Spring ISD Benefits
2018-2019

Susann Overton
Benefits Manager (A - H)
281-891-6052

Candace Carter
Leaves and Benefits Specialist (I - P)
281-891-6054

Ciciley Lee
Leaves and Benefits Specialist (Q - Z)
281-891-6059

Rita Cordova
Workers’ Compensation Specialist
281-891-6074
Types of Leave

- Paid Time Off
- Workers Compensation
- FMLA
- Temporary Medical/Disability Leave
- Assault Leave
Workers’ Compensation

Available for an Employee injured while performing his/her assigned task.

• In order to benefit from Workers’ Compensation insurance, it is imperative that the Employee report any and all accidents at the time they occur.

• A first report of injury form must be filled out and submitted to their supervisor.

• Worker’s Compensation website: www.springisd.org

• If you have any questions please email: Workerscompensation@springisd.org
Additional Programs

- EAP
- Wellness
- S.A.F.E.
- CSLB
Catastrophic Sick Leave Bank

- Optional coverage, not required

- Must re-enroll annually

- Requires a donation of one local sick day per year

- Local day is non-returnable

- Members may apply, but are not automatically entitled, to the sick leave bank days when they have exhausted all accumulated sick and personal days.
- Must be on an approved leave prior to use of CSLB

- Family is employee, spouse, or child
www.springisd.org/benefits

• Contact Information

• FMLA, Disability, SAFE, and Catastrophic forms can be found on our website.

• For more information please visit the benefits page: Go to Springisd.org > the Human Resources Dept. > click on “Benefits” in the menu on the left.
Retirement Programs
Teacher Retirement System (TRS)

TRS membership begins on your first day of eligible employment. The amount a member contributes is established by Texas state law.

You will see two mandatory TRS deductions on your Check:

1. 7.7% goes to your account with TRS

2. .65% goes to TRS-Care to help pay for current retirees health insurance
Tax Deferred Accounts

Investment Options

• 457/403B Deferred Compensation
• 529 Education Fund
• Traditional & Roth IRA

Must register an account with TCG at:
www.region10rams.org

Contact Person:
TCG Services
Customer Services: 800-943-9179
Section 125 of the IRS code provides a Pre-Tax Benefit which allows you to have premiums for health, dental, vision, cancer, and medical/dependent care reimbursement deducted from your salary BEFORE Federal Income Tax is calculated.

**NOTE:** As a result, no changes can be made to any section 125 plan payroll deductions during the benefit plan year, unless there is a change in family status.
Under federal law, there are special enrollment rights that allow you to enroll yourself or your eligible dependents in an insurance. (Documentation will need to be provided)

Qualifying Events include:

-Marriage/Divorce – (Marriage Certificate/Divorce Decree)

-Death of a spouse – (Death Certificate)

-Loss or Gain of Spouses Employment – (Offer Letter or Letter of Employment Separation)

-Birth or Adoption - (Birth Certificate/Adoption Finalization)

-Involuntary loss of coverage – (Letter of Creditable Coverage)
Spring ISD HealthCare Plans

- The Spring ISD medical plan is part of TRS- ActiveCare
- Administered by Aetna/Caremark
<table>
<thead>
<tr>
<th>Deductible</th>
<th>ActiveCare 1-HD</th>
<th>ActiveCare Select/Kelsey Care</th>
<th>ActiveCare 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,750</td>
<td>$1,200</td>
<td>$1,000</td>
</tr>
<tr>
<td>Family</td>
<td>$5,500</td>
<td>$3,600</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Co-insurance</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$6,650</td>
<td>$7,350</td>
<td>$7,350</td>
</tr>
<tr>
<td>Family</td>
<td>$13,300</td>
<td>$14,700</td>
<td>$14,700</td>
</tr>
<tr>
<td><strong>Copay</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Phys. Specialist</td>
<td>20% after deductible</td>
<td>$30 copay for primary</td>
<td>$30 copay for primary</td>
</tr>
<tr>
<td></td>
<td>20% after deductible</td>
<td>$70 copay for specialist</td>
<td>$70 copay for specialist</td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital</td>
<td>20% after deductible</td>
<td>$150 copay per day, plus</td>
<td>$150 copay per day plus 20% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% after deductible (</td>
<td>($750 maximum copay per admission; $2,250 maximum copay per plan year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$750 maximum copay per admission)</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>20% after deductible</td>
<td>$250 copay plus 20% after deductible (copay waived if admitted)</td>
<td>$250 copay plus 20% after deductible (copay waived if admitted)</td>
</tr>
</tbody>
</table>
ActiveCare Critical Points to Remember

• Very important to enter dependent social security numbers

• **Enroll within 31 days of hire date**

  • Aetna Service Team 1-800-222-9205  [www.trsactivecareaetna.com](http://www.trsactivecareaetna.com) for questions specific to the health coverage for your family

  • Adult dependents (over age 26) with disabilities

  • ActiveCare 2 (Closed Plan)*
ALEX is an online tool you can use to learn more about TRS-ActiveCare plan options. **Need help deciding which plan is right for you, ALEX, your online benefits advisor can:**

- Help you understand and compare plans
- Explain health benefits terms - without all the jargon
- Show you how deductibles, coinsurance and out-of-pocket maximums work
Medical Discounts

**Pooling**
- Spouse Must also be a SISD employee
- One must enroll in either Family or Employee + Spouse Coverage
- Must complete application and submit to the benefits office for set up and rates

**Splitting Premiums**
- If spouse works for another district
  - District must also participate in TRS Active Care
- One must enroll in either Family or Employee + Spouse Coverage
- Must complete application and submit to the benefits office for set up and rates
Supplemental Benefits

First Financial Group of America
281-847-8422

Debra Banano-281-891-6093
debra.banano@ffga.com

Rosalyn Punch 281-272-7469
Rosalyn.Punch@ffga.com

John Brick 832-859-5865
John.Brick@ffga.com
Flexible Spending Accounts

**Medical Reimbursement (FSA):**
- You can set aside your pre-taxed dollars for out-of-pocket medical expenses
- The maximum contribution amount is $2650.00 annually
- This is a use it or lose it plan-roll over up to $500 at the end of the plan year
- Debit Card available with this plan

**Dependent Care Reimbursement:**
- You can set as your pre-taxed dollars for dependent care expenses
- The maximum contribution amount is $5000.00 annually
- This is a use it or lose it plan
- Money can only be used from this account once it has been deducted for the entire month.
- Parent have to be dependents of the employee (filed on taxes)
- Must use a licensed Adult Day Care facility to care for parents
Health Saving Account - HSA

Allows you to set aside money pre-tax for out of pocket medical expenses if you participate in a high deductible medical plan.

• Your balance will roll over from year to year. There is no “Use it or Lose it” clause with this plan.

• The account will earn interest

• Distributions are not taxed when funds are used for qualified health expenses.

• You can use the funds to help pay for medical expenses on yourself, spouse or dependent children

• Must enroll in High Deductible plan to enroll in HSA

• Debit Cards are available for the HSA account
  ➢ Funds are loaded once a month after deductions are made
  ➢ HSA account is portable

**2017 Maximum Contribution Allowed**

$3,450 Individual

$6,900 – Family
Cigna DHMO

- No deductible
- No annual maximums
- No claim forms
  - Less out of pocket expenses
  - Employee must choose dentist from a DHMO provider network and pay set charge for procedures as outlined in the plan overview
Cigna (PPO)

- Annual Maximum of $1000 (preventative service also count towards maximum)
- 100% for preventive (Oral exams, X-rays, Cleanings, etc.) Not subject to deductible
- 80% Basic Restorative Care (Filings, Root Canals, gum treatment, etc.)
- 50% Major (Crowns, Bridgework, Dentures, Implants, etc.)
- Annual Deductible of $50/person, $150 per family (for 3 or more)
- Freedom to visit your choice of dentist as long as it is within Cigna network
- Orthodontia available for children up to age 26
## Care Plan

<table>
<thead>
<tr>
<th>Care Plan</th>
<th>In Network</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Co-pay</td>
<td>$10 - copay</td>
<td>12 mos.</td>
</tr>
<tr>
<td>Materials Co-pay</td>
<td>$15 - copay</td>
<td></td>
</tr>
<tr>
<td>Frame Allowance</td>
<td>$150</td>
<td>12 mos.</td>
</tr>
<tr>
<td>Contacts</td>
<td>$130</td>
<td>12 mos.</td>
</tr>
</tbody>
</table>

- Lasik discounts (15% – 50% from participating providers)
- Can only get one allowance per year (either glasses or contacts)
Spring ISD provides each eligible employee AD&D and life insurance equal to 1.5 times their annual salary at no cost to the employee.

You must select a beneficiary.
• Eligible Employees have the option to purchase Additional Life insurance up to 5 times his/her annual salary, not to exceed $500,000.
• The cost is dependent on your age (age-banded).
• Guaranteed Issue: $300,000 for new employees within 31 days of hire.

**Not structured as an individual coverage for when you leave the district**
You can elect up to $100,000 in spouse coverage (not to exceed half of the amount of Employee’s coverage). Rate for spouse is dependent on employee’s age.

- Dependent child coverage is $10,000 for each child

-Guaranteed Issue: $25,000 for spouse coverage and $10,000 for children

**No double coverage is allowed. So if your spouse works for the district, you cannot take spouse coverage on him/her. Also, only one employee can cover the children at $10,000 total.
Permanent Life Insurance- TX Life

- Coverage available for you, your spouse and dependent children
- You can elect up to $300,000 in coverage
- Guaranteed Death Benefit to age 121
- Benefit amount and rates are guaranteed issue for new hires
- Coverage is portable
Disability Plan - AFA

• Insurance designed to offer income protection when you are disabled (under a physician’s care and cannot work)

• All active full-time employees working at least 20 hours per week are eligible to participate

• You can elect to receive up to 50% or 66 2/3% of your annual salary up to the maximum of $7,500 monthly benefit

• Premium is based on: Monthly Salary, Elimination Period and Benefit Pay-out

• Pre-existing will apply for anything treated or taking medication 3 months prior to effective date. Will not be covered for the first 12 months.
Gap Insurance - AFA

- In-Hospital benefit paid up to maximum amount elected if admitted to a hospital for at least 18 continuous hours.
- Out Patient benefit paid up to $200.00 if treated in an outpatient facility.
- Benefits are paid directly to you
- 2 plan options available
- Plan covers hospitalization admissions, hospital confinement, surgery
- Doctor bill benefit ($25) per visit up to 5 visits ($125.00) per family
- Non-HSA compliant
Group Critical Illness Advantage - AFLAC

- Heart attack, stroke, kidney failure, cancer, bone marrow transplant, severe burns, paralysis, coma, loss of speech/sight/hearing, sudden cardiac arrest, non-invasive cancer
- Benefits are paid directly to you
- Coverage available for employee, spouse and dependent children
- Lump sum benefit of $5,000 - $50,000
- Wellness benefit $100
- Guaranteed issue, no pre-existing conditions apply
  - Except Cancer. Must be 12 months cancer free
- Coverage is portable
- Rates are age-banded and are based on tobacco use
Plan is designed to help cover out-of-pocket costs that insurance doesn’t cover
- Transportation
- Meals for family members
- Help with child care
- Time away from work

Hospital Confinement, Admission, Intensive Care, and Intermediate Intensive Care Step-Down Unit Benefit

Benefits are paid directly to you

Rates start at $10.30/month for Employee only (See insert for rates)
Accident Insurance - Met Life

- Guaranteed Issue for new hires
- Benefits are paid directly to you
- Benefits offered: ER treatment/observation, fracture, dislocation, eye injury, emergency dental work, burns, lacerations, concussion, coma, paralysis, accidental death and dismemberment
- Individual and Family coverage available
- Must select between a Low and High Plan
- Rates start at $3.35/month for Employee only
  (See insert for rates)
Cancer Insurance - Allstate

- **Guaranteed issue as a new hire**
- Supplemental plan-benefits are paid directly to you
- There are three plans to choose from (Low, Medium, High)
- Benefits offered: radiation/chem., hospital confinement, initial diagnosis, ICU, etc.
- Wellness screening ($100)
- Can keep policy when you leave district
- Individual and Family coverage available
- Rates start at $10.17/check for employee only coverage
Pre-Paid Legal - Hyatt Legal

• Hyatt Legal gives you the ability to talk to an attorney on any matter without worrying about high hourly costs.

• For a flat fee you can access legal advice no matter how traumatic or trivial the issue.

• Legal advice, letters/calls made on your behalf, contracts and document review, prepare wills, traffic related issues and IRS Audit Assistance.

• Prices start at $8.25 per paycheck for family coverage
ID Theft Protection  -iLock 360

Protect yourself and your family from the fastest growing crime in the U.S. “Identity Theft”. This plan saves you time and money by relying on a service to handle the details involved when you and/or your dependents have their identity stolen.

- Offered to Spring ISD employees for free
- Must enroll in the Basic (free) plan to begin coverage
- Option to enroll in the Plus and Premium packages for employee and family
Telemedicine - Well Via

• Connect to a U.S Board Certified and State licensed doctor within minutes by telephone who can diagnose and treat your symptoms with a prescription, if medically necessary.

• Access to doctors 24 hours a day by phone or online portal

• Membership provides you and 6 dependents, such as your spouse and children (up to 26 years), access to WellVia doctors

• Dependents don’t have to be on your medical insurance

• No co-pays or consultation fees

• Flat fee of $10 per month per Family
When do Benefits begin?

Benefits coverage begins on the first day of the month following the first day of employment.

• Medical insurance can start on your first day of employment. Must notify Benefits office in writing.

• If you choose for your benefits to begin on your first day of employment, you will be billed for the entire month.

• Verify your start date to ensure you do not miss your enrollment.

*Enroll within 31 days of hire date*
Depending on your hire date, effective date, enrollment date and reporting period, your first benefit deduction could be **DOUBLED**.

Example:

Hire Date: 8-10-2017    Effective Date: 9-01-2017  
Enrollment Date:  9-01-2017    (August 23rd cut off date for September 10th Pay Date)

Your full month premium for September will be deducted on your 9-25-2017 paycheck based on the payroll reporting period (see the 2017-2018 Pay Schedule on the staff intranet for all reporting dates)

*Enroll within 31 days of hire date*
How Do I Enroll for Benefits?

https://www.benefitsolver.com

First time users must register before making changes to benefits.

This link can also be found on www.springisd.org>employment>benefits

*Enroll within 31 of days of hire date*
Benefits Solver

https://www.benefitsolver.com
After reading the Welcome Statement please Click Start Enrollment.
If your Address or other information is incorrect, that you are unable to edit, in the benefit website, you will need to contact Spring ISD Benefits Office directly at benefits@springisd.org.
Personal Information continued...

Once your Personal Information is filled out Click Next to Add Dependents.
Add a New Dependent

Please Note due to Federal Regulations under the Affordable Care Act, any spouse/dependent that you enroll in the medical coverage must have their legal name (as appears on their social security card) and social security number in the system for reporting and claim purposes. ALL EMPLOYEES must Elect or Decline Medical coverage for themselves and their dependents.
Benefits Elections
If at any time you feel you need additional plan information you can click on the Reference Center in the top right corner of the screen.
Benefits Elections Continued

Humana Vision

Vision insurance is a way to help cover expenses incurred for eye care services from optometrists and ophthalmologists. Humana is your vision provider. You can choose from independent doctors and retail providers to find the one that best fits your needs and schedule. The copay for exams when choosing an in-network provider is $10, and the copay for contact lenses is $9.30.

For additional information on your Humana Vision plan visit the reference center. Please make your vision selection below:

- [ ] I Want Coverage
- [x] Waive Coverage

Select your plan

<table>
<thead>
<tr>
<th>Selected Plan</th>
<th>Humana Vision Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Pricing</td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$3.64</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$7.35</td>
</tr>
<tr>
<td>Employee and Children</td>
<td>$9.17</td>
</tr>
<tr>
<td>Family</td>
<td>$11.30</td>
</tr>
</tbody>
</table>

Choose who you would like to cover in this plan

- [ ] Covered?

- [ ] Yes
- [ ] No

- [ ] Yes
- [ ] No

- [ ] Yes
- [ ] No

Plan: Humana Vision Plan

Previous

Next
Eligibility Questions or Information
At the bottom of the election screen you will find the **Total Premium Amount** for your Elected Benefit.
Beneficiary Information

If you wish to have a **Beneficiary** that is **NOT** listed in your dependents Click **Add Beneficiary**, please make sure to fill out all Required Information. The option to split the amount is available, but it MUST add up to 100% of the total benefit amount. Once your Beneficiaries are designated Click **Next** at the bottom of the screen.
## Review and Approve

<table>
<thead>
<tr>
<th>MyHealth</th>
<th>Coverage</th>
<th>Employee Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Any ActiveCare Select</em></td>
<td>Family</td>
<td>$699.50</td>
</tr>
<tr>
<td><em>After Group Hospital Indemnity</em></td>
<td>Family</td>
<td>$5.50</td>
</tr>
<tr>
<td><em>After Group Critical Illness Insurance</em></td>
<td>Employee and Children</td>
<td>$3.17</td>
</tr>
<tr>
<td><em>After Group Critical Illness Insurance</em></td>
<td></td>
<td>$1.31</td>
</tr>
<tr>
<td><em>MySavings</em></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td><em>Flexible Spending Account</em></td>
<td></td>
<td>$3.00</td>
</tr>
<tr>
<td><em>Flexible Dental Plan</em></td>
<td></td>
<td>$3.00</td>
</tr>
<tr>
<td><em>MySecurity</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Medicare Part B</em></td>
<td>1 Life Only</td>
<td>$5.50</td>
</tr>
<tr>
<td><em>Arbax Group Dental Plan</em></td>
<td></td>
<td>$2.00</td>
</tr>
<tr>
<td><em>Arbax Group Disability Plan</em></td>
<td></td>
<td>$0.50</td>
</tr>
<tr>
<td><em>Arbax Group Accident Plan</em></td>
<td></td>
<td>$0.50</td>
</tr>
<tr>
<td><em>Metcalf Group Term Life</em></td>
<td></td>
<td>$0.50</td>
</tr>
</tbody>
</table>

Total Employee Cost: $1602.38
After Clicking I Agree you will receive a **Confirmation Number**. Please keep this number for your reference. If you like you can Click on Your Name in the top right corner to return to your Profile, see your Benefits Summary, or make an update to your Benefits.

Reminder: You have 31 days from your date of hire to elect or make changes to your benefits.
My Choice Mobile App

• Access your benefits anytime with the convenience of the mobile app.

• Locate your access code in Benefit Solver

• Download the app using your iPhone or Android phone

• Search “My Choice App”

• Use your code to sign up for the free service

• Complete your open enrollment easily from your phone!
Need More Information?

- Spring ISD Website Benefits overview
- Enrollment assistance is available
- Email benefits@springisd.org if you have questions or concerns, regarding your benefits.
- HR Office main number: 281-891-6040 for additional information.
Human Resources Administrators

CONTACT INFORMATION
(281) 891-6040 • personnel@springisd.org

Deeone McKeithan
Chief Human Resources Officer

Dr. Tameka Williams-Bruce
Officer-Human Capital & Accountability

Pamela David
Director, Compensation and Benefits

Michael Walker
Director, Talent Acquisition/Retention

Vermeille Jones
Employee Relations Manager
Thank You

Please remember that enrollment must be completed within 31 days of your hire date.

Have a GREAT school year!