

2020-2021

# LOCKHART ISD

## *Employee Benefits*



#LISDCHAMPIONS

#LOCKHARTLEADING

#LIONPROUD

### QUESTIONS?

Professional Enrollment Concepts (PEC) can help!

**PEC Benefits Service Center: 1-866-337-3572**

Monday - Friday: 8:00 am - 7:00 pm (CST)

Saturday: 9:00 am - 3:00 pm (CST)



Lockhart ISD will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment. Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

Each year, we strive to offer comprehensive benefit plans to our employees. In the following pages, you will find a summary of our benefit plans for the **2020-2021 plan year (9/1/2020 - 8/31/2021)**. Please read this Benefits Guidebook carefully as you prepare to make your elections for the upcoming plan year.

## **About this Benefits Guidebook**

This Benefits Guidebook describes the highlights of Lockhart ISD's benefits program in non-technical language. Included in this Benefits Guidebook is important information about each of the benefit plans offered to you and your family. It includes the benefits paid by Lockhart ISD as well as voluntary products which you can customize to meet your individual needs.

Please remember that these general descriptions are not intended to provide all the details of requirements of these benefits. The official Plan Documents will prevail if any inconsistencies are found between the Benefit Guidebook and the official Plan Documents. You should be aware that any and all elements of Lockhart ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Lockhart ISD.

## **How to Enroll**

**This year you have the option of enrolling or waiving your benefits by contact one of our Benefits Counselors at the Benefits Service Center. They will be able to provide additional information regarding your benefits and help you complete your enrollment process.**

***Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.***

### **Benefits Service Center: (866) 337-3572**

Monday - Friday: 8:00 am - 7:00 pm (CST)

Saturday: 9:00 am - 3:00 pm (CST)

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## Eligibility

### Employee Eligibility

**Group health insurance coverage is available to all employees working 10 or more hours per week. All other benefits are 20 plus hours per week. The insurance plan year is from September 1<sup>st</sup> through August 31<sup>st</sup> of each year.**

### Effective Dates of Coverage

In order for an employee's coverage to take effect, the employee must call in to the Benefits Service Center to elect coverage for the employee and any eligible dependents within 31 days of date of hire. Employees are eligible for medical insurance on date of hire and all other voluntary benefits become effective on the 1<sup>st</sup> day of the month following your date of hire.

### Eligible Dependents

If you apply for coverage, you may include your dependents. All employees must ensure that only family members who meet the following requirements are enrolled in the Lockhart ISD insurance and health care benefit programs.

Eligible dependents include one or more of the following:

- Your legal spouse
- A child under the limiting age of 26
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance.

Child means:

- Your natural child; or
- Your legally adopted child, including a child for whom the participant is a party in a suit in which the adoption of the child is sought; or
- Your stepchild; or
- A child of your child who is your dependent for federal income tax purposes at the time application of coverage of the child of your child is made; or
- A child for who a Participant has received a court order requiring that Participant to have financial responsibility for providing health insurance; or
- A child not listed above:
  - Whose primary residence is your household; and
  - To who you are legal guardian or related by blood or marriage; and
  - Who is dependent upon you for more than one-half of his support as defined by the Internal Revenue Code of the United States.



## Eligibility

### Status Changes

#### Important Information Regarding Status Changes

- Employees pay for most benefits on a pre-tax basis. As a result, the Internal Revenue Service will not allow an employee to change his/her elections during the year unless the employee experiences a **qualifying event**.

##### Qualifying events include:

- Marriage, divorce or legal separation
  - Birth or adoption of a child
  - Gain or loss of coverage through employee's spouse's employer
  - Gain or loss of spouse's job
  - Employee's child gaining or losing eligibility status; and/or
  - Death of a dependent, spouse, or child
- An employee must change his/her coverage within 31 calendar days from the date of the qualifying event.
  - An employee must ensure the change in coverage is consistent with the status change. For example, if the employee gets married, he/she has 31 calendar days to enroll the new spouse or drop coverage if the employee will be added to the spouse's plan.





## MEDICAL SERVICES

# 2020-21 TRS-ActiveCare Plan Highlights Sept. 1, 2020 – Aug. 31, 2021

All TRS-ActiveCare participants have **three plan options**. Each is designed with the unique needs of our members in mind.

	<b>NEW:</b> TRS-ActiveCare Primary	TRS-ActiveCare HD	<b>NEW:</b> TRS-ActiveCare Primary+
Plan summary	<ul style="list-style-type: none"> <li>• Lower premium</li> <li>• Copays for doctor visits before you meet deductible</li> <li>• Statewide network</li> <li>• PCP referrals required to see specialists</li> <li>• Not compatible with health savings account (HSA)</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Similar to current 1-HD</li> <li>• Lower premium</li> <li>• Compatible with health savings account (HSA)</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for PCPs or referrals</li> <li>• Must meet deductible before plan pays for non-preventive care</li> </ul>	<ul style="list-style-type: none"> <li>• Simpler version of the current Select plan</li> <li>• Lower deductible than HD and primary plans</li> <li>• Copays for many services and drugs</li> <li>• Higher premium</li> <li>• Statewide network</li> <li>• PCP referrals required to see specialists</li> <li>• Not compatible with a health savings account (HSA)</li> <li>• No out-of-network coverage</li> </ul>
If you make no changes during Annual Enrollment, you'll have the following plan...	Only employees that choose this new plan during Annual Enrollment will be enrolled in it.	If you're currently in TRS-ActiveCare 1-HD and you make no change during Annual Enrollment, this will be your plan next year.	If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year.

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,800/\$5,600	\$5,500/\$11,000	\$1,200/\$3,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$20,250/\$40,500	\$6,900/\$13,800
Network	Statewide Network	Nationwide Network		Statewide Network
Primary Care Provider (PCP) Required	Yes	No		Yes

Doctor Visits				
Primary Care	\$30 copay	You pay 20% after deductible	You pay 40% after deductible	\$30 copay
Specialist	\$70 copay	You pay 20% after deductible	You pay 40% after deductible	\$70 copay
TRS Virtual Health	\$0 per consultation	\$30 per consultation		\$0 per consultation

Immediate Care				
Urgent Care	\$50 copay	You pay 20% after deductible	You pay 40% after deductible	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 20% after deductible		You pay 20% after deductible
TRS Virtual Health	\$0 per consultation	\$30 per consultation		\$0 per consultation

Prescription Drugs				
Drug Deductible	Integrated with medical	Integrated with medical		\$200 brand deductible
Generics (30-Day Supply / 90-Day Supply)	\$15/\$45 copay	\$0 for certain generic drugs		\$15/\$45 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible		You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible		You pay 50% after deductible
Specialty	You pay 30% after deductible	You pay 20% after deductible		You pay 20% after deductible



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

## TRS-ActiveCare 2

- Closed to new enrollees
- Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year.

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

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

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

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
You pay 20% after deductible (\$200 min/\$900 max)/ No 90-Day Supply of Specialty Medications

## Learn the Terms

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

## What's New

- Primary plan with a **lower premium and copays**
- Primary+ (formerly Select) **decreased premiums** by up to 8%
- **Broader networks** of health care providers
- **Lower premiums** for families with children

## Did You Know

- Our provider search tool will be available in June.
- Choosing a PCP helps you meet your health goals faster.
- Generic medications save money! Ask your provider if your medicine has a generic.

## Leverage Your \$0 Preventive Care\*

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 40+)
- Annual OB/GYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care (unlimited up to age 12)
- Healthy diet/obesity counseling (unlimited to age 22; ages 22+ get twenty-six visits per year)
- Smoking cessation counseling (8 visits per year)
- Breastfeeding support (six per year)
- Colonoscopy (ages 50+ once every ten years)

\*Available for all plans. See benefits guides for more details.

## Compare Pricing for Common Medical Services

### REMEMBER:

You can use the cost estimator tool on [www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare) starting Sept. 1 to shop for the best prices through different providers.


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

\*Pre-certification for genetic and specialty testing may apply. Contact your Personal Health Guide at 1-866-355-5999 with questions.

[trs.texas.gov](http://trs.texas.gov)

Revised 06/05/20





2020-21

# Plan Highlights



## About Texas School Health Benefits Program (TSHBP)

The Texas Schools Health Benefits Program is a regionally rated, fully-funded, guaranteed cost program developed for Texas school districts. Our purpose is to support the school children of Texas. We do this by providing health benefit solutions to our dedicated teachers, administrators, and support staff so they can concentrate on what they do best – teaching and supporting our kids. It is our desire to increase member health and well-being and provide tools necessary to identify and manage the health of each and every member.

The TSHBP is proud to offer a variety of plans and benefits to meet school district needs. Plans for 2020-21 include our High Deductible Health Plan (HDHP) and our CoPay Plan (CPP). Both plans are designed so members can easily navigate through their health medical needs.

TSHBP plans are available for school district employees who are employed by participating districts and are active, contributing TRS members.

## Both TSHBP Plans Include

- A **large National network** to provide physician and ancillary services access to all members
- No primary care provider required or referral to a specialist. A member can **use any provider** in the network
- A **Care Coordinator service (personal concierge)** to support members with all their medical needs and specifically assist them with all facility care
- Specialty drugs over \$670 (30 day supply) are not covered, but the plan offers **Patient Assistance and Co-Pay assistance**
- A **patient advocate** to help members with any balance bill and to pay the bill on the members behalf if necessary
- **Preventative Services** are paid at 100% and all copays and deductibles are waived

## TSHBP High Deductible Highlights

- Significantly lower premium rates compared to the TRS-ActiveCare HD plan
- Lower out-of-pocket maximums since a member-only has to meet their deductible (no coinsurance)
  - TSHBP HD - \$3,000
  - TRSAC HD - \$6,900
- Telehealth at a \$30 Copay
- All eligible prescriptions are paid at 100% after the deductible

## TSHBP Co-Pay Highlights

- A unique plan that members pay only copayments for service. All copayments apply to the deductible
- Lower out-of-pocket maximums since a member-only have to meet their deductible (no coinsurance)
  - TSHBP CoPay - \$3,500
  - TRSAC Primary - \$8,150
- Telehealth at \$0 Copay
- \$0 copay for generic drugs at CVS, HEB, Wal-Mart, and Costco (\$10 copay at other network pharmacies)



## HOW DOES TSHBP COMPARE TO TRS?

Our unique embedded deductible health plans offer members lower out-of-pocket maximums, bringing substantial savings without sacrificing care or quality.

## WHAT ARE CARE COORDINATORS?

The Care Coordinators act as a personal concierge for all TSHBP plans and members, and their job is to support the member as their healthcare advocate. [Watch the below video to learn more.](#)



SCAN ME

<https://tshbp.info/CCVideo>



## Plan Summary

Plan Features		TX Schools Health Benefits HD	TX Schools Health Benefits CoPay
Type of Coverage		In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible		\$3,000/\$9,000	\$3,500/\$10,500
Coinsurance		None - Plan Pays 100% after deductible	None - Plan Pays 100% after deductible
Individual/Family Maximum Out-of-Pocket		\$3,000/\$9,000	\$3,500/\$10,500
Network		National Network	National Network
Required - Primary Care Provider (PCP)		No	No
Required - PCP Referral to Specialist		No	No
Doctor Visits			
Preventive Care		Yes - \$0 copay	Yes - \$0 copay
Primary Care		Deductible, the Plan pays 100%	\$35 copay
Specialist		Deductible, the Plan pays 100%	\$35 copay
Virtual Health		\$30 per consultation	\$0 per consultation
Care Facilities			
Urgent Care		Deductible, the Plan pays 100%	\$50 copay
Emergency Care		Deductible, the Plan pays 100%	\$500 copay
Outpatient Surgery		Deductible, the Plan pays 100%	\$500 copay
Hospital Services		Deductible, the Plan pays 100%	\$500 copay
Prescription Drug Benefits			
Drug Deductible		Integrated with medical	No deductible
Days Supply		30-Day Supply	30-Day Supply
Generics		Deductible, the Plan pays 100%	\$0 at selected pharmacies; others \$10/\$20 copay
Preferred Brand		Deductible, the Plan pays 100%	\$35 or 50% copay to \$100
Non-preferred Brand		Deductible, the Plan pays 100%	\$70 or 50% copay to \$200
Specialty		Not Covered (90-Day Funding, then Patient and Copay Assistance)	Not Covered (90-Day Funding, then Patient and Copay Assistance)

## Have Questions?

Call us at (888) 346-8090 or visit your benefits website for more information.





## Medical - Rate Deductions

### BCBSTX-TRS / Alternate Plan TSHBP Health

The medical program provides the framework for your good health and well-being. Nobody plans to get sick or hurt but situations do happen. It's comforting to know you have help to manage the necessary costs that present themselves both on and off the job.

ActiveCare HD Option		
Coverage Tier	Employer Contribution	Employee Monthly Contribution
Employee Only	\$352.00	\$45.00
Employee + Spouse	\$352.00	\$768.00
Employee + Child(ren)	\$352.00	\$363.00
Family	\$352.00	\$986.00

ActiveCare Primary Option		
Coverage Tier	Employer Contribution	Employee Monthly Contribution
Employee Only	\$386.00	\$0.00
Employee + Spouse	\$386.00	\$703.00
Employee + Child(ren)	\$386.00	\$309.00
Family	\$386.00	\$915.00

ActiveCare Primary + Option		
Coverage Tier	Employer Contribution	Employee Monthly Contribution
Employee Only	\$396.00	\$118.00
Employee + Spouse	\$396.00	\$868.00
Employee + Child(ren)	\$396.00	\$438.00
Family	\$396.00	\$1,192.00

ActiveCare 2 Option		
Coverage Tier	Employer Contribution	Employee Monthly Contribution
Employee Only	\$396.00	\$541.00
Employee + Spouse	\$396.00	\$1,826.00
Employee + Child(ren)	\$396.00	\$997.00
Family	\$396.00	\$2,231.00

TSHBP HD Plan Option		
Coverage Tier	Employer Contribution	Employee Monthly Contribution
Employee Only	\$352.00	\$0.00
Employee + Spouse	\$352.00	\$637.00
Employee + Child(ren)	\$352.00	\$326.00
Family	\$352.00	\$950.00

TSHBP Copay Plan Option		
Coverage Tier	Employer Contribution	Employee Monthly Contribution
Employee Only	\$396.00	\$0.00
Employee + Spouse	\$396.00	\$719.00
Employee + Child(ren)	\$396.00	\$369.00
Family	\$396.00	\$1,099.00



## What if you could save 30% on your healthcare expenses?

### Health FSA

No matter what health plan option you choose, chances are you and your family will incur out-of-pocket costs this plan year – in the form of deductibles, copays, coinsurance, etc. Health FSA dollars can be used to pay for these expenses for you, your spouse and children (up to the age of 27). You can choose to contribute up to the maximum of \$2,750 per plan year and it is all tax-sheltered dollars. The best part is – **up to \$500 rolls over to the new plan year if you don't use it. You must enroll in the FSA to take advantage of this rollover benefit.** And because the Health FSA is pre-funded, your entire annual election is available for use on the first day of the plan year.

### Helpful Tips:

- » **Know your coverage.** Every health plan will have out-of-pocket costs in the form of deductibles, copays, and coinsurance.
- » **Consider your budget and financial goals.** Ensure your contributions fit into your overall personal finances. Ask yourself how many office visits, prescriptions, specialists, labs, and other procedures you or your family is likely to need.
- » **Factor in major purchases.** Look up average costs for any major planned treatments or procedures.
- » **Look back at prior years.** Your prior year spending may give you a hint as to how much you are likely to spend this year.

### It's time to make those decisions again:

- » Regardless of which health insurance plan you choose, you are likely to incur out-of-pocket costs. An FSA allows you to stretch your healthcare dollars an average of 30% by using pre-tax funds.
- » Put the 'right' amount of money into your account. Consider your financial goals, your likely spending needs, and your budget constraints.

### Dependent Care FSA

The most you can set aside is \$5,000 if single or married and filing jointly or \$2,500 if married and filing separately. The person whose expenses you are claiming must be

- your qualifying child under the age of 13, who shares the same residence with you; or
- your spouse or qualifying child or qualifying relative who is physically or mentally unable to care for him/herself who shares the same residence with you and has income less than the Federal exemption amount.

**You must make a new election each year!**

**You cannot rollover any \$\$ from one plan year to the next if you want to contribute to an H.S.A. anytime in that plan year.**



## What is a HSA?

A Health Savings Account (HSA) is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA you must be enrolled in a qualified high-deductible health plan (HDHP) and your contributions are limited annually.

## How it Works

- For 2020, Participants can contribute up to \$3,550 for self only HDHP coverage or \$7,100 for family HDHP coverage.
- The employer deducts the per pay-period amount elected by the participant on a tax free basis. The participant can also contribute post-tax contributions (up to the maximum allowed) and recognize the same tax savings by claiming the deduction when filing your annual taxes.
- Eligible healthcare purchases can be made tax-free when you use your HSA. Purchases can be made directly from your HSA account, either by using your Benefits MasterCard, online bill-pay, or check – or, you can pay out-of-pocket and then reimburse yourself from your HSA.
- The interest on HSA funds grows on a tax-free basis. And, unlike most savings accounts, interest earned on an HSA is not considered taxable income when the funds are used for eligible medical expenses.

## Why Participate?

HSAs save you money! The contributions you make to an HSA are deducted from your pay check on a pre-tax basis. The end results of your HSA contributions is a lower taxable income, and a tax advantaged vehicle to pay for out-of-pocket healthcare expenses and prepare for your healthcare costs in retirement. While your funds can be used to pay for immediate healthcare expenses tax-free, you can also save the money for healthcare expenses later in life. You can continue to contribute year after year and withdrawals (provided you are enrolled in an HDHP) can be made at any point in time. Whether you withdraw the money tomorrow, five years from now, or in retirement, funds used for qualified healthcare expenses are always tax-free.

HSAs help you:

- » Reduce taxable income – Contributions lower your reported annual income, resulting in lower taxable wages.
- » Save on healthcare expenses – Using pre-tax funds to pay out of pocket expenses can save you hundreds!
- » Offset rising healthcare costs and individual financial responsibility.
- » Prepare for healthcare costs in retirement.

Contribution	Potential Tax Savings*	Balance
\$50 (a month for 25 yrs)	\$4,418	\$22,532
\$200 (a month for 25 yrs)	\$16,590	\$90,127
\$6,900 (a year for 25 yrs family maximum)	\$47,696	\$259,116

*\*For illustrative purposes only. Savings calculations are based on a federal tax rate of 15%, state tax rate of 5%, and 7.65% FICA. Balance calculations assume an average interest rate of 3%. Actual results may vary.*

# HSA Continued

## What's Covered?

You can use the money tax-free to pay for eligible expenses such as:

- Copays & Deductibles
- Prescriptions
- Dental Care
- Contacts & Eyeglasses
- Hearing aids
- Laser Eye Surgery
- Orthodontia
- Chiropractic Care

Since it is a savings account, you are encouraged to save more than you spend. Unlike FSA funds which are use-it-or-lose-it, your HSA balance rolls over from year-to-year earning interest along the way. The account is portable, meaning if you ever leave your employer, you can take the HSA with you because it's your money and your account.

Note: withdrawals for non-qualified out-of-pocket expenses are possible, but not advisable. If the withdrawal occurs before retirement age the withdrawn amount is taxed as income PLUS a 20% penalty is applied by the IRS. If the non-qualified withdrawal occurs after retirement age the withdrawn amount is only taxed as income, a penalty will not apply.

## Who's Covered?

An HSA covers qualified out-of-pocket expenses for you, your spouse, your tax dependents, even if they are not covered under an HDHP.

Any adult can contribute to an HSA if they are: covered under a High Deductible Health Plan (HDHP), are not enrolled in Medicare, are not claimed as a dependent on someone else's tax return and are not covered by any other plan that is not an HDHP.

Examples of impermissible coverage:

- Health FSA – either the account holder or the account holder's spouse
- Copay plan (non-HDHP) coverage
- Medicaid
- Medicare (Part A, B or D)
- Tricare
- VA medical benefits (received in the past three months)

## Keep Your Receipts

Your distributions will be reported on a 1099-SA tax form, typically mailed and posted to Proficient Connect (the participant portal) late January from Avidia Bank. Distributions from an HSA used to pay qualified medical expenses aren't taxable. We recommend that you follow the IRS guidance on recordkeeping for your HSA transactions. You must keep records sufficient to show that:

- The distributions were exclusively to pay or reimburse qualified medical expenses,
- The qualified medical expenses hadn't been previously paid or reimbursed from another source, and
- The medical expenses hadn't been taken as an itemized deduction in any year.

Do not send these records with your tax return. Keep them with your tax records.

# HSA Continued

## Managing My Account

We believe managing your HSA should be easy and convenient. Proficient Benefit Solutions offers a variety of ways to manage your account, access your funds, and receive communications.

**Benefits MasterCard:** Avoid out-of-pocket expenses with the Benefits MasterCard.

**Proficient Connect:** Participants enjoy secure access to their accounts through the Proficient Connect online portal and mobile App. View account balances, reimburse through bill-pay, manage beneficiaries, view messages, and more and from any device!

**Direct Deposit Reimbursement:** Participants can take the hassle out of check deposit by electing to receive reimbursements by Direct Deposit. Enroll for Direct Deposit through Proficient Connect.

**Communication Options:** Participants can elect to receive account balances and important plan reminders through email, text, or both! Manage your preference through Proficient Connect

## Important:

If you currently have a Health FSA and will be qualified for and choose to open a HSA in the new plan year, you must do one of the following:

- Ensure that your current Health FSA has a \$0.00 balance as of the last day of the plan year or;
- Sign a "Rollover Waiver" form by the last day of the plan year

You cannot have a Health FSA and HSA at the same time. If a balance exists in your current Health FSA after the last day of the plan year, you are ineligible to open a HSA and will remain ineligible for the entirety of the next plan year.

HSA	2020	2021
Self-only contribution limit	\$3,550	\$3,600
Family contribution limit	\$7,100	\$7,200
Annual deductible not less than (self-only coverage)	\$1,400	\$1,400
Annual out-of-pocket expenses don't exceed (self-only coverage)	\$6,900	\$7,000
Annual deductible not less than (family coverage)	\$2,800	\$2,800
Annual out-of-pocket expenses don't exceed (family coverage)	\$13,800	\$14,000

## Manage your account on-the-go!

PROFICIENT™  
**connect**



## Register Today!

Visit [www.proficientbenefits.com](http://www.proficientbenefits.com)

Click on **Login**

Select **Proficient Connect**

Click on **Register**

- » **Step One-** Complete the registration form
  - Choose a username & password
  - Enter your demographic information
  - Use Employer ID: **SASLOCK** when prompted for Registration ID
  - Your Employee ID is your SSN without dashes or spaces
- » **Step Two-** Select 4 security questions
- » **Step Three-** Confirm email address
- » **Step Four-** Review and confirm registration information and security questions. *You may want to print your security questions for future reference.*

## Features



**A single digital experience** – optimal viewing experience across all browsers and devices, including touchscreens



**Personalized content** – resources and messages are tailored to your individual preferences and account settings



**Full account details at your fingertips** – intuitive online access to plan details, account balances, and transaction history (including prior years)



**Self-service convenience** – check balances, submit claims and receipt documentation, pay bills, manage investments, and more



**Comprehensive decision support tools** – educational and interactive tools to help you make critical spending and saving decisions throughout the plan year



**Communication when you need it** – manage your preferences, with access to more than 25 alerts to keep you connected to your account



**Value-add services and offers** – to help you get the most value from your healthcare dollars



# The Proficient Connect mobile app provides ultimate convenience and 24/7 access directly from your tablet or mobile device.

## Register Today!

Download and open the Proficient Connect app

Click on **Register**

- » **Step One**- Complete the registration form
  - Select a username
  - Create and confirm password
  - Use Employer ID: **SASLOCK** when prompted for Registration ID
  - Your Employee ID is your SSN without dashes or spaces
- » **Step Two**- Select 4 security questions
- » **Step Three**- Confirm email address
- » **Step Four**- Review and confirm registration information and security questions.

Note: If your device uses touch or face recognition access technology, you can choose to enable them to access Proficient Connect Mobile (Touch ID and Face ID for Apple devices, or Fingerprint Access for Android devices). These options can be changed and disabled at any time via the 'Settings' screen.



## Features



**Ask Emma** – the industry's first voice-activated intelligent assistant that provides answers to questions you may have about your benefit account



**Access accounts** – check balances, view transaction history, and more



**Manage claims** – submit new claims, upload receipts, and check claims status



**Eligibility Scanner** – check the eligibility of an item

**Access cards** – manage card details, access your PIN, and initiate card replacement for lost or stolen cards



**Receive alerts** – view important account messages



**Update your profile** – update personal information, including your email and mobile phone



## HEALTH AND WELL BEING

### Vision

#### Guardian - VSP

Your vision health is an important part of complete wellness. Guardian is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

**Dependent Age Limits:** To age 26 | **Waiting Periods:** None

Benefit	Vision Plan	
	In-Network	Out-of-Network (before copay)
<b>Exam</b> (once every calendar year)	\$10 copay	Up to \$39
<b>Lenses</b> (once every calendar year) Single Vision Bifocal Trifocal Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay	Up to \$23 Up to \$37 Up to \$49 Up to \$64
<b>Contact Lenses*</b> (once every calendar year) Medically Necessary Elective Fitting and Evaluation	Covered after copay Up to \$130 (copay waived) Member pays up to \$60, 15% discount on fee	Up to \$210 Up to \$100 (copay waived) Included in the Contact Lens Allowance
<b>Frames</b> (once every other calendar year)	Up to \$130 retail + 20% off balance	Up to \$46

Vision Plan Deductions	
Coverage Tier	Monthly
Employee Only	\$8.44
Employee + One	\$16.88
Family	\$23.76

\*Contact lenses are in lieu of eyeglasses and/or frames





## Dental

### Guardian

Guardian gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in the Guardian DentalGuard Preferred Network. The following is a brief summary of the major plan provisions.

**Dependent Age Limits:** To age 26 | **Waiting Periods:** None

Benefit	Value Plan (Plan may have higher out of pocket cost for out of network providers)	NAP Plan
	In-Network	In-Network
<b>Deductible</b> Period Family Limit Waived for	<b>\$50</b> Calendar Year 3 per family Preventive	<b>\$50</b> Calendar Year 3 per family Preventive
<b>Annual Maximum</b>	\$2,000 plus Maximum Rollover	\$2,000 plus Maximum Rollover
<b>Maximum Rollover</b> Threshold Rollover Amount Account Limit	\$800 \$400 \$1,500	\$800 \$400 \$1,500
<b>Claim Payment Basis</b>	Negotiated Fee Schedule	Negotiated Fee Schedule
<b>Coinsurance - Preventative Services</b> Oral Exams (once/6 months) Cleanings (once/6 months) X-Rays (full-mouth series once/60 months) Fluoride Treatment (to age 19, once/6 months) Space Maintainers/Harmful Habit Appliances	100%	100%
<b>Coinsurance - Basic Services</b> Fillings Period Maintenance Procedure (once/6 months) Periodontal Services (scaling and root planing) Periodontal Surgery Simple/Complex Extractions Endodontic Services (root canal) Repair & Maintenance of Crowns, Bridges & Dentures General Anesthesia Sealants (to age 16, once/36 months)	100%	80%
<b>Coinsurance - Major Services</b> Bridges & Dentures Single Crowns Inlays, Onlays & Veneers TMJ	60%	50%
<b>Coinsurance - Orthodontics</b> Available for Children & Adults	50% Lifetime Maximum: \$1,000	50% Lifetime Maximum: \$1,000
Dental Plan Deductions		
Coverage Tier	Monthly	
Employee Only	\$29.39	
Employee + Spouse	\$56.78	
Employee + Child(ren)	\$73.48	
Family	\$100.85	



## HEALTH AND WELL BEING

### Dental Maximum Rollover<sup>®</sup>

#### Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on [www.GuardianAnytime.com](http://www.GuardianAnytime.com).

*Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.*

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	Maximum Rollover Account Limit
\$2000	\$800	\$400	\$1500
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Plan Annual Maximum plus Maximum Rollover cannot exceed \$3,500 in total

\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

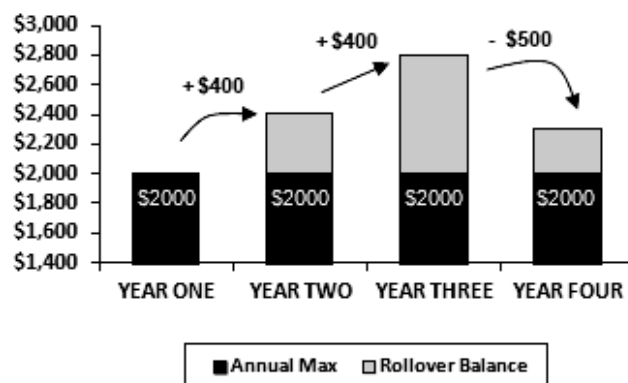
#### Here's how the benefits work:

**YEAR ONE:** Jane starts with a \$2000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$800 Threshold, she receives a \$400 rollover that will be applied to Year Two.

**YEAR TWO:** Jane now has an increased Plan Annual Maximum of \$2,400. This year, she submits \$50 in claims and receives an additional \$400 rollover added to her Plan Annual Maximum.

**YEAR THREE:** Jane now has an increased Plan Annual Maximum of \$2,800. This year, she submits \$2,500 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

**YEAR FOUR:** Jane's Plan Annual Maximum is \$2,300 (\$2,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

#### NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form #GP-1-DG2000, et al.





## Basic Term Life and AD&D

Guardian

Lockhart ISD provides Basic Life and Accidental Death & Dismemberment (AD&D) to all active employees working 20 or more hours per week. Employees receive \$10,000 of Basic Life and AD&D Benefits.

## Voluntary Term Life

Guardian

**Please speak to a licensed Benefits Counselor for personalized rates and more information regarding this benefit.**

Benefits Payable*			
	Employee Life Benefits	Spouse Life Benefits	Child Life Benefits
<b>Benefit Amount</b>	You may choose to purchase benefits in increments of \$10,000 up to a maximum of \$500,000	You may choose to purchase benefits in increments of \$5,000 up to a maximum of \$250,000  Spouse terminates at age 70	For eligible children 14 days to 26 years, you may choose to purchase a \$10,000 benefit  Eligible children under 14 days of age receive \$500
<b>Guarantee Issue</b>	up to \$200,000	up to \$50,000	up to \$10,000

\*Evidence of Insurability is required for all late enrollees and increases over Guarantee Issue.

## TravelAid Services Plan

Guardian

TravelAid provides an emergency response network around-the-clock and around-the-world (domestic and international) to ensure that business travelers are not left on their own when they need help the most, whether for a medical emergency or to replace travel documents. The following services; Travel planning, Specialized Security Resources, Medical Transportation Services, Worldwide Physician and Hospital Referrals, and Emergency Response are **provided at no extra cost to employee**. Call your Guardian Group Benefits Expert today for more information or visit [www.guardianlife.com](http://www.guardianlife.com).



## HEALTH AND WELL BEING



## Discover Your EAP + Work-Life Benefit

### Employee Assistance Program

The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you, your dependents, and household members by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues in order to live happier, healthier, more balanced lives. From stress, addiction, and change management, to locating child care facilities, legal assistance, and financial challenges, our qualified professionals are here to help. These services are completely confidential and can be easily accessed 24/7, offering you around-the-clock assistance for all of life's challenges.

- ✔ **Program Access:** You may access the EAP by calling the toll-free Helpline number, using our iConnectYou App, or instant messaging with a work-life consultant through our online instant messaging system.
- ✔ **Telephonic Assessments & Support:** In-the-moment telephonic support and crisis intervention are available 24/7 along with intake and clinical assessments.
- ✔ **Short-term Counseling:** Counseling sessions with a qualified counselor to assist with issues such as stress, anxiety, grief, marital/family challenges, relationship issues, addiction, etc. Counseling is available via structured telephonic sessions, video, and in-person at local provider offices.
- ✔ **Referrals & Community Resources:** Our team provides referrals to local community resources, member health plans, support groups, legal resources, and child/elder care/daily living resources.
- ✔ **Advantage Legal Assist:** Free 30 minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms; and interactive online Simple Will preparation.
- ✔ **Advantage Financial Assist:** Unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction and financial planning; supporting educational materials available; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).
- ✔ **Identity Theft Assistance:** Free telephonic consultation with an Accredited Financial Counselor; information on steps that should be taken upon discovery of identity theft; referral to full-service credit recovery agencies; free credit monitoring service.
- ✔ **Work-life Services:** Our work-life consultants are available to assist you with a wide range of daily living resources such as locating pet sitters, event planners, home repair, tutors, travel planning, and moving services. Simply call the Helpline for resource and referral information.
- ✔ **Child & Elder Care Referrals:** Our child and elder care specialists can help you with your search for licensed child and elder care facilities in your area. They will discuss your needs, provide guidance, resources, and qualified referral packets. Searchable databases and other resources are also available on the Deer Oaks member website.
- ✔ **Take the High Road Ride Reimbursement Program:** Deer Oaks reimburses members for their cab, Lyft and Uber fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant, with a maximum reimbursement of \$45.00 (excludes tips).



#### CONTACT US:

Toll-Free: (866) 327-2400



Website: [www.deeroakseap.com](http://www.deeroakseap.com)

Email: [eap@deeroaks.com](mailto:eap@deeroaks.com)



## Universal Life

### Trustmark

Trustmark's **fully portable** Universal Life solutions address differing employee needs for permanent life insurance and peace of mind for a lifetime, and are available for employees and their spouses in face amounts from \$5,000 up to \$300,000 and their children.

- **Universal LifeEvents®** - LifeEvents pays a higher death benefit during the working years when expenses are high and families need maximum protection. At age 70, when financial needs are typically lower, the death benefit reduces to one third. However, higher Living Benefits do not reduce — they continue through retirement to match the greater need for Long Term Care.
- **Terminal Illness Benefit** - Accelerates 75% of death benefit amount when life expectancy is 24 months or less, as compared with 50% and 6- or 12-month life expectancies commonly seen in the industry.
- **Accelerated Death Benefit for Critical Care** - Designed to accelerate Death Benefit at 4% per month for up to 25 months to pay for long-term care in an assisted living or long-term care facility, or home health care and/or adult day care.
- **Long Term Care Rider** - Fully restores the death benefit reduced by LTC each time a benefit is paid. Allows beneficiaries to receive the full death benefit.

**Please speak to a licensed Benefits Counselor for personalized rates and more information regarding this benefit.**





## FINANCIAL FUTURE

### Accident Insurance - Off-Job

#### Guardian

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury? In addition, Accident Insurance provides a wellness benefit of \$100 per insured person per calendar year. When certain routine wellness screenings or procedures are completed.

#### Financial Support to get you back on your feet

- No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially
- Guardian® pays you cash benefits based on covered injuries, treatments and services
- Payments go directly to you, and you can pay for other expenses, like traveling to the hospital, childcare and lost income from missed work

Benefit	Accident Plan	
	Advantage Plan	Premier Plan
<b>Accidental Death Benefit</b>		
Employee	\$25,000	\$50,000
Spouse	\$12,500	\$25,000
Children	\$5,000	\$5,000
<b>Common Carrier</b>	200% of AD&D	200% of AD&D
<b>Ambulance Ground</b>	\$150	\$200
<b>Ambulance Air</b>	\$1,000	\$1,500
<b>Appliance</b> (e.g. wheelchair, crutches)	\$125	\$125
<b>Lacerations</b>	Up to \$400	Up to \$500
<b>Second and Third Degree Burns</b>	Up to \$12,000	Up to \$12,000
<b>Occupational or Physical Therapy Services</b> (up to 10 days)	\$25 per day	\$35 per day
<b>Concussion</b>	\$75	\$100
<b>Dislocation</b>	Up to \$4,400	Up to \$4,800
<b>Emergency Dental Work</b>	\$300/Crown, \$75/Extraction	\$400/Crown, \$100/Extraction
<b>Epidural pain management</b> (2 times per accident)	\$100	\$100
<b>Coma</b>	\$10,000	\$12,500
<b>Eye Injury</b>	\$300	\$300
<b>Fractures</b>	Up to \$5,500	Up to \$6,000
<b>Surgery</b> (Cranial, Open Abdominal, Thoracic)	Up to \$1,250	Up to \$1,500
<b>Initial Physician's office/Urgent Care Facility Treatment</b>	\$75	\$100
<b>Hospital Admission</b>	\$1,000	\$1,250
<b>Hospital Confinement</b> (per day up to 1yr)	\$225 per day	\$250 per day
<b>Hospital ICU Admission</b>	\$2,000	\$2,500
<b>Hospital ICU Confinement</b> (up to 15 days)	\$450 per day	\$500 per day
<b>Laceration</b>	Up to \$400	Up to \$500
<b>Accident Plan Deductions</b>	<b>Advantage Plan</b>	<b>Premier Plan</b>
Coverage Tier	Monthly	Monthly
Employee Only	\$12.98	\$17.88
Employee + Spouse	\$18.90	\$24.84
Employee + Child(ren)	\$26.94	\$32.80
Family	\$32.86	\$39.76





## Critical Illness Insurance

### Guardian

Health care costs are on the rise. Even with medical insurance, you're often still responsible for both medical and non-medical expenses related to your recovery from a serious illness. The cost you pay for co-pays and deductibles, as well as other expenses such as child care, transportation to the doctor and loss of income when you are unable to work, could really set you back financially.

#### Helps protect your savings

- The plan pays you cash benefits based on each eligible diagnosis such as a heart attack, stroke or cancer
- The cash benefits are paid directly to you, so you decide how to use them

Benefit		Critical Illness w/ Cancer
Coverage Amounts		
Employee (Guaranteed Issue - \$30,000)		\$5,000 to \$30,000
Spouse (Guaranteed Issue - \$30,000)		Up to 100% of employee benefit
Child (All child amounts are guaranteed)*		25% of employee benefit
Benefit		
Invasive Cancer		100%
Heart Attack		
Stroke		
Major Organ Failure		
Coma		
ALS (Lou Gehrig's Disease)		
Loss of Speech, Sight or Hearing		
Coronary Arteriosclerosis		30%
Carcinoma In Situ		
Addison's Disease		
Wellness Benefit (Provides a per year benefit for completing certain routine wellness screenings or procedures)		
Employee		\$50
Spouse		\$50
Child		\$50
Pre-Existing Condition Limitation		3 month look back period, 6 months treatment free/ 12 month exclusion period, Continuity of Coverage

\* Dependent Age Limits - 0 days to 26 years (26 if full time student)

Critical Illness Plan Monthly Deductions - Employee & Spouse													
(Spouse rate is based on employee age and Child cost is included with employee election)													
	Benefit Amounts	<30		30-39		40-49		50-59		60-69		70+	
		Emp	Spo	Emp	Spo	Emp	Spo	Emp	Spo	Emp	Spo	Emp	Spo
Non-Tobacco	\$5,000	\$3.95	\$3.86	\$5.36	\$5.27	\$9.30	\$9.21	\$16.01	\$15.93	\$24.56	\$24.48	\$48.59	\$48.51
	\$10,000	\$6.70	\$6.61	\$9.36	\$9.27	\$16.80	\$16.71	\$29.36	\$29.28	\$45.46	\$45.38	\$91.94	\$91.86
	\$15,000	\$9.45	\$9.36	\$13.36	\$13.27	\$24.30	\$24.21	\$42.71	\$42.63	\$66.36	\$66.28	\$135.29	\$135.21
	\$20,000	\$12.20	\$12.11	\$17.36	\$17.27	\$31.80	\$31.71	\$56.06	\$55.98	\$87.26	\$87.18	\$178.64	\$178.56
	\$25,000	\$14.95	\$14.86	\$21.36	\$21.27	\$39.30	\$39.21	\$69.41	\$69.33	\$108.16	\$108.08	\$221.99	\$221.91
	\$30,000	\$17.70	\$17.61	\$25.36	\$25.27	\$46.80	\$46.71	\$82.76	\$82.68	\$129.06	\$128.98	\$265.34	\$265.26
Tobacco	\$5,000	\$5.65	\$5.56	\$8.41	\$8.32	\$17.25	\$17.16	\$34.76	\$34.68	\$58.46	\$58.38	\$108.84	\$108.76
	\$10,000	\$10.10	\$10.01	\$15.46	\$15.37	\$32.70	\$32.61	\$66.86	\$66.78	\$113.26	\$113.18	\$212.44	\$212.36
	\$15,000	\$14.55	\$14.46	\$22.51	\$22.42	\$48.15	\$48.06	\$98.96	\$98.88	\$168.06	\$167.98	\$316.04	\$315.96
	\$20,000	\$19.00	\$18.91	\$29.56	\$29.47	\$63.60	\$63.51	\$131.06	\$130.98	\$222.86	\$222.78	\$419.64	\$419.56
	\$25,000	\$23.45	\$23.36	\$36.61	\$36.52	\$79.05	\$78.96	\$163.16	\$163.08	\$277.66	\$277.58	\$523.24	\$523.16
	\$30,000	\$27.90	\$27.81	\$43.66	\$43.57	\$94.50	\$94.41	\$195.26	\$195.18	\$332.46	\$332.38	\$626.84	\$626.76





## FINANCIAL FUTURE

### Cancer Insurance

#### Guardian

When you hear that you have cancer, you think about a lot of things. The one thing you don't want to think about is how to pay for all the expenses that come from your medical care and recovery. Medical insurance plans may cover many of the expenses associated with a cancer diagnosis. However, there are many non-medical costs associated with your recovery such as transportation to treatment, child care and lost wages due to your inability to work. If you were diagnosed with cancer, are you confident that you have enough savings to cover all the expenses?

#### Helps protect your savings from the high cost of Cancer treatment

- Guardian Cancer Insurance pays you in addition to your medical insurance, no matter what type of plan you have
- The plan pays you cash benefits based on diagnosis, certain procedures, screenings and treatments
- The cash benefits are paid directly to you — you decide how to use them

Cancer Plan Deductions	Value Plan	Premier Plan
Coverage Tier	Monthly	Monthly
Employee Only	\$15.74	\$35.70
Employee + Spouse	\$30.76	\$59.40
Employee + Child(ren)	\$18.42	\$39.80
Family	\$33.44	\$63.50

Benefit	Cancer	
	Value Plan	Premier Plan
<b>Initial Diagnosis Benefit</b> Employee Spouse Child	\$5,000 \$5,000 \$5,000	\$5,000 \$5,000 \$5,000
<b>Initial Diagnosis Waiting Period</b>	30 days	30 days
<b>Cancer Screening</b>	\$50; \$50 follow-up screening	\$100; \$100 follow-up screening
<b>ICU Rider Benefit</b>	\$500/day up to 45 days for each period of confinement. ICU confinement rider is paid for treatment of any sickness or injury other than internal cancer	
<b>Pre-existing Condition Limitation</b>	3 month look back period; 12 month exclusion period for new entrants. Continuity of coverage for those transferring	
<b>Air Ambulance</b> (limit 2 trips per confinement)	\$250 per trip	\$2,000 per trip
<b>Ambulance</b> (limit 2 trips per confinement)	\$100 per trip	\$250 per trip
<b>Anesthesia</b>	25% of surgery benefit	
<b>Anti-Nausea</b>	\$50/day up to \$150 per month	
<b>Attending Physician</b> (limit 75 visits)	\$25/day while hospital confined	
<b>Blood/Plasma/Platelets</b> (per calendar year)	Actual cost up to \$5,000	Actual cost up to \$20,000
<b>Bone Marrow/Stem Cell</b>	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant \$1,000 benefit if a donor	
<b>Experimental Treatment</b>	\$100/day up to \$5,000/year	\$200/day up to \$5,000/year
<b>Extended Care Facility/Skilled Nursing Care</b>	\$100/day up to 90 days per year	\$150/day up to 90 days per year
<b>Hospital Confinement</b>	\$300/day first 30 days \$600/day for 31 <sup>st</sup> day thereafter	\$400/day first 30 days \$600/day for 31 <sup>st</sup> day thereafter
<b>ICU Confinement</b>	\$400/day for first 30 days; \$600/day for 31 <sup>st</sup> day thereafter per confinement	\$600/day for first 30 days; \$800/day for 31 <sup>st</sup> day thereafter per confinement
<b>Skin Cancer</b>	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	



## College Tuition Benefit

### Guardian

#### Guardian helps plan participants save for college

Guardian plan participants can get insurance that includes a college tuition benefit. As the cost of college continues to rise, Guardian is helping families keep up by providing this exclusive benefit that can be used at over 370 colleges and universities that participate with SAGE Scholars. This is a great tool to attract and retain employees and increase voluntary participation.

#### How does it work?

- By enrolling in a Guardian plan, participants can earn 2,000 Tuition Rewards® annually for each type of eligible Guardian insurance product (up to four lines).
- Participants with Guardian dental receive a 2,500 bonus after the fourth year.
- Rewards can be given to children, grandchildren, nieces, nephews and godchildren. When registered by participant, they'll receive an additional 500 rewards each.
- Rewards increase each year and are kept forever.

**NOTE: Only those enrolled in the Dental plan are eligible to participate in the College Tuition Benefit.**

To find out more information, go to <https://www.Guardian.CollegeTuitionBenefit.com>





## FINANCIAL FUTURE

### Disability Insurance

#### UNUM

We understand the unique needs of those who work in education, and we have created Educator Select disability insurance to meet those requirements. Unum's Educator Select disability insurance can replace a portion of your salary if you become ill or injured and can't work. It can help you cover your expenses and protect your finances at a time when you're not getting a paycheck and have extra medical bills.

**Employee Benefit:** You may purchase a monthly benefit in \$100 units, starting at a minimum of \$200, up to 66 2/3% of your monthly earnings rounded to the nearest \$100, but not to exceed a monthly maximum benefit of \$10,000.

**Definition of Disability:** During the first 24 months, Unum will define disability as follows:

You are unable to perform the material and substantial duties of your regular occupation due to sickness or injury; you have a 20% or more loss of indexed monthly earnings due to the same sickness or injury.



After benefits have been paid for 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

*You must be under the regular care of a physician in order to be considered disabled.*

*Note: Occupational sickness and injuries are excluded.*

Elimination Period (Days)					
Injury (Days)	7*	14*	30*	60	90
Sickness (Days)	7*	14*	30*	60	90
Rate Per Increment of \$100					
	\$2.98	\$2.44	\$1.96	\$1.66	\$1.39

\*If because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.

**Please speak to a licensed Benefits Counselor for personalized rates and more information regarding this benefit.**





## 403(b) Universal Availability Notice

### The Opportunity

You have the opportunity to save for retirement by participating in the Lockhart Independent School District's 403(b) plan ("Plan"). We recommend that all employees view a brief, 3-minute video presentation explaining what a 403(b) plan is, and how to contribute.

The video can be reached at [www.403bwhyhyme.com](http://www.403bwhyhyme.com).

If there are any questions, you may contact The OMNI Group at 877-544-6664.

### How Can I Participate?

You can participate in the Plan with pre-tax contributions by completing and submitting a Salary Reduction Agreement ("SRA") online at <http://www.omni403b.com/>, or by submitting a completed SRA form, which can be found on the same website, to The OMNI Group either by facsimile to (585) 672-6194 or by mail at 1099 Jay St., Bldg F, Rochester, NY, 14611 ("OMNI").

### How Much Can I Contribute Annually?

You may contribute up to \$18,000 in 2020; this amount is subject to change annually. If you have at least 15 years of service with your employer or you are at least 50 years old, you may also be able to make additional catch-up contributions. For appropriate limits for your particular circumstances, please contact OMNI's Customer Care Center at 1-877-544-6664.

### What If I Already Have An Account?

If you are already contributing to the Plan, and you want to change your contribution amount or service provider, simply complete and submit a new SRA. See directions above for on-line and paper submission options.

### What If I Do Not Want To Contribute?

If you do not want to take advantage of this program, simply submit an SRA with the option "I do not wish to participate at this time" selected. See directions above for on-line and paper submission options.

### How can I get more information?

You can access further information at [www.omni403b.com](http://www.omni403b.com) or [www.403bwhyhyme.com](http://www.403bwhyhyme.com).





## PERSONAL SERVICES

### 4 Benefits For You and Your Immediate Family! \$14.95 /month

Save time, money and stress with around the clock Identity Theft Protection, 24/7 access to a Physician for \$0 consult fee, Discount Legal Protection Plan and new free analysis from GotZoom!



Feel better now! 24/7 access to a doctor is only a call or click away—anytime, anywhere with no consult fee. With Teladoc, you can talk to a doctor by phone, online video consult or mobile app to get a diagnosis, treatment options and prescription if necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER. Simply use your phone, computer, smartphone or tablet to request a consult with a U.S. physician licensed in your state. Teladoc doctors respond on average within 24 minutes to treat non emergency medical issues such as the following:

cold & flu symptoms  
sinus problems  
gastroenteritis

constipation  
allergies  
respiratory infection

urinary tract infection  
diarrhea  
bronchitis

pink eye  
rash & other skin eruptions  
pharyngitis



#### Disclaimers:

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Available with no age restrictions.

**Mobile phone account takeovers rose from 380K in 2017 to 679K in 2018<sup>3</sup>.** Enjoy peace of mind, financial reassurance and time saving expertise with InfoArmor's comprehensive identity protection plan PrivacyArmor.

InfoArmor

#### Did You Know?

16.7M victims in 2017<sup>1</sup>

ID theft happens **every two seconds**<sup>2</sup>

Account takeover fraud **tripled in 2017**<sup>1</sup>



**Identity & Credit Monitoring.** Proactive identity monitoring utilizing data sources and proactive alerts including account applications for credit cards, wireless carriers, loans, utility accounts, and even non-credit accounts. PrivacyArmor monitors high-risk identity activity such as password resets, fund transfers, unauthorized account access, compromised credentials, address changes, public record alerts, and more. Uncover and resolve issues early to help minimize damages.

**Digital Identity Report.** Take control of your privacy and reputation. Our deep internet search creates a snapshot of your exposed information online.

**Three Year Rolling History.** InfoArmor monitors your identity for past adverse events to make sure that you are not only protected moving forward but we also fix anything in the past (pre-existing conditions).

**Internet Surveillance.** By scanning an ever-evolving network of compromised machines, we detect information misuse and compromised credentials in the Underground Internet and alert consumers with unparalleled accuracy.

**Privacy Advocate Remediation.** An expert is on your side to guide you through the identity restoration process and fight back against identity thieves.

**\$1,000,000 Identity Theft Insurance Policy.** If you are a victim of fraud, we will reimburse your out of pocket costs to reinforce your financial security.<sup>†</sup>

**Solicitation Reduction and IdentityMD.** Reduce unwanted calls, mail and preapproved credit offers and receive guidance on how to limit exposure to fraud.

\*Network provides comprehensive coverage, although no solution can detect all suspicious activity. Nonetheless, our Privacy Advocates will work tirelessly to restore your identity regardless of when or how the damage was done.

<sup>†</sup>Identity theft insurance underwritten by insurance company subsidiaries or affiliates of AIG. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies describe. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

<sup>1</sup> "2018 Identity Fraud Study", <sup>2</sup> "2014 Identity Fraud Study", <sup>3</sup> "2019 Identity Fraud Study", All independent studies by Javelin Strategy & Research

Disclosures: **This plan is not insurance.** This discount card program contains a 30-day cancellation period. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act. Available only to TX residents.







## *New for next year - free student loan debt analysis from GotZoom student loan debt reduction services with your SafetyNets plus membership*

### Family Legal Protection Plan

**7 out of 10 families had a need for an attorney in the past year.**

This plan is so much more than just an online do-it-yourself legal plan. Members have access to face-to-face or phone consultations with licensed network attorneys and so much more. There are no caps or limitations to how many times members can utilize the plan for new legal matters.

#### Four great ways to save:

1. No-Cost Services
2. Exclusive Flat Fee Services
3. Low Hourly Plan Discount Rate Services
4. Discounted Contingency Fees

#### No-Cost services including :

- Free Simple Will with free annual updates
- Free Living Will substitution for Free Simple Will
- One-on-one consultations for new legal matters
- Unlimited phone consultations (for each new legal matter)
- Phone calls made and letters written on your behalf
- Attorney review of legal documents (6 page max per new matter)
- Helpful advice on representing yourself in small claims court
- Assistance in solving your problems with government programs



Available to member, spouse or domestic partner, unmarried dependent children up to age 25. Also available to member and spouse's elder parents, step parents, adoptive parents and grandparents, even if not residing in member's household.

### Reduce your Student Loan Debt by 65%

- Educators and Public Service employees enjoy special status with the Department of Education (DOE) and are eligible for the best available student loan repayment and loan forgiveness programs
- Only 2 in 10 borrowers take advantage of the programs
- \$350 Million of additional DOE funding became available in Mar. 2018 (first come, first serve)
- #1 provider of Federal student loan relief
- An established company with a seven-year track record of performance and customer satisfaction with over 15,000 active clients
- The link to your enrollment page will be provided in the SafetyNets plus Welcome Packet you will receive prior to your effective date
- Average student debt reduction of 65%
- All administrative details are managed by GotZoom for the employee
- GotZoom monitors DOE programs and reviews the employee's status annually to find any additional debt reduction options
- Employee's loan analysis and Benefits Summary are free (no obligation)
- Service fees apply only after the employee has reviewed and approved repayment/forgiveness programs
- Application Fee: \$407; Monthly Fee: \$32.95



GotZoom  
Average **Annual**  
Student Loan  
Payment  
Reduction **\$5,616**



GotZoom Average  
**Monthly** Student  
Loan Payment  
Reduction

## Legal Updates and Notices

### **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

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If you live in Texas you may be eligible for assistance paying your employer health plan premiums. If you do not reside in Texas YOU should contact your State for further information on eligibility.

**TEXAS – Medicaid**  
**Website:** <https://www.gethipptexas.com/>  
**Phone:** 1-800-440-0493

For more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# IMPORTANT NOTICES

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE**

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 512-398-0020 for more information.

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **IMPORTANT NOTICE FROM LOCKHART ISD ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Lockhart ISD has determined that the prescription drug coverage offered by Lockhart ISD is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## **HIPAA SPECIAL ENROLLMENT RIGHTS**

Loss of Other Coverage—If you are declining or have declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends.

## **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

Lockhart ISD in accordance with HIPAA, protects your Protected Health Information (PHI). Lockhart ISD discusses your PHI with medical providers and third-party administrators when necessary to administer the plan that provides your medical and dental benefits or as mandated by law.

## **CONTINUATION REQUIRED BY FEDERAL LAW FOR YOUR AND YOUR DEPENDENTS**

Federal law enables you or your dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your dependent(s) to continue health insurance if their coverage ceases due to your death, divorce, legal separation, or with respect to dependent children, failure to continue to qualify as a dependent. Continuation must be elected in accordance with the rules of your employer's group health plan(s) and is subject to federal law, regulations and interpretations.

## **HIPAA PRIVACY NOTICE UPDATE**

HIPAA requires Lockhart ISD notify you that a Privacy Notice is available from the Employee Benefits Department.

## THE AFFORDABLE CARE ACT

The Patient Protection and Affordable Care Act (Affordable Care Act) was signed into law on March 23, 2010. The Affordable Care Act added certain market reform provisions to ERISA, making those provisions applicable to employment-based group health plans. These provisions provide additional protections for benefits under employment-based group health plans. They include extending dependent coverage to age 26; prohibiting preexisting condition exclusions for all individuals and prohibiting the imposition of lifetime and annual limits on essential health benefits. As of 2014, most of the Affordable Care Act protections are now in effect. The Departments of Labor, Health and Human Services, and the Treasury (Departments) were tasked with issuing guidance for the market reform provisions. The Departments continue to work with employers, issuers, States, providers and other stakeholders to help them come into compliance with the law and are working with families and individuals to help them understand the law and benefit from it, as intended.

Under the Affordable Care Act, plans can make some routine changes and generally keep the coverage under their plan the same as it was on March 23, 2010. These grandfathered health plans are required to comply with some but not all of the market reform provisions under ERISA.

## MENTAL HEALTH PARITY PROVISIONS

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was signed into law on October 3, 2008 and became effective for plan years beginning after October 3, 2009. MHPAEA greatly expands on an earlier law, the Mental Health Parity Act of 1996 (MHPA). On November 8, 2013, the Departments of Health and Human Services, Labor and the Treasury jointly issued final regulations implementing MHPAEA, which became applicable for plan years beginning on or after July 1, 2014.

MHPAEA generally applies to group health plans and health insurance issuers that provide coverage for either mental health or substance use disorder benefits and medical/surgical benefits. These FAQs provide basic information about the important protections MHPAEA provides with respect to parity in coverage of mental health and substance use disorder benefits and medical/surgical benefits provided by employment-based group health plans.

Reviewing your group health plan for compliance with the mental health parity requirements may be complicated depending on your plan's design. If you have questions about MHPAEA or the mental health or substance use disorder benefits under your plan, contact the Department of Labor at [askebsa.dol.gov](http://askebsa.dol.gov) or 1-866-444-3272.

## THE GENETIC INFORMATION NONDISCRIMINATION ACT

Title I of the Genetic Information Nondiscrimination Act of 2008 (GINA) includes provisions that generally prohibit group health plans and health insurance issuers from discriminating based on genetic information. These provisions amend the Employee Retirement Income Security Act (ERISA), administered by the Department of Labor (DOL); the Public Health Service Act (PHSA Act), administered by the Department of Health and Human Services (HHS); and the Internal Revenue Code (the Code), administered by the Department of the Treasury (the Treasury) and the Internal Revenue Service (IRS). DOL has jurisdiction with respect to employment-based group health plans. HHS, in conjunction with the States, administers these provisions with respect to health insurance issuers. The Treasury and IRS administer these provisions with respect to employers. Title I of GINA also includes individual insurance market provisions under the PHSA and privacy and confidentiality provisions under the Social Security Act, which are both within the jurisdiction of HHS. Title II of GINA, under the jurisdiction of the Equal Employment Opportunity Commission, addresses discrimination in employment based on genetic information.

The subject of these Frequently Asked Questions is the requirements of Title I of GINA under ERISA, prohibiting discrimination in group health plan coverage based on genetic information.

# IMPORTANT NOTICES



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Lockhart ISD		4. Employer Identification Number (EIN) 74-6001635	
5. Employer address 105 S.Colorado St		6. Employer phone number 512-398-0000	
7. City Lockhart	8. State TX	9. ZIP code 78644	
10. Who can we contact about employee health coverage at this job? Nancy Arana			
11. Phone number (If different from above) 512-398-0020		12. Email address nancy.arana@lockhart.txed.net	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:  
Eligible employees working 10 hrs or more per week

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Eligible spouses and eligible dependent children up to age 26

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\*

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your

## Contacts

Plan	Network	Group Number	Website	Contact
<b>Medical</b>				
TRS Alternate Plan TSHB Health	BSBCTX FBS Health	N/A	www.trs.texas.gov www.tshbp.info	866-355-5999 888-346-8090
Flexible Spending Account Health Savings Account	Proficient Benefit Solutions	Lockhart	www.proficientbenefits.com	210-659-8100
Dental	Guardian	0550446	www.guardiananytime.com	888-482-7342
Vision	Guardian - VSP	0550446	www.guardiananytime.com	800-877-7195
Basic Term Life and AD&D Voluntary Term Life TravelAid Services College Tuition Benefit Accident Critical Illness Cancer	Guardian	0550446	www.guardiananytime.com	888-482-7342
Employee Assistance Program (EAP)	Deer Oaks	Lockhart	www.deeroakseap.com	866-327-2400
Universal Life	Trustmark	6506	www.trustmarkins.com	800-918-8877
Disability	Unum	676746	www.unum.com	866-679-3054
ID Theft, Discount Legal, Telemedicine	SafetyNets Plus	15176	www.safetynetsplus.com	800-787-3988
403 (b)	The Omni Group	N/A	www.omni403b.com	877-544-6664

Staff Member	Email	Phone
Lockhart ISD District Contact		
Nancy Arana <i>Employee Benefits</i>	nancy.arana@lockhart.txed.net	512-398-0020
Brown & Brown of Texas Insurance		
Heidi Schiek <i>Account Executive</i>	hschiek@bbtexas.com	210-524-7142

Staff	Network	Phone
<b>Benefits Service Center</b>	Professional Enrollment Concepts (PEC)	866-337-3572



**EMPLOYEE BENEFITS**  
**2020 - 2021** PLAN YEAR

