

DE KALB ISD  
PLAN YEAR 2023-2024

# EMPLOYEE BENEFITS GUIDE



# DEKALB ISD

ROOTED IN TRADITION • INSTILLING PRIDE • LEAVING OUR LEGACY



# WELCOME

Our District is proud to have the most dedicated, passionate, and valuable employees, which is why we offer a variety of quality benefit programs to best fit you and your family's needs. On behalf of the entire Employee Benefits team, we would like to welcome you to begin your benefits enrollment.

This booklet is designed to highlight your benefits options. It is not a Summary Plan Description (SPD). Official Plan and insurance documents actually govern your rights and benefits under each plan. For more details including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions. If any discrepancy exists between this booklet and the official documents, Summary Plan Descriptions will prevail.

If you have any questions concerning this employee guide, please contact an Employee Benefits Team Member.



## CONTACT

**DE KALB ISD**  
101 Maple ST  
De Kalb, TX 75559

903-667-2566



## IMPORTANT THINGS TO KNOW FOR 2023-2024

- De Kalb ISD Cafeteria Plan year runs from September 1st through August 31st each year. We will automatically pre-tax all your eligible health insurance premiums as allowed by the Cafeteria Plan. Remember once the plan year starts you cannot make any changes to your coverage mid-year unless it's due to a Qualified Life Event (QLE). The QLE's are due to marriage, divorce, Medicaid/Medicare eligibility, birth/adoption of a child and involuntary loss of other coverage. You have 31 days from the event date to make any change. Please contact the Employee Benefits office right away to report the event along with supporting documents.
- MetLife will be the new carrier for the Accident, Critical Illness, and Dental plans. They will also be offering a new Hospital Indemnity policy
- The Dental carrier is changing from Lincoln to MetLife. Plan maximums and deductibles will be on a plan year basis instead of calendar year.
- Chubb Medical Gap: Chubb will be the new Medical Gap carrier
- MASA MTS- Emergency Medical Transport is a new benefit offering
- TASC: New limits for the Healthcare Flexible Spending Accounts. You can now elect up to \$3,050 per year to utilize on out-of-pocket medical expenses.

## ELIGIBILITY AND EFFECTIVE DATES

- **Please contact your Benefits Administrator for questions regarding eligibility.**
- **Supplemental Insurance coverage is effective the first day of the month following the employment start date.**
- **All newly eligible employees will have 31 days from date of employment (start date) to enroll in benefits.**
- **Changes made to all insurance plans during annual open enrollment are deducted from the first payroll check in September, and the insurance coverage is effective September 1, 2023.**

**-Please ensure you enter or update a beneficiary within the enrollment portal for the Basic Group Life Insurance policy.**

**-Don't forget to update your contact information with the Employee Benefits Team, as well as The Beacon Select, benefits enrollment system.**



# SECTION 125 CAFETERIA PLAN

## PURPOSE

De Kalb ISD has adopted this Plan to allow you to pay for benefit options (called Qualified Benefit Plans) for yourself, your spouse, and your dependents via pre-taxed salary reduction contributions. You may choose from these “tax free” Qualified Benefit Plans in lieu of receiving taxable compensation. The Plan is intended to qualify as a “Cafeteria Plan” within the meaning of Section 125(d) of the Internal Revenue Code. This Plan allows you to reduce your taxable income in direct proportion to (a) your contribution to the cost of your elected Qualified Benefit Plans and (b) your contribution to any Account Plan.

## HOW IT WORKS

Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. This plan is available to you at no cost, no action is needed from you except to enroll in benefits!

## QUALIFYING FAMILY STATUS CHANGES

Cafeteria plans, also known as Section 125 plans (the IRS code that covers them), allow you to deduct certain amounts for benefits from your gross earnings before federal withholding taxes are figured.

Benefit elections will remain in effect for the plan year and cannot be revoked or changed unless you experience one of the following qualifying family status changes:

- Birth & adoption
- Marriage
- Change in spouses' employment
- Divorce
- Death
- Change in dependent eligibility
- Exhausted COBRA coverage
- Loss of coverage
- Involuntary loss of coverage

### ELIGIBLE BENEFITS UNDER SECTION 125:

- Accident
- Cancer
- Dental
- FSA
- Hospital Indemnity
- Medical
- Vision

**All required documentation must be submitted to the Benefits office within 30 days from the event date.**

# HOW TO ENROLL

## BENEFITS ENROLLMENT PORTAL - THE BEACON SELECT

**DK**

**THE BEACON**  
Benefits Education Administration & Communication Office  
*Select*

**ENROLLMENT SITE**

**Your Benefits Enrollment**

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

**Employee ID or SSN:**

**PIN:**

By entering your Employee ID or Username and Personal Identification Number, you are agreeing to the [Terms of Use](#).

[FORGOT PASSWORD](#)

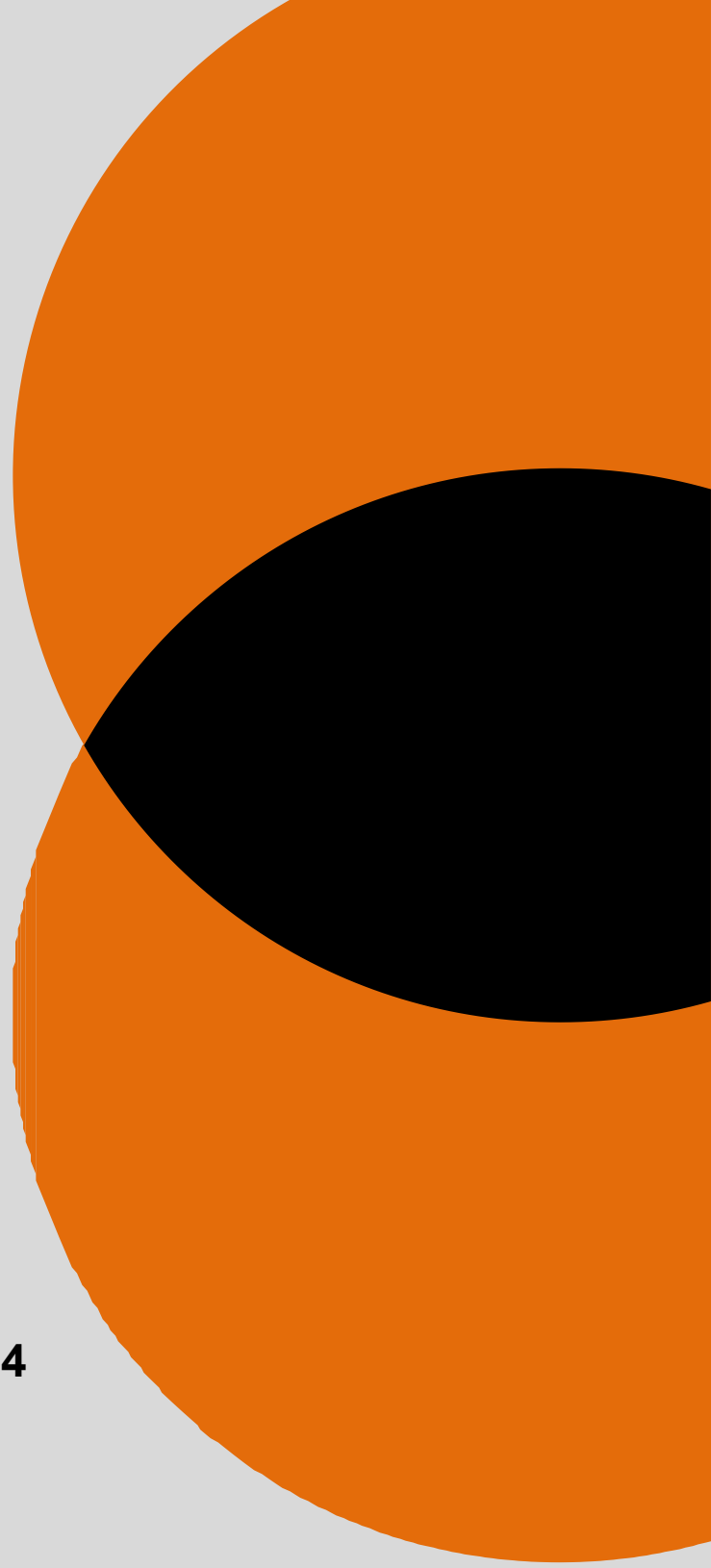
[New employee? Click here](#)

**Log In**

- ▶ **Step 1 - LOGIN PORTAL**
  - Go to: [dekalbisd.thebeaconselect.com](http://dekalbisd.thebeaconselect.com)
  - Under User ID: Enter your Employee ID or SSN
  - Under PIN: Enter last 4 of SSN and the last two of your birth year
  
- ▶ **Step 2 - REVIEW PERSONAL INFORMATION**
  - Review and update your personal and dependent information.
  
- ▶ **Step 3 - REVIEW PLAN OPTIONS AND MAKE ELECTIONS**
  - Complete the "Decision Support Tool," a support tool that provides recommendations based on unique needs of you and your family.
  - Elect or decline each offer of coverage for you and your family.
  
- ▶ **Step 4 - SIGN AND APPROVE ELECTIONS**
  - Sign and approve benefit elections.
  - Review ALL elections within the Confirmation Statement for accuracy.

# **MEDICAL PLANS**

**Plan Coverage Year:  
September 1, 2023 - August 31, 2024**





# 2023 Benefit Grid

Region 14 – Employer Copy



Employee Benefits  
Services Group.



## General Details

	Basic Plan - RBP	Basic Plan- UHC	High Deductible - RBP	Select Plan - RBP	Select Plan - UHC
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### General Features

Network	Basic Plan - RBP	Basic Plan- UHC	High Deductible - RBP	Select Plan - RBP	Select Plan - UHC
	PHCS/Multiplan Primary and Ancillary Network w/HST	United Health Care Choice Plus Network	PHCS/Multiplan Primary and Ancillary Network w/HST	PHCS/Multiplan Primary and Ancillary Network w/HST	United Health Care Choice Plus Network

### Deductible & Coinsurance

	Basic Plan - RBP		Basic Plan- UHC		High Deductible - RBP		Select Plan - RBP		Select Plan - UHC	
	In Network	Non-Network	In-Network	Non-Network	In Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible-Individual	\$5,000	\$10,000	\$5,000	\$10,000	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Deductible-Family	\$10,000	\$20,000	\$10,000	\$20,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000
Coinsurance	80% after deductible	60% after deductible	70% after deductible	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible

### Out-of-Pocket Maximum (includes deductible, coinsurance and copays)

	Basic Plan - RBP		Basic Plan- UHC		High Deductible - RBP		Select Plan - RBP		Select Plan - UHC	
	In Network	Non-Network	In-Network	Non-Network	In Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Individual	\$7,500	\$15,000	\$9,100	\$18,200	\$7,050	\$14,100	\$7,500	\$15,000	\$9,100	\$18,200
Family	\$15,000	\$30,000	\$18,200	\$36,400	\$14,100	\$28,200	\$15,000	\$30,000	\$18,200	\$36,400





# Medical Plan

		Basic Plan - RBP		Basic Plan- UHC		High Deductible - RBP		Select Plan - RBP		Select Plan - UHC	
		Member Pays		Member Pays		Member Pays		Member Pays		Member Pays	
		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
<b>Physician Services</b>	<b>Prior Auth Required?</b>										
<b>Primary Care Office Visit</b>	No	\$30 Copay	40% after deductible	\$30 copay	50% after deductible	20% after deductible	40% after deductible	\$30 Copay	40% after deductible	\$30 copay	40% after deductible
<b>Specialist Office Visit</b>	No	\$70 Copay	40% after deductible	\$70 copay	50% after deductible	20% after deductible	40% after deductible	\$70 Copay	40% after deductible	\$70 copay	40% after deductible
<b>Services provided in a Physicians Office (other than the office visit)</b>	No	Included in OV Copay	40% after deductible	Included in OV Copay	50% after deductible	20% after deductible	40% after deductible	Included in OV Copay	40% after deductible	Included in OV Copay	40% after deductible
<b>Urgent Care</b>	No	\$50 Copay	40% after deductible	\$50 copay	50% after deductible	20% after deductible	40% after deductible	\$50 Copay	40% after deductible	\$50 Copay	40% after deductible
<b>Telemedicine Services (1 800 MD)</b>	No	\$0	no coverage	\$0	no coverage	\$0	no coverage	\$0	no coverage	\$0	no coverage
<b>Preventive &amp; Wellness Services (ACA required preventive services only)</b>		<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>
<b>Services at Physician Office</b>	No	\$0 Copay	40% after deductible	\$0 copay	50% after deductible	\$0 Copay	40% after deductible	\$0 Copay	40% after deductible	\$0 copay	20% after deductible
<b>Outpatient Hospital Free Standing Facility Services</b>	Yes	\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$0 copay	
<b>Hospital/Facility Services</b>		<b>Open Access*</b>		<b>In-Network</b>	<b>Non-Network</b>	<b>Open Access*</b>		<b>Open Access*</b>		<b>In-Network</b>	<b>Non-Network</b>
<b>Inpatient Hospitalization</b>	Yes	20% after deductible		30% after deductible	50% after deductible	20% after deductible		20% after deductible		20% after deductible	40% after deductible
<b>Inpatient Surgery (Second surgical opinion may be required)</b>	Yes	20% after deductible		30% after deductible	50% after deductible	20% after deductible		20% after deductible		20% after deductible	40% after deductible
<b>Outpatient Hospital Free Standing Facility Services and Surgery</b>	Yes	20% after deductible		30% after deductible	50% after deductible	20% after deductible		20% after deductible		20% after deductible	40% after deductible
<b>Anesthesia</b>	No	20% after deductible		30% after deductible	50% after deductible	20% after deductible		20% after deductible		20% after deductible	40% after deductible
<b>Emergency Room Services (Life threatening Services)</b>	No	20% after deductible		30% after deductible	50% after deductible	20% after deductible		20% after deductible		20% after deductible	40% after deductible
<b>Emergency Room Services (Non-Emergent Care)</b>	No	Not Covered/100% Paid by Member		Not Covered/100% Paid by Member		Not Covered/100% Paid by Member		Not Covered/100% Paid by Member		Not Covered/100% Paid by Member	
<b>Diagnostic Services (Outpatient)</b>		<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>	<b>In-Network</b>	<b>Non-Network</b>
<b>Laboratory Services</b>	No	\$50 copay		\$50 copay		20% after deductible	40% after deductible	\$30 copay		\$30 copay	
<b>Radiology (x-ray, ultrasound)</b>	No	\$50 copay		\$50 copay		20% after deductible	40% after deductible	\$30 copay		\$30 copay	
<b>CT / MRI / MRA / PET Scan</b>	Yes	20% after deductible	40% after deductible	30% after deductible		20% after deductible	40% after deductible	20% coinsurance / no deductible		\$20% coinsurance / no deductible	





# Medical Plan, Cont.

		Basic Plan - RBP		Basic Plan- UHC		High Deductible - RBP		Select Plan - RBP		Select Plan - UHC	
		Member Pays		Member Pays		Member Pays		Member Pays		Member Pays	
		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
<b>Pregnancy Benefits</b>											
<b>Physician Visits</b>	No	\$30 Copay	40% after deductible	\$30 Copay	50% after deductible	20% after deductible	40% after deductible	\$30 Copay	40% after deductible	\$30 Copay	40% after deductible
<b>Testing/Childbirth/Delivery</b>	No	20% after deductible		30% after deductible		20% after deductible		20% after deductible		20% after deductible	
<b>Mental &amp; Nervous; Chemical Dependency</b>		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
<b>Office Visits (outpatient)</b>	No	\$30 Copay	40% after deductible	\$30 Copay	50% after deductible	20% after deductible	40% after deductible	\$30 Copay	40% after deductible	\$30 Copay	40% after deductible
<b>Inpatient (Facility)</b>	Yes	20% after deductible		30% after deductible		20% after deductible		20% after deductible		20% after deductible	
<b>Outpatient (Facility)</b>	Yes	\$30 Copay		\$30 Copay		20% after deductible		\$30 Copay		\$30 Copay	
<b>Other Services; Network Requirements</b>		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
<b>Allergy Office visits</b> <i>(The copay applies for the office visit only)</i>	No	\$100 Copay	40% after deductible	\$100 Copay	50% after deductible	20% after deductible	40% after deductible	\$100 Copay	40% after deductible	\$100 Copay	40% after deductible
<b>Allergy Services Testing / injections</b>	Yes	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Rehabilitation/Habilitation Services</b> <i>(limited to 30 visits per plan year)</i>	No	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Other Services</b>		Open Access*		In-Network	Non-Network	Open Access*		Open Access*		In-Network	Non-Network
<b>Emergency Medical Transportation</b>	No	20% after deductible		30% after deductible		20% after deductible		20% after deductible		40% after deductible	
<b>Air Ambulance Transportation - Emergency</b> <i>(Pre-cert as soon as reasonably possible)</i>	Yes	20% after deductible		30% after deductible		20% after deductible		20% after deductible		40% after deductible	



# Pharmacy Benefits

	Basic Plan - RBP	Basic Plan- UHC	High Deductible - RBP	Select Plan - RBP	Select Plan - UHC
	Participating Pharmacies	Participating Pharmacies	Participating Pharmacies	Participating Pharmacies	Participating Pharmacies
<b>PREVENTIVE Prescriptions ONLY</b> <i>(Subject to Formulary &amp; ACA requirements)</i>	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Pharmacy Retail – up to a 30 day supply	<b>Generic ONLY:</b> \$0 Copay <b>Brand Drugs:</b> Not Covered	<b>Generic ONLY:</b> \$0 Copay <b>Brand Drugs:</b> Not Covered	<b>Generic ONLY:</b> \$0 Copay <b>Brand Drugs:</b> Not Covered	<b>Generic ONLY:</b> \$0 Copay <b>Brand Drugs:</b> Not Covered	<b>Generic ONLY:</b> \$0 Copay <b>Brand Drugs:</b> Not Covered
Pharmacy Mail Order – up to a 90 day supply	<b>Generic ONLY:</b> \$0 Copay <b>Brand Drugs:</b> Not Covered	<b>Generic ONLY:</b> \$0 Copay <b>Brand Drugs:</b> Not Covered	<b>Generic ONLY:</b> \$0 Copay <b>Brand Drugs:</b> Not Covered	<b>Generic ONLY:</b> \$0 Copay <b>Brand Drugs:</b> Not Covered	<b>Generic ONLY:</b> \$0 Copay <b>Brand Drugs:</b> Not Covered
<b>NON-PREVENTIVE Prescriptions -</b> <i>(Subject to Formulary)</i>	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Retail Pharmacy– (up to a 30 day supply)	<b>Generic:</b> \$10 Copay <b>Preferred Brand:</b> \$35 Copay <b>Non-Preferred Brand:</b> Not Covered; Member pays 100%	<b>Generic:</b> \$10 Copay <b>Preferred Brand:</b> \$35 Copay <b>Non Preferred Brand:</b> Not Covered; Member pays 100%	<b>Generic:</b> 30% after deductible <b>Preferred Brand:</b> 30% after deductible <b>Non-Preferred Brand:</b> 30% after deductible	<b>Generic:</b> \$10 Copay <b>Preferred Brand:</b> \$35 Copay <b>Non-Preferred Brand:</b> 30% to \$125 Max	<b>Generic:</b> \$10 Copay <b>Preferred Brand:</b> \$35 Copay <b>Non-Preferred Brand:</b> 30% to \$125 Max
Mail Order Pharmacy (90 day supply)	<b>Generic:</b> \$25 Copay <b>Preferred Brand:</b> \$87.50 Copay <b>Non-Preferred Brand:</b> Not Covered; Member pays 100%	<b>Generic:</b> \$25 Copay <b>Preferred Brand:</b> \$87.50 Copay <b>Non-Preferred Brand:</b> Not Covered; Member pays 100%	<b>Generic:</b> 30% after deductible <b>Preferred Brand:</b> 30% after deductible <b>Non-Preferred Brand:</b> 30% after deductible	<b>Generic:</b> \$25 Copay <b>Preferred Brand:</b> \$87.50 Copay <b>Non-Preferred Brand:</b> 30% to \$125 Max	<b>Generic:</b> \$25 Copay <b>Preferred Brand:</b> \$87.50 Copay <b>Non-Preferred Brand:</b> 30% to \$125 Max
<b>SPECIALTY MEDICATIONS</b>	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Rx Contain Program	\$0 Copay*	\$0 Copay*	50% after deductible; \$500 Maximum	\$0 Copay*	\$0 Copay*
Retail Pharmacy– (up to a 30 day supply)	50% Copay; \$500 Maximum	50% Copay; \$500 Maximum	50% after deductible; \$500 Maximum	50% after deductible; \$500 Maximum	50% after deductible; \$500 Maximum
Mail Order Pharmacy (90 day supply)	50% Copay; \$500 Maximum	50% Copay; \$500 Maximum	50% after deductible; \$500 Maximum	50% Copay; \$500 Maximum	50% Copay; \$500 Maximum

\*RXContain Program provides certain specialty medications at a \$0 copay if the participants family income is below \$100,000 annually.

\*Reach out to ABA to schedule hospital services.

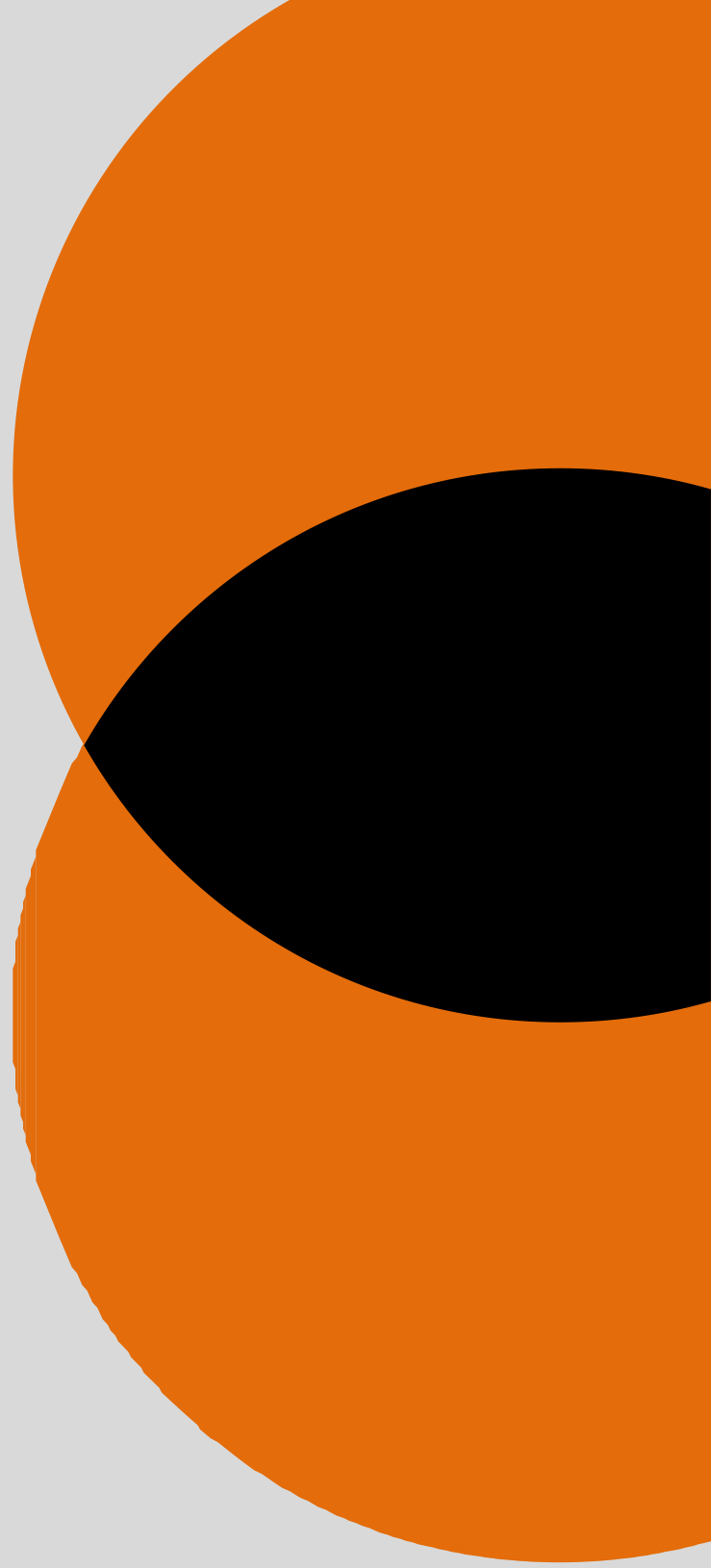


## Premium Totals

	Basic Plan - RBP	Basic Plan- UHC	High Deductible - RBP	Select Plan - RBP	Select Plan - UHC
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Total Premiums					
Single	\$478.48	\$538.62	\$516.24	\$513.60	\$578.84
Employee + Spouse	\$1,333.72	\$1,512.32	\$1,389.86	\$1,386.28	\$1,572.52
Employee + Child(ren)	\$829.55	\$937.61	\$866.82	\$875.59	\$990.35
Family	\$1,642.89	\$1,863.23	\$1,709.45	\$1,716.84	\$1,947.92

# Supplemental Benefits



# 2023-2024 SUPPLEMENTAL BENEFITS

## Dental Insurance- MetLife



Two plan options: Low Plan and High Plan

- All plans offer 2 annual exams and cleanings.
- The Deductible only applied to Basic Services on the Low Plan and Basic and Major Services on the High Plan. Preventative is covered at 100% on all.

### Monthly Rates

Employee Only	\$ 26.60
Employee & Spouse	\$ 55.10
Employee & Child(ren)	\$ 61.75
Employee & Family	\$ 90.25

	MetLife Dental
CALENDAR YEAR DEDUCTIBLE	Individual: \$50 Family: \$150
ANNUAL MAXIMUM	\$1,250
PREVENTATIVE SERVICES	100%
BASIC SERVICES	80%
MAJOR SERVICES	50%
LIFETIME ORTHO MAXIMUM	\$1,250

## Vision Insurance- Standard

### Co-Pays

Exam	\$10
Materials	\$25

### Allowances:

Frames:	\$200
Contacts:	\$200

### Services/Frequency

Exam	12 months
Frames	12 months
Lenses	12 months
Contact Lenses	12 months

### Monthly Rates

Employee Only	\$ 9.03
Employee & Spouse	\$ 14.46
Employee & Child(ren)	\$ 14.76
Employee & Family	\$ 23.79

# 2023-2024 SUPPLEMENTAL BENEFITS

## Hospital Indemnity (HI)- MetLife

This benefit is available without enrolling in any other benefit!

HI insurance provides a direct benefit in the event of hospitalization, regardless of treatment cost or other insurance coverage.



### PLAN DETAILS

- Hospital Confinement: \$100 per day- 30 days per year, per insured
- Hospital Admission: \$1,000 per admission- 4 times per calendar year
- Hospital Intensive Care: \$100 per day- max 15 days per year , per insured
- Confinement Newborn Benefit: \$25 per day- max 2 days per confinement
- Wellness Benefit: \$50 per covered person

### Plan Monthly Rates

Employee Only	\$ 19.13
Employee & Spouse	\$ 34.42
Employee & Child(ren)	\$ 29.05
Employee & Family	\$ 44.35

## Medical Gap Insurance- Chubb Life

This plan is designed to reduce your out-of-pocket expenses for hospitalization and listed outpatient services such as surgery.

- Plan pays to \$1,500 towards inpatient charges per covered individual, per plan year.
- The Plan pays up to \$1,500 towards outpatient charges up to 2 times per year.



	Age 39 & Under	Age 40 to 49	Age 50 & Older
EE	\$ 38.56	\$ 50.78	\$ 106.63
EE+SP	\$ 70.88	\$ 93.29	\$ 195.93
EE+CH	\$ 92.67	\$ 99.76	\$ 183.74
EE+FAM	\$124.14	\$ 141.14	\$ 270.70

# 2023-2024 SUPPLEMENTAL BENEFITS



## Health Savings Account (HSA)- HSA BANK

- You **MUST** be enrolled in the HDHP Medical plan in order to qualify to enroll in a HSA plan through DISD.
- The maximum annual contribution amount for calendar year 2023 is \$3,850 individually, and \$7,300 for family.
- Did you know: If you're 55 or older at the end of the year, you can put in an extra \$1,000 in "catch up" contributions.
- You do not need a qualifying event to make changes to your HSA account outside of the annual enrollment period. You can start, change or stop contributions at anytime throughout the plan year, by notifying the Benefits Team.

### Health Savings Account for DISD Employees

Every pay period, a small portion of your check will be deposited pre-tax into an interest-bearing Health Savings Account at HSA Bank. You will receive a debit card so that you can use your saved funds on out-of-pocket medical expenses, such as your deductible, co-payments for medical care and prescription drugs, or vision and dental care bills.

#### Benefits of an HSA:

- **The ability to make deposits via payroll deductions**
- **Issued a debit card to access your money**
- **Investment opportunities for your HSA funds**
- **Online portal and mobile app to monitor your savings and spending**

### HSA vs FSA

Unlike FSAs, HSAs have no “use it or lose it” stipulation, so your money rolls over each year tax-free. You can also invest these funds to earn even more money. The best part, you might ask, is that you do not have to pay any federal taxes on your earning as long as the funds are used to pay for qualified medical expenses.

These funds are 100% yours, so even if you leave AISD, you will still have full access to your HSA funds.



# 2023-2024 SUPPLEMENTAL BENEFITS

## Flexible Spending Accounts- TASC

Flexible Spending Accounts are pre-tax, payroll deductions for healthcare reimbursement and/or Dependent Care reimbursement plans. Each plan will rollover up to \$550 of your leftover funds to utilize the next plan year.

### FSA - MEDICAL

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Non-covered expenses apply to all dependent family members even if not covered by a particular insurance plan. The maximum contribution amount for calendar years 2023 & 2024 is \$3,050 - this amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside for the employee in a special account.

FSA Rules & Regulations · *The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, we will request itemized receipts. \*Always save your itemized receipts!*

### FSA - DEPENDENT CARE

This account is an alternative to the Dependent Care Tax Credit and covers dependent and certain elder care expenses while you are at work (special requirements apply). If you work and have children, a disabled spouse, or qualifying dependent parents, you know how important it is to have reliable and affordable care for them while you are at work. A Dependent Care Account allows you to pay for these expenses and get a tax break at the same time. Expenses must be for qualifying dependents. See IRS Publication 503 child and dependent Care Expenses. Typical expenses under this account include charges for day care, nursery school, and certain elder care (unless it is for medical care) for your legal dependents.

The annual election amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside in a special account for the employee. As expenses are incurred, the employee submits a claim, and the money is reimbursed to the employee from the employee's account as the monies come in from each paycheck. The IRS does not allow the Dependent Care Account (DCA) to be pre-funded. Where accepted, the debit card may be used for payment of dependent care expenses. The maximum annual election amount is \$5,000 per household.



# 2023-2024 SUPPLEMENTAL BENEFITS



## Disability- The Standard

Disability insurance helps to supplement your salary if you become disabled

Disability insurance is designed to protect your salary, up to 66%, should you become disabled as a result of a covered accident or illness. The plan has various waiting periods depending on your own personal needs. Coverage is guaranteed issue and requires no medical underwriting.

- Coverage is available in increments of \$100 from \$200 to \$8,000.
- Benefits are paid year-round, regardless of employee's summer or holiday breaks, Maternity is covered the same as illness.
- Benefits are payable regardless if the employee continues to receive paychecks from the district

### **BENEFIT WAITING PERIOD:**

The benefit waiting period is the period that you must be continuously disabled before benefits become payable. 0-, 14-, 30-, 60-, 90-, and 180-day waiting periods are available.

### **Changes in Insurance**

If you are insured and elect to make a change in your insurance, you may apply for a change only during the Annual Enrollment Period.

1. Increases- Insurance increases mean an election increase in the amount of your LTD Benefit, decrease in the length of your Benefit Waiting Period and an increase in your Maximum Benefit Period.

### **The Preexisting Condition will apply to your elected increases described below:**

- A. Your LTD Benefit will be subject to the Preexisting condition Limitation if you elect:
- An increase of more than \$300 in the amount of your LTD Benefit;
  - A decrease of more than one level in the length of your Benefit Waiting Period; or
  - An increase in the length of your Maximum Waiting Period.

B. Your eligibility for the First Day Hospital Benefit will be subject to the Preexisting Condition Limitation if you elect a decrease of more than one level in your Benefit Waiting Period and that change adds First Day Hospital Benefit to your increase.

2. Decreases- Insurance decreases mean an elective decrease in the amount of your LTD Benefit, increase in the length of your Benefit Waiting Period, or decrease in your Maximum Benefit Period.

**1ST DAY HOSPITAL BENEFIT: If you are hospitalized on the first date of disability for at least 4 hours, charged room & board, and have elected 0-, 14- or 30-day period, benefits are payable on the first day of hospitalization.**

# 2023-2024 SUPPLEMENTAL BENEFITS

## Accident- MetLife

Accident insurance provides cash benefits if you or a covered family member is accidentally injured.



Accident Insurance helps cover expenses for:

- Emergency Treatment
- Fractures and Dislocations
- Hospital and Ongoing Care
- & many more expenses!
  
- This plan has a \$200 Wellness Benefit payable per person once a year on the plan! This will pay for the plan itself in some instances!

### Plan Monthly Rates

Employee Only	\$ 15.02
Employee & Spouse	\$ 22.29
Employee & Child(ren)	\$ 30.10
Employee & Family	\$ 37.65

## Critical Illness- MetLife

Critical Illness insurance provides cash benefits if you or a covered family member are diagnosed with a critical illness or event while insured under this plan.

### **Critical Illness help cover expenses for:**

- Heart Attack
- Stroke
- Invasive Cancer
- Major Organ Failure
- Arterial/Vascular Disease
- Transplant
- End Stage Renal Failure
- Benign Brain Tumor
- ALS/Alzheimer
- Advanced Parkinson's
- Traumatic Brain Injury
- Severe Burns
- Permanent Paralysis
- Additional Childhood Conditions



Critical Illness benefits are paid out in a lump sum.

- No waiting periods
- Coverage is guaranteed issue
- Premium will not increase due to aging up
- Wellness Benefit of \$50 paid per person on plan per year.

\*Rates are based on the per \$1000 of coverage and the employees age at time of coverage. Employees can elect coverage on themselves as well as their spouse and dependent children under the age of 26.

# 2023-2024 SUPPLEMENTAL BENEFITS

## Medical Transport Services- MASA MTS

Two different medical emergency transport plan are available to cover you and your family.

The Medical Transport Services plan provides access to vital emergency medical transportation for a low monthly Cost.



- One low fee for peace of mind for emergent transport costs
- No deductibles
- Easy claim process
- No health questions
- Coverage available for spouses and dependents up to age 26

<u>BENEFIT COVERAGE</u>	<u>PLATINUM</u> \$39/MONTH	<u>EMERGENT PLUS</u> \$14/MONTH
Emergency Ground Transportation	US/Canada	US/Canada
Emergency Air Transportation	US/Canada	US/Canada
Repatriation	Worldwide	US/Canada
Non-Emergency Air Transportation	Worldwide	N/A
Escort Transportation	Worldwide	N/A

## Cancer- Allstate

Cancer insurance is designed to provide supplemental insurance that pays for many of the costs not covered by your major medical plan and it pays in addition to other coverage you may have.

Benefits are payable for:

- Cancer Screening/Wellness Benefit
- Treatments Benefit
- Transportation/Lodging Benefit

### Monthly Rates

Employee Only	\$ 23.33
Employee & Spouse	\$ 36.15
Employee & Child(ren)	\$ 32.51
Employee & Family	\$ 45.31

# 2023-2024 SUPPLEMENTAL BENEFITS



## Voluntary Term Life Insurance and Accidental Death & Dismemberment (AD&D)- Lincoln

Voluntary term life and AD&D coverage is available to all full-time, active employees in increments of \$10,000 with a maximum of \$500,000 for employee, \$250,000 for spouse, and \$10,000 for child.

Guarantee Issued is offered to all new employees and eligible dependents (no health questions). However, if you chose to not enroll in coverage the first year of eligibility, or request to increase coverage more than two increment levels, you will need to medically qualify during subsequent enrollments.

- New employees have a guaranteed issue amount up to \$100,000.
- Spouses have a guaranteed issue amount of \$30,000.
- Child Coverage: Coverage for dependent children unmarried and up to age 26.
- Spouse coverage determined by employee's age.

<u>Age</u>	<u>Rate per \$1,000</u>
<25	\$ 0.070
25-29	\$ 0.070
30-34	\$ 0.080
35-39	\$ 0.110
40-44	\$ 0.170
45-49	\$ 0.280
50-54	\$ 0.490
55-59	\$ 0.820
60-64	\$ 1.180
65-69	\$ 1.960
70+	\$ 3.460

**\*Spouse Rates based on employee's age.**

<b>Dependent Children</b>	
<u>Coverage Amount</u>	<u>Monthly Premium</u>
\$1,000	\$ 0.19
\$2,000	\$ 0.38
\$3,000	\$ 0.77
\$4,000	\$ 0.96
\$5,000	\$ 1.92



# DEKALB ISD

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**Employee Benefits**

**Services Group.**