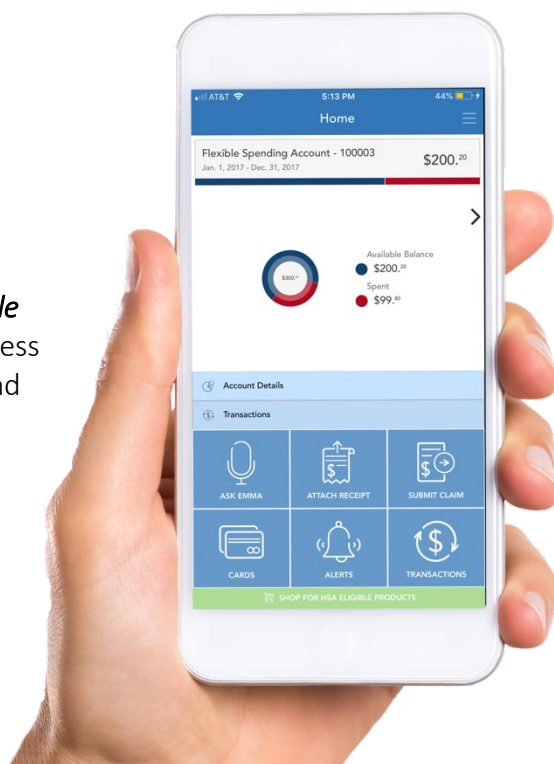
ONLINE PORTAL

Our FSA Portal is a secure on-line site that you can access by logging into your account on www.ffga.com. It allows you to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

FF MOBILE ACCOUNT APP

Managing your benefit accounts on the go is made easy with **FF Mobile Account app**. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Access account Information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use on-line store to better understand and manage your FSA. An on-line marketplace that connects consumers to FSAeligible- products, seasonal deals, and account support resources such as open enrollment guides and educational videos.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

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

HOSPITAL INDEMNITY INSURANCE

Aflac | www.aflac.com | 800.433.3036

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits. The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

Highlights:

- pays a benefit for Hospital admission per confinement,
- pays a hospital confinement benefit each day,
- pays Hospital Intensive Care Benefit per day,
- pays Intermediate Step-down unit per day
- Wellness benefit of \$50 per calendar year for employee and spouse if covered under plan

Please see complete plan details and any limitations on the [Employee Benefit Center](#) or speak to a First Financial Representative.

AFLAC HOSPITAL INDEMNITY PLAN SEMI-MONTHLY RATES	
COVERAGE TIER	PREMIUM
EMPLOYEE ONLY	\$10.30
EMPLOYEE + SPOUSE	\$20.50
EMPLOYEE + CHILDREN	\$16.35
EMPLOYEE + FAMILY	\$26.55

GAP INSURANCE

American Fidelity | www.americanfidelity.com | 800.654.8489

You may think major medical insurance is enough to cover your needs, but the reality is that many plans may only cover a portion of your overall expenses. It's important to protect yourself in the event of a sudden hospitalization.

A Hospital Gap Insurance plan pays benefits directly to you and is designed to help cover the gap between what your traditional medical plan will cover and the out-of-pocket expenses you will pay. The plan may include benefits you can use to help pay for inpatient hospital stays and surgeries, doctor's office treatments and diagnostic testing costs.

With Hospital Gap Insurance, you can have peace of mind knowing that unexpected medical expenses will less of a financial burden for you and your family members.

TELEHEALTH

Wellvia | www.wellviasolutions.com | 855.935.5842

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment, and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They can treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

This plan is included in all Medical Plan options for you and your dependents enrolled on the medical plans.

If you are not on the medical plans and would like a telemedicine plan this will cover you and your family, this would be the plan for you. \$0 Copays; unlimited use!!

WELLVIA SEMI- MONTHLY PREMIUMS	
EMPLOYEE + FAMILY	\$5.00

MEDICAL TRANSPORT

MASA MTS|www.masamts.com|800-643-9023

WHAT'S NEW?

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs. The reality is most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground medical transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.

Highlights:

- No deductibles
- Easy claim process
- No health questions
- Coverage is available for employee, spouse, and eligible child(ren)
- Plus coverage Area includes U.S., Canada, Mexico, and Caribbean (excluding Cuba)

MASA EMERGENCY TRANSPORT SEMI-MONTHLY RATES		
COVERAGE TIER	PLUS	PREMIUM
EMPLOYEE + FAMILY	\$7.00	\$19.50

DENTAL INSURANCE

Cigna | www.mycigna.com | 800-244-6224

Total Cigna PPO High option has a Plan Year maximum of \$1,000, with a \$50 annual deductible for Individual and \$150 for Family.

- Freedom to choose dentist in or out-of- network – Please note: if you stay in-network the cost out of pocket at time of service will be less for you. The in-network PPO dentists agree to lower contract rates.
- Preventative Care (e.g., cleaning, exams and x-rays) is paid at 100% and not subject to the deductible
- Basic Restorative Care (e.g., fillings, root canals and gum treatments) is paid at 80% up to Annual Maximum
- Major Services (e.g., crowns, bridges, implants and dentures) are covered at 50% up to annual maximum

Total Cigna PPO Low option has a Plan Year maximum of \$750, with an annual deductible for Individual \$50 and Family \$150.

- Freedom to choose dentist in or out-of- network – Please note: if you stay in-network the cost out of pocket at time of service will be less for you. The in-network PPO dentists agree to lower contract rates.
- Preventative Care (e.g., cleaning, exams and x-rays) is paid at 80% and not subject to the deductible
- Basic Restorative Care (e.g., fillings, root canals and gum treatments) is paid at 50% up to Annual Maximum
- Major Services (e.g., crowns, bridges, implants and dentures) are covered at 30% up to annual maximum

Cigna DHMO Plan focus is on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary.

- **Must choose from the directory of Cigna DHMO dentists**
- No claim forms
- No annual maximum
- No deductibles

Please see complete plan details and limitations on the [Employee Benefit Center](#) or speak to a First Financial Representative.

CIGNA DENTAL PLANS			
SEMI – MONTHLY RATES			
	LOW PPO	HIGH PPO	DHMO
EMPLOYEE ONLY	\$10.13	\$13.68	\$6.68
EMPLOYEE + SPOUSE	\$22.39	\$30.24	\$11.89
EMPLOYEE + CHILD(REN)	\$21.58	\$29.14	\$11.38
EMPLOYEE + FAMILY	\$38.90	\$52.53	\$16.63

VISION INSURANCE

MetLife Vision | www.metlife.com/vision | 855-638-3931

WHAT'S NEW?

NEW MetLife Vision Plan for Spring ISD. Proper vision care is essential to your overall wellbeing. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come. Spring ISD is providing you with a vision plan to take care of you and your family's needs. **Find an In-Network Vision provider, www.metlife.com/vision**

MetLife allows you to select from two great plans, both cover exams and materials. Frame allowance up to \$150; some designer up to \$170. Basic Lens and then Low plan covers a few enhancements, while the High plan has enhanced lens coverage! ***Low Plan mirrors the vision plan from last year. High plan gives you enhanced coverage on lens options and 2 pairs of glasses!! Or the High plan you could get glasses and contacts, glasses and prescription sunglasses, use the extra materials for double contact allowance!***

Please see complete plan details and limitations on the [Employee Benefit Center](#) or speak to a First Financial Representative.

METLIFE VISION SEMI- MONTHLY RATES		
COVERAGE TIER	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$3.63	\$5.94
EMPLOYEE + SPOUSE	\$7.26	\$11.86
EMPLOYEE + CHILDREN	\$8.14	\$13.31
EMPLOYEE + FAMILY	\$11.26	\$18.40

EMPLOYEE ASSISTANCE PROGRAM

The Standard | healthadvocate.com/standard3 | 800.295.8323

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you or your immediate family successfully face emotional issues, grief, stress, and more.

Healthadvocate.com/standard3 has a wealth of information online to explore for you and your dependents anytime you would like /need to do some research or reflecting on life improvement or goal setting, education, adoption, daily living, care for your pet, child, or elderly love one. From depression, grief, loss and emotional well-being, family, marital, relationship issues, addictions, stress, anxiety with work, school, or family, financial and legal concerns and more.

An Employee Assistance Program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem. Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.

CANCER INSURANCE

American Fidelity | www.americanfidelity.com | 800.654.8489

If cancer touches someone in your family, this plan may help ease the impact on your finances. Benefit payments are made directly to you, allowing you to pay for expenses like co-payments, hospital stays, house and car payments. **GUARANTEED ISSUE FOR ALL EMPLOYEES AND THEIR DEPENDENTS!!!** Everyone will be able to obtain cancer coverage, no matter your past history. Any new coverage elected for employee and/or dependents will only have a 12-month pre-existing condition rider but be allowed on the plan.

Plan Highlights include:

- Benefits are paid directly to you and coverage can be for you or your entire family
- Pays you based upon a schedule of 25 benefits; some of the key benefits include:
- Pays up to \$10,000(low plan) or \$15,000(high plan) annually for chemotherapy, radiation, and immunology
- Both Basic and Enhanced plans pay you upon initial cancer diagnosis- \$2,500 or low; \$5,000 for high
- Both Basic and Enhanced plans include an Intensive Care Unit (ICU) rider that will pay \$600 daily, up to 45 days, if you are confined to the ICU for ANY reason
- Wellness screening Benefit- \$25 per year for Basic plan, \$75 per year for Enhanced plan
- Pays for Hospital confinement, extended care facilities, hospice care, surgery, among other things
- For any new coverage pre-existing condition limitations will apply for the first 12 months. AFA will not pay for any loss due to a pre-existing condition during the first 12 months of coverage

Please see complete plan details and any limitations on the [Employee Benefit Center](#) or speak to a First Financial Representative.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money.

AMERICAN FIDELITY CANCER SEMI- MONTHLY RATES			
COVERAGE TIER	BASIC OPTION	ENHANCED OPTION	ENHANCED PLUS OPTION
EMPLOYEE ONLY	\$7.90	\$12.13	\$15.81
EMPLOYEE + FAMILY	\$13.43	\$20.63	\$26.90

CRITICAL ILLNESS INSURANCE

Aflac | www.aflac.com | 800.433.3036

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Rates vary based on coverage level and age of employee and spouse. Please see complete plan details on the [Employee Benefit Center](#) or speak to a First Financial Representative.

Plan Highlights are below:

- FOR EMPLOYEES, SPOUSE, AND ELIGIBLE CHILD(REN)! Child(ren) are covered at no cost with employee coverage. Covers child(ren) at 50% of the employee coverage
- Plan pays lump-sum benefit amount of \$5,000 up to \$50,000 based on your election
- Initial Diagnosis Benefit on covered conditions; such as cancer, heart attack, stroke, kidney failure, Major Organ transplant, Bone marrow transplant, severe burns, coma, paralysis
- Recurrence benefits also exist on some of the conditions above, must be separated by 6 months from initial claim. Please see more details in Benefitsolver enrollment platform – www.benefitsolver.com
- Wellness benefit pays you \$100 (High Plan) for annual health screening test for employee and spouse that are covered on this plan
- NEW THIS YEAR, No Pre-existing conditions on the benefits, but condition has to occur new after the effective date of your coverage
- Age-banded Rates for both plans are listed in the Reference Center; rates lock in at the age you attain your coverage!

Please see complete plan details, any limitations, and rate on the [Employee Benefit Center](#) or speak to a First Financial Representative.

ACCIDENT INSURANCE

Metlife | www.metlife.com | 800.438.6388

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Covers over 150 events, including: broken or fractured bones, dislocations, burns, concussions, eye injuries, coma, ambulance, hospital confinement, emergency care, X-rays, labs, MRIs, and In- and Out-patient surgeries. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

METLIFE ACCIDENT SEMI- MONTHLY RATES		
COVERAGE TIER	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$3.35	\$5.88
EMPLOYEE + SPOUSE	\$6.76	\$12.14
EMPLOYEE + CHILDREN	\$6.78	\$12.07
EMPLOYEE + FAMILY	\$8.51	\$14.97

Please see complete plan details and any limitations on the [Employee Benefit Center](#) or speak to a First Financial Representative.

DISABILITY INSURANCE

The Standard | <https://standard.com> | 800.628.8600

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- How long are you able to wait before you need monies to start coming in? (Elimination period/Waiting period)
- Do you have savings? / Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement? / Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?

Standard is the new carrier for the disability insurance. IF you currently were on AFA disability, we have moved you over to the equivalent coverage on the plan, please go in and verify that is the coverage you wish to continue for the 2022-23 plan year. If you would like to change your coverage, you can elect what you would like.

Plan Highlights below: •

- **Guaranteed Issue coverage for everyone; pre-existing condition limitations only apply on new levels of coverage elected or for any enhancements to the plan**
- Pre-existing conditions will not be covered until after 12 months of continuous coverage
- Pre-existing condition Waiver – is a very limited but Standard does offer one. For the first 60 days from the date of the disability, Standard will pay full benefits even if you have a pre-existing condition. The 60 days does include the unpaid days for the elimination period you choose, so if you have a 60 day wait and are still out it would pay up to 0 days. If you have a 30 day wait and are still out it would pay up to 30 days. After 60 days, Standard would continue benefits, ONLY IF the pre-existing condition exclusion did not apply.
- Based on your individual need, you can select from multiple elimination (waiting) periods- 0/3 days, 14 days, 30 days, 60 days, 90 days and 180 days
- If you select an elimination period of 30 days or less, your waiting period is waived upon in-patient hospital admittance of 24 hours or more
- The cost depends the amount of coverage selected, and on how quickly you want benefits to begin – known as elimination periods (waiting periods).
- The plan will be eligible to pay AFTER you meet your elimination / waiting period. Example: You have a 30-day waiting period and you are not able to work per doctor for 3 months, the plan would start to pay after you satisfied the waiting period of 30 day and pay for the next 2 months in this case.
- Your monthly benefit will pay you in \$100 increments; up to 66 2/3% of your salary to a maximum of \$8,000/month
- Disability insurance will pay you if you are medically disabled-up to the age of 65; if you are unable to return to work

Please if you have a pre-existing condition, speak with a First Financial representative to go over that limitation exclusion and the limited waiver if apply. Please see complete plan details on the [Employee Benefit Center](#) or speak to a First Financial Representative.

TERM LIFE & AD&D INSURANCE

The Standard | www.standard.com | 800.628.8600

EMPLOYER-PAID BASIC TERM LIFE & AD&D INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a Basic Term Life policy and AD&D policy at no cost to you. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

VOLUNTARY TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Please see complete plan details on the [Employee Benefit Center](#) or speak to a First Financial Representative.

This year only, existing employees have a limited guaranteed issue amount available to them, without having to supply Evidence of Insurability (EOI) and answering health questions, which goes through underwriting process for approval/denial.

- If you are currently enrolled in Voluntary Term Life for an amount less than \$300,000, you may elect to increase your coverage \$10,000 to \$50,000, but not to exceed \$300,000. If your spouse is currently enrolled in Voluntary Term Life for an amount less than, \$25,000, you may elect up to \$25,000
- If you are not currently enrolled in Voluntary Term Life, you may elect \$10,000 up to \$50,000 for yourself. For your spouse, from \$5,000 up to \$25,000. Your eligible child(ren) up to \$10,000 of coverage.
- For any amounts over the above guaranteed issue amounts, you may elect and apply for approval and will be subject to the health and underwriting guidelines of the company. You will need to submit an Evidence of Insurability (EOI) and it will be processed for approval or denial by Standard Ins.

New Hires, within 31 days of hire only, are eligible for a higher guaranteed issue amounts for employees and their spouses. Please see the enrollment site, Employee Benefit Center, or a First Financial Representative for more details on the plan.

TEXAS LIFE – PERMANENT LIFE

Texas Life | www.texaslife.com | 800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE – EXPRESS ISSUE

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

HIGHLIGHTS

- Premiums do not increase with age, but is rated/priced at your age when purchased
- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premiums on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.
- You can purchase individual policies for you, your spouse, children, and/or grandchildren
- Chronic Illness Rider - pays up to 92% policy value to help cover cost of long term care if you cannot perform 2 of the 5 ADL (Assisted Daily Living) functions

Please see complete plan details, age limitations, benefit limits and rates on the [Employee Benefit Center](#) or speak to a First Financial Representative.

IDENTITY THEFT PROTECTION

iLock360 | www.ilock360.com | 855.287.8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.

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

ILOCK 360 SEMI-MONTHLY RATES		
COVERAGE TIER	PLUS	PREMIUM
EMPLOYEE ONLY	\$4.00	\$7.50
EMPLOYEE + SPOUSE	\$7.50	\$11.00
EMPLOYEE + CHILDREN	\$6.50	\$10.00
EMPLOYEE + FAMILY	\$10.00	\$13.50

Please see complete plan details on the [Employee Benefit Center](#) or speak to a First Financial Representative.

LEGAL PLAN

Metlaw/Hyatt Legal | www.legalplans.com | 800.821.6400

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.

Plan Highlights below:

- Plan covers many legal services including, but not limited to, Family Law, Estate Law, Civil Lawsuits, Vehicle Law, Real Estate Law, Law for Money Matters and Law for Elder Care issues
- The plan can provide security for you and your family, with benefits of the preparation of Living Trusts, Living Wills, Powers of Attorney and Will and Codicils
- Plan includes preparation and review of Affidavits, Deeds, Demand Letters, Document Reviews, Elder Law Matters, Mortgages, immigration services, and Promissory Notes
- Other benefits of the plan are Adoption and Legitimization, Guardianship, Name Change, Prenuptial Agreement, protection from Domestic Violence, Juvenile Court of Defense, Debt Collection defense, Tax Audit Representation, and minor traffic offenses.

METLAW/HYATT LEGAL SEMI-MONTHLY PREMIUMS	
EMPLOYEE + FAMILY	\$8.25

VOLUNTARY RETIREMENT PLANS

TCG Retirement | <https://tcgservices.com> | (800) 943-9179
TCG Advisors Hotline | www.tcgservices.com/telewealth | 512-600-5200

Research shows that Americans are living longer and their number of years in retirement is increasing. While your TRS pension may be enough to cover expenses during your initial retirement years, the reduced monthly income may not be sufficient for costly factors such as medical bills, taxes, and your desired standard of living. Contributing to a retirement savings plan can help supplement your pension during retirement. Most plans allow you to make adjustments to your contribution amount at any time. Choosing to save with a 456(b) and/or a 403(b) allows you to save money in a pre-tax (traditional) or after-tax (Roth) account. Contributions to the plan are salary-deducted from your paycheck and automatically deposited into your account. You may start and stop contributions at any time.

457(b) Savings Plan

- Employer-sponsored plan with fiduciary oversight by TCG Advisors and a committee of Superintendents/CFO's.
- High-quality, low fee investment options •
- No commissions.
- No federal penalties to withdraw funds from account. Income tax still applies.
- Choose between target date funds, risk-based portfolios, or self-directed mutual funds.

403(b) Savings Plan

- Multi-vendor plan. You must research from a list of 50+ vendors and decide the best fit for you.
- Fees and investments vary per vendor.
- Commissions vary per vendor.
- 10% early withdrawal penalty (goes away at age 59 1/2 or age 55 if retired).
- Investment options vary by vendor, including fixed/variable annuities and mutual funds.

CONTRIBUTION LIMITS

In 2022, you can contribute 100 percent of your includible compensation up to \$20,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,500 for a total of \$27,000

COBRA

First Financial Administrators, Inc. | www.ffga.com | 1.800.523.8422, option 4

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, vision insurance and flexible spending accounts for a limited period of time.

HIGHLIGHTS

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member are responsible for notifying your employer of a divorce, legal separation or child losing dependent status within 60 days of the event. In the case of termination, death or reduction in hours, your employer will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

CONTACT INFORMATION

SPRING ISD BENEFITS OFFICE

16717 Ella Blvd. Houston, TX 77090 |

281-891-6040

benefitsandleaves@springisd.org

FIRST FINANCIAL GROUP OF AMERICA

Elizabeth Riley, Account Manager

Elizabeth.Riley@ffga.com | 281-705-9222

John Brick, Sr. Account Administrator

John.brick@ffga.com | 281-272-7490

CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	UBC/Allegiance a Cigna	help@UBC-Benefits.com	855-999-6828
Prescription	RxBenefits	CustomerCare@rxbenefits.com	800.933.0765
FSA and DCA Accounts	First Financial Administrators, Inc.	www.ffga.com	866.853.3539
Telemedicine	Wellvia	www.wellviasolutions.com	855.935.5842
Disability	Standard	www.standard.com	800.628.8600
GAP	American Fidelity	www.americanfidelity.com	800.654.8489
Hospital Indemnity	Aflac	www.aflac.com	800.433.3036
Dental	Cigna	www.mycigna.com	800.244.6224
Vision	MetLife	www.metlife.com/vision	855-638-3931
Critical Illness	Aflac	www.aflac.com	800.433.3036
Cancer	American Fidelity	www.americanfidelity.com	800.654.8489
Accident	Metlife	www.metlife.com	800.438.6388
Permanent Life	Texas Life	www.texaslife.com	800.283.9233
Group life	Standard	www.standard.com	800.628.8600
Legal	Metlaw/ Hyatt	www.legalplans.com	800.821.6400
Medical Transport	MASA Medical Transport Solutions	www.masamts.com	800.643.9023
ID Protection	Ilock 360	www.ilock360.com	855.287.8888
Retirement	TCG	www.tcgservices.com/enroll	800.943.9179
Employee Assistance Program (EAP)	Standard	Healthadvocate.com/standard3	888-293-6948
Reference Center: https://www.benefitsolver.com Company Key (if don't remember your sign-in): springisd (case sensitive; no spaces)			

How to enroll in your benefits:

1.

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

Welcome

User Name

Password

Register

First time here?
Register to create your user name and password.

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

2.

If it's your first time to visit the site click REGISTER and proceed. Your company key is springisd (case sensitive; no spaces) After you have registered, you will go to USER NAME and PASSWORD. If your password is forgotten, click FORGOT YOUR PASSWORD, and proceed with prompts.

3.

Start Here
2018 Open Enrollment

43 days remaining

Enroll for benefits, change your beneficiary, and access important benefit information with a click of this button.

You may also add or change your beneficiary information at any time by clicking the button above.

Enroll as Easy as 1-2-3

Nick, welcome to your one-stop for all your benefits-related needs!

Enrolling in your benefits is simple and valuable time spent.

1. Explore your options.
2. Select the benefits that fit your needs.
3. Confirm your choices.

Click START HERE to begin the enrollment process. If you would like more information you may go to the REFERENCE CENTER to get more details on the available plans. You can view provider directories for the dental and vision plans if you would like to see the available network providers as well as brochures on each of the benefits available. Just click the benefit tab you would like to view.

Reference Center

- Welcome
- Healthcare
- Dental
- Vision
- Disability
- Basic Life and ADD
- Supplemental Life and ADD
- Legal and Identity Theft
- FSA and DCA
- Wellness Program
- AFLAC Supplemental Benefits

4.

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

5.

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

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

I Want Coverage

Waive Coverage

Next

6.

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

Confirmation

When you click on I Agree, you are submitting your benefit choices for approval.

Please note that if you have elected to participate in the Health Savings Account you will receive a HSA Bank packet shortly after the beginning of the plan year. You must fill out and return the enclosed forms in order to open your account.

In submitting my benefit elections, I authorize my employer to deduct the required cost from my paycheck for the coverage I have selected. Further, by enrolling a dependent in any of the plans, I represent that such dependent is an eligible dependent under the terms and conditions described under each of those plans.

I understand that any changes made during this open enrollment period will become effective January 1st and be deducted from my paycheck in January. For any coverage requiring an insurance company's underwriting approval, that coverage will become effective on the first of the month following approval.

I declare that the information provided by me during this enrollment is true and complete to the best of my knowledge.

If you click on I Disagree, your elections will not be submitted and you risk losing coverage in 2017 for any benefit options that require you to enroll and pay for coverage.

Thank You!

Total Employee Cost: \$565.41

I Disagree

I Agree

7.

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