



Slidell Independent School District

Benefit Booklet

Plan Year

September 1, 2023 – August 30, 2024

CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors. For general information contact your Human Resources Department or Stephens, Bastian, & Cartwright, LP.

MEDICAL INSURANCE

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BlueCross BlueShield of Texas
Member Services: 800-521-2227
Website: www.bcbstx.com/member

DENTAL INSURANCE

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Humana
Member Services: 800-448-6262
Website: www.humana.com

VISION INSURANCE

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Humana
Member Services: 800-448-6262
Website: www.humana.com

LIFE AND AD&D INSURANCE

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Dearborn National / BCBSTX
Member Services: 800-778-2281
Website: www.bcbstx.com/ancillary/employees

DISABILITY INSURANCE

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Dearborn National / BCBSTX
Member Services: 800-778-2281
Website: www.bcbstx.com/ancillary/employees

AFLAC

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Marci Schnitker
Member Services: 940-683-4408
Email: marci_schnitker@us.aflac.com

EBC FSA

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Member Services: 800-346-2126
Website: www.ebcflex.com

1.800MD

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TeleHealth: 800-530-8666
Website: www.1800MD.com

MASA

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Member Services: 800-643-9023
Website: www.masamts.com

IDENTITY PROTECTION

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Identity Guard / Aura
Member Services: 877-540-0432

BENEFITS AGENT/BROKER

Stephens, Bastian, & Cartwright, LP - Chloe' Ballou
Member Services: 888-627-8884
Email: cballou@sbcinsurance.net



BlueCross BlueShield of Texas

High Deductible H.S.A.

Low Plan

Mid Plan

High Plan

*Blue Advantage HMO
MTBAB014H*

*Blue Advantage HMO
MTBAB039*

*BlueChoice PPO Basic
MTBCB032*

*BlueChoice PPO Basic
MTBCB039*

Network	Blue Advantage HMO		BlueChoice PPO	
Primary Care Physician (PCP) Requirement	Smaller Network. PCP REQUIRED.		Full Network Access. No PCP Required.	
Deductible	Single \$5,000 Family \$15,000	Single \$5,000 Family \$15,000	Single \$3,500 Family \$10,500	Single \$5,000 Family \$15,000
Coinsurance % (In/Out)	100%	100%	70%	100%
Out-Of-Pocket Maximum (Includes Deductible)	Single \$5,000 Family \$15,000	Single \$7,900 Family \$15,800	Single \$8,150 Family \$16,300	Single \$8,150 Family \$16,300
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit	Deductible Only	\$40	\$35	\$35
Specialist Office Visit	Deductible Only	\$80	\$70	\$70
Urgent Care	Deductible Only	\$75	\$75	\$75
Standard Lab/X-ray	Deductible Only	Deductible Only	Deductible + 30%	Deductible Only
Outpatient Surgery	Deductible Only	Deductible Only	Deductible + 30%	Deductible Only
Emergency Room Hospital	Deductible Only	\$500 Copay + Deductible	\$500 Copay + Deductible + 30%	\$500 Copay + Deductible
Emergency Room Physician	Deductible Only	Deductible Only	Deductible + 30%	Deductible Only
Hospital (In/Out)	Deductible Only	Deductible Only	Deductible + 30%	Deductible Only
Prescription Drugs in Network *Preferred Generic *Non-Preferred Generic *Preferred Brand *Non-Preferred Brand *Specialty	Deductible Only	\$0 / \$10 Copay \$10 / \$20 Copay \$50 / \$70 Copay \$100 / \$120 Copay \$150 / \$250 Copay	\$0 / \$10 Copay \$10 / \$20 Copay \$50 / \$70 Copay \$100 / \$120 Copay \$150 / \$250 Copay	\$0 / \$10 Copay \$10 / \$20 Copay \$50 / \$70 Copay \$100 / \$120 Copay \$150 / \$250 Copay
Employee Monthly Deductions				
	High Deductible	Low Plan	Mid Plan	High Plan
Employee Only	\$ 22.42	\$ 97.14	\$ 193.13	\$ 212.83
Employee + Spouse	\$ 205.11	\$ 325.71	\$ 480.68	\$ 512.48
Employee + Children	\$ 351.55	\$ 508.94	\$ 711.18	\$ 752.68
Employee + Family	\$ 534.24	\$ 737.53	\$ 998.73	\$ 1,052.33

*In the event there are any differences in this illustration and actual carrier contracts, the actual plan contracts govern.
Please see the Summary of Benefits & Coverage for the plan you select.*

How to “Find a Doctor or Hospital” on the medical plan:

1. Go to www.bcbstx.com/member
2. Click “Find a Doctor or Hospital”
3. Click “Search as Guest”
4. In “All plans/networks”, choose:
 - a. **For the HMO Plans:** “Blue Advantage [HMO]”
 - b. **For the PPO Plans:** “Blue Choice PPO [BCA]”
5. Enter your City, State OR Zip.
6. Then search.

Plans	City, state or zip
Blue Advantage HMO SM [BAV]	Decatur, TX – 76234

Plans	City, state or zip
Blue Choice PPO SM [BCA]	Decatur, TX – 76234

7. **For the HMO Plans only, a PCP is required.**

Once you locate the doctor, if you need to list them as your PCP on the HMO plan, include the **PCP ID** in the PCP field during your enrollment. (This usually starts with a H.)

Leslie M Hollis, MD

Pediatrics

PCP ID: H08GN06201

Christine W Holland, MD

Family Practice

PCP ID: H08BL95001

Anissa G August, MD

Pediatrics

PCP ID: H08AB02001



Log in to Blue Access for MembersSM (BAM)

It's easy to get started

1. Go to bcbstx.com.
2. Click the **Already a Member?** tab. Then click the **Register Now** button in the BAM section.
3. Use the information on your BCBSTX ID card to complete the registration process.

Your Online Resource

Would you like to know when your medical claims are paid and the payment amounts? Do you need to confirm who in your family is included under your coverage? BAM, the secure member portal from Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, can help. Get immediate online access to health and wellness information, and:

- Check the status of a claim and your claims history
- Confirm the family members who are covered under your plan
- View and print an Explanation of Benefits (EOB) statement for a claim
- Select an option to stop receiving EOBs by mail
- Set your preferences to receive notifications for claims status and wellness updates through emails or text alerts.
- Locate a doctor or hospital in the network
- Request a new or replacement member ID card or print a temporary member ID card
- Join *My Blue Community*[®], a social network for BAM members

Use BAM while you're on the go. Register or log in by going to bcbstx.com from your mobile device Web browser for secure and convenient access.



bcbstx.com

HSA Eligibility List

The following is a summary of common expenses claimed against Health Savings Accounts (HSAs). Due to frequent updates to the regulations governing these accounts and arrangements, this list does not guarantee reimbursement and is to be utilized as a guide for the submission of claims. For more information on IRS-qualified medical expenses, please review IRS Publication 502.

If you are currently participating in a high-deductible health plan (HDHP) and are contributing to an HSA, you may also participate in a Limited Purpose HRA or Health FSA. Expenses are limited to dental and vision expenses identified with an * in the list below.

Common IRS-qualified medical expenses

Acupuncture	Guide dogs	Physical therapy
Ambulance	Hearing aids and batteries	Special education services for learning disabilities (recommended by a doctor)
Artificial limbs	Infertility treatment	Speech therapy
Artificial teeth*	Inpatient alcoholism treatment	Stop-smoking programs (including nicotine gum or patches, if prescribed)
Birth control treatment	Insulin	Surgery, excluding cosmetic surgery
Blood sugar test kits for diabetics	Laboratory fees	Vaccines
Breast pumps and lactation supplies	Laser eye surgery*	Vasectomy
Chiropractor	Medical alert bracelet	Vision exam*
Contact lenses and solutions*	Medical records charges	Walker, cane
Crutches	Menstrual care products	Wheelchair
Dental treatments (including X-rays, cleanings, fillings, sealants, braces and tooth removals*)	Midwife	
Doctor's office visits and co-pays	Occlusal guards to prevent teeth grinding	
Drug addiction treatment	Orthodontics*	
Drug prescriptions	Orthotic Inserts (custom or off the shelf)	
Eyeglasses (Rx and reading)*	Over-the-counter medicines and drugs (see examples below)	
Fluoride treatments*		
Flu shots		

Common over-the-counter (OTC) medicines

Examples include, but are not limited to:

Acid controllers	Eye drops*	Ointments for cuts, burns or rashes
Acne medicine	Feminine antifungal or anti-itch products	Pain relievers, such as aspirin or ibuprofen
Aids for indigestion	Hemorrhoid treatment	Sleep aids
Allergy and sinus medicine	Laxatives or stool softeners	Stomach remedies
Anti-diarrheal medicine	Lice treatments	
Baby rash ointment	Motion sickness medicines	
Cold and flu medicine	Nasal sprays or drops	

Services that may be eligible with a Letter of Medical Necessity completed

This list is not all-inclusive:

Weight-loss program

only if it is a treatment for a specific disease diagnosed by a physician (e.g., obesity, hypertension, heart disease)

Compression hosiery/socks, anti-embolism socks or hose

Massage treatment for specific ailment or diagnosis

CPR classes for adult or child

Improvements or special equipment added to a home or other capital expenditures for a physically handicapped person

Ineligible expenses

Listed below are some services and expenses that are not eligible for reimbursement. This list is not all-inclusive:

Aromatherapy

Baby bottles and cups

Baby oil

Baby wipes

Breast enhancement

Cosmetics and skin care

Cotton swabs

Dental floss

Deodorants

Hair re-growth supplies and/or services

Health club membership dues

Humidifier

Lotion

Low-calorie foods

Mouthwash

Petroleum jelly Shampoo

and conditioner Spa salts

How much can I contribute?

The IRS limits how much you can contribute to your HSA every year. This includes contributions from your employer, spouse, parents and anyone else.²

2023

Maximum
contribution limit



SINGLE
PLAN

\$3,850



FAMILY
PLAN

\$7,750

Catch-up contributions

You may be eligible to make a \$1,000 HSA catch-up contribution if you're:

- Over 55.
- An HSA accountholder.
- Not enrolled in Medicare (if you enroll mid-year, annual contributions are prorated).

This list is not comprehensive. It is provided to you with the understanding that HSA Bank is not engaged in rendering tax advice. The information provided is not intended to be used to avoid federal tax penalties. For more detailed information, please refer to IRS Publication 502 titled, "Medical and Dental Expenses," Catalog Number 15002Q. Publications can be ordered directly from the IRS by calling 1-800-TAXFORM. If tax advice is required, you should seek the services of a professional.



Please call the number on the back of your HSA Bank debit card or visit us at hsabank.com.

hsabank 
own your health.®

Humana Dental Preventive Plus

Low Plan Option

TEXAS

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,000			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (routine extractions) 	80% after deductible		80% after deductible	

More Value

Basic services

- Stainless steel crowns
- Harmful habit appliances for children

Major services

- Crowns
- Inlays and onlays
- Bridges
- Dentures
- Denture relines/rebases
- Denture repair and adjustments
- Implants
- Periodontics (gums)
- Endodontics (root canals)

Orthodontia services

- Adult and child orthodontia

These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Humana Dental Preventive Plus

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	Not available	Not available
Late applicant ¹	No	12 months	Not available	Not available

¹ Late applicants not allowed with open enrollment option.

Monthly rates* (12 deductions per year)

Employee	\$24.77
Employee + spouse:	\$49.57
Employee + child(ren):	\$52.04
Family:	\$79.63

* This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting.

Humana Dental Traditional Plus

High Plan Option

TEXAS

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	\$1,500 + extended annual maximum (see section below)			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) 	80% after deductible		80% after deductible	
Major services <ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implant Related Services (crowns, bridges, and dentures each limited to 1 per tooth every five years. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered.) • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% after deductible		50% after deductible	

Humana Dental Traditional Plus

	If you use an IN-NETWORK dentist	If you use an OUT-OF-NETWORK dentist
Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant ^{1,2}	No	12 months	12 months	12 months

¹ Late applicants not allowed with open enrollment option.

² Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

Monthly rates* (12 deductions per year)

Employee	\$33.35
Employee + spouse:	\$69.50
Employee + child(ren):	\$75.62
Family:	\$112.64

* This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting.

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to Humana.com or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at HumanaDental.com or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at Humana.com.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at Humana.com or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits).

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Humana[®]

Humana.com



Region 11 ISDs

Vision care services

	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging ¹	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$40 10% off retail	Not covered Not covered
Frames³	\$150 allowance 20% off balance over \$150	\$80 allowance
Standard plastic lenses⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$10 \$10 \$10 \$10	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options⁴ • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	X \$15 \$15 \$15 \$40 \$40 \$25 Premium anti-reflective coatings as follows: \$37 \$48 80% of charge less \$20 allowance \$10 Premium progressives as follows: \$75 \$85 \$100 \$90 copay, 80% of charge less \$120 allowance \$75 80% of charge	Not covered Not covered Not covered Not covered Not covered Up to \$25 Premium anti-reflective coatings as follows: Up to \$25 Up to \$25 Up to \$25 Up to \$40 Premium progressives as follows: Up to \$40 Up to \$40 Up to \$40 Up to \$40 Not covered Not covered
Contact lenses⁵ (applies to materials only) • Conventional • Disposable • Medically necessary	\$150 allowance, 15% off balance over \$150 \$150 allowance \$0	\$128 allowance \$128 allowance \$210 allowance

Humana Vision 150

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency		
<ul style="list-style-type: none"> • Examination • Lenses or contact lenses • Frame 	Once every 12 months Once every 12 months Once every 12 months	Once every 12 months Once every 12 months Once every 12 months
Diabetic Eye Care: care and testing for diabetic members		
<ul style="list-style-type: none"> • Examination <ul style="list-style-type: none"> - Up to (2) services per year 	\$0	Up to \$77
<ul style="list-style-type: none"> • Retinal Imaging <ul style="list-style-type: none"> - Up to (2) services per year 	\$0	Up to \$50
<ul style="list-style-type: none"> • Extended Ophthalmoscopy <ul style="list-style-type: none"> - Up to (2) services per year 	\$0	Up to \$15
<ul style="list-style-type: none"> • Gonioscopy <ul style="list-style-type: none"> - Up to (2) services per year 	\$0	Up to \$15
<ul style="list-style-type: none"> • Scanning Laser <ul style="list-style-type: none"> - Up to (2) services per year 	\$0	Up to \$33
Optional benefits		
<ul style="list-style-type: none"> • 12-month Frame Benefit 	Benefit replaces the 24-month frequency of the base plan.	
<ul style="list-style-type: none"> • LASIK/PRK 	Benefits for eye surgery. Benefit of \$250 per eye in and out of network. 12-month waiting period applies.	
<p>¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.</p> <p>² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.</p> <p>³ Discounts may be available on all frames except when prohibited by the manufacturer.</p> <p>⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.</p> <p>⁵ Plan covers contact lenses or frames, but not both.</p>		
Additional plan discounts		
<ul style="list-style-type: none"> • Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price. • Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location. 		

Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis ¹.



¹ Thompson Media Inc.

Monthly Premiums

Employee Only	\$8.54
Employee + Spouse	\$14.58
Employee + Children	\$15.43
Employee + Family	\$23.14

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.





**BlueCross BlueShield
of Texas**

Group Benefit Program Summary for Slidell Independent School District

Group Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Blue Cross and Blue Shield of Texas' Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All Active Full-Time Employees
Group Term Life Benefit: Employee	\$10,000
Guarantee Issue Amount - Employee	\$10,000
Group Term Life Age Reduction Schedule	Benefits reduce by 35% of the original amount at age 65; and further reduce by: 50% of the original amount at age 70.
Waiver of Premium	Elimination Period: 9 Months; Duration: To age 65
Accelerated Death Benefit (ADB)	Benefit: Up to 75% of the employee's life insurance; Life expectancy: 12 months or less
Portability Feature (Life Coverage)	Not Included
Conversion	Included
Beneficiary Resource Service	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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BlueCross BlueShield of Texas

Group Accidental Death & Dismemberment (AD&D)

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is a 24-hour coverage.

Group AD&D Benefit: Employee	Same as Basic Life
AD&D Age Reduction Schedule	Same as Basic Life

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of the same hand	25%
Uniplegia	25%

AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt Benefit
- ▲ Airbag Benefit
- ▲ Repatriation Benefit
- ▲ Education Benefit

*Loss must occur within 365 days of accident.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.



BlueCross BlueShield of Texas

Group Benefit Program Summary for Slidell Independent School District Supplemental Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Blue Cross and Blue Shield of Texas' Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All Active Full-Time Employees
Group Term Life Benefit: Employee	\$10,000 - \$500,000 in increments of \$10,000
Grandfathering	\$500,000 provided minimum participation requirement is met
Guarantee Issue Amount - Employee	\$100,000 (subject to eligibility rules and enrollment status guidelines)
Group Term Life Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$250,000 in increments of \$5,000, not to exceed 50% of the employee benefit amount
Guarantee Issue Amount - Spouse	\$25,000
Group Term Life Benefit: Child(ren)	Birth to 6 months: \$1,000 Age 6 months to 26 years: \$10,000
Group Term Life Age Reduction Schedule	Same as Basic Life
Premium Waiver Type	Same as Basic Life
Accelerated Death Benefit (ADB)	Same as Basic Life
Portability Feature (Life Coverage)	Included (employee & spouse)
Conversion	Included

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Supplemental Accidental Death & Dismemberment (AD&D)

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is a 24-hour coverage.

Group AD&D Benefit: Employee	Same as Supplemental Life
Group AD&D Benefit: Spouse (Includes Domestic Partners)	Same as Supplemental Dependent Life
Group AD&D Benefit: Child(ren)	Same as Supplemental Dependent Life
AD&D Age Reduction Schedule	Same as Supplemental Life

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of the same hand	25%
Uniplegia	25%

*Loss must occur within 365 days of accident.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Supplemental Life and AD&D
PREMIUM RATE GRID



Slidell Independent School District

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.**
(not to exceed 50% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.
The Spouse amount may not exceed the amount for which the employee is eligible.

Guarantee Issue*

Employee	\$100,000
Spouse	\$25,000

*Assumes 40% participation

Child Coverage

Birth to 6 months:	\$1,000
6 months to age 26:	\$10,000

Benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70.

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90	\$23.70
\$20,000	\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80	\$47.40
\$30,000	\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70	\$71.10
\$40,000	\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60	\$94.80
\$50,000	\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50	\$118.50
\$60,000	\$4.80	\$4.80	\$5.40	\$6.60	\$7.80	\$10.80	\$16.80	\$26.40	\$42.00	\$52.20	\$89.40	\$142.20
\$70,000	\$5.60	\$5.60	\$6.30	\$7.70	\$9.10	\$12.60	\$19.60	\$30.80	\$49.00	\$60.90	\$104.30	\$165.90
\$80,000	\$6.40	\$6.40	\$7.20	\$8.80	\$10.40	\$14.40	\$22.40	\$35.20	\$56.00	\$69.60	\$119.20	\$189.60
\$90,000	\$7.20	\$7.20	\$8.10	\$9.90	\$11.70	\$16.20	\$25.20	\$39.60	\$63.00	\$78.30	\$134.10	\$213.30
\$100,000	\$8.00	\$8.00	\$9.00	\$11.00	\$13.00	\$18.00	\$28.00	\$44.00	\$70.00	\$87.00	\$149.00	\$237.00
\$150,000	\$12.00	\$12.00	\$13.50	\$16.50	\$19.50	\$27.00	\$42.00	\$66.00	\$105.00	\$130.50	\$223.50	\$355.50
\$200,000	\$16.00	\$16.00	\$18.00	\$22.00	\$26.00	\$36.00	\$56.00	\$88.00	\$140.00	\$174.00	\$298.00	\$474.00
\$250,000	\$20.00	\$20.00	\$22.50	\$27.50	\$32.50	\$45.00	\$70.00	\$110.00	\$175.00	\$217.50	\$372.50	\$592.50
\$300,000	\$24.00	\$24.00	\$27.00	\$33.00	\$39.00	\$54.00	\$84.00	\$132.00	\$210.00	\$261.00	\$447.00	\$711.00
\$350,000	\$28.00	\$28.00	\$31.50	\$38.50	\$45.50	\$63.00	\$98.00	\$154.00	\$245.00	\$304.50	\$521.50	\$829.50
\$400,000	\$32.00	\$32.00	\$36.00	\$44.00	\$52.00	\$72.00	\$112.00	\$176.00	\$280.00	\$348.00	\$596.00	\$948.00
\$450,000	\$36.00	\$36.00	\$40.50	\$49.50	\$58.50	\$81.00	\$126.00	\$198.00	\$315.00	\$391.50	\$670.50	\$1,066.50
\$500,000	\$40.00	\$40.00	\$45.00	\$55.00	\$65.00	\$90.00	\$140.00	\$220.00	\$350.00	\$435.00	\$745.00	\$1,185.00

Employee Supplemental Life/AD&D	
Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.080
20-24	\$0.080
25-29	\$0.090
30-34	\$0.110
35-39	\$0.130
40-44	\$0.180
45-49	\$0.280
50-54	\$0.440
55-59	\$0.700
60-64	\$0.870
65-69	\$1.490
70-74	\$2.370
75+	\$3.640

Dependent Life (Children)	
Monthly Premium per Family	
Life/AD&D	
\$10,000	\$2.39

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Slidell Independent School District

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.**
(not to exceed 50% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.
The Spouse amount may not exceed the amount for which the employee is eligible.

Guarantee Issue*

Employee	\$100,000
Spouse	\$25,000

*Assumes 40% participation

Child Coverage

Birth to 6 months:	\$1,000
6 months to age 26:	\$10,000

Benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70.

Spouse	
Supplemental Life/AD&D	
Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.080
20-24	\$0.080
25-29	\$0.090
30-34	\$0.110
35-39	\$0.130
40-44	\$0.180
45-49	\$0.280
50-54	\$0.440
55-59	\$0.700
60-64	\$0.870
65-69	\$1.490
70-74	\$2.370
75+	\$3.640

Dependent Life (Children)	
Monthly Premium per Family	
Life/AD&D	
\$10,000	\$2.39

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	\$0.40	\$0.40	\$0.45	\$0.55	\$0.65	\$0.90	\$1.40	\$2.20	\$3.50	\$4.35	\$7.45	\$11.85
\$10,000	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90	\$23.70
\$15,000	\$1.20	\$1.20	\$1.35	\$1.65	\$1.95	\$2.70	\$4.20	\$6.60	\$10.50	\$13.05	\$22.35	\$35.55
\$20,000	\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80	\$47.40
\$25,000	\$2.00	\$2.00	\$2.25	\$2.75	\$3.25	\$4.50	\$7.00	\$11.00	\$17.50	\$21.75	\$37.25	\$59.25
\$30,000	\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70	\$71.10
\$35,000	\$2.80	\$2.80	\$3.15	\$3.85	\$4.55	\$6.30	\$9.80	\$15.40	\$24.50	\$30.45	\$52.15	\$82.95
\$40,000	\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60	\$94.80
\$45,000	\$3.60	\$3.60	\$4.05	\$4.95	\$5.85	\$8.10	\$12.60	\$19.80	\$31.50	\$39.15	\$67.05	\$106.65
\$50,000	\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50	\$118.50
\$75,000	\$6.00	\$6.00	\$6.75	\$8.25	\$9.75	\$13.50	\$21.00	\$33.00	\$52.50	\$65.25	\$111.75	\$177.75
\$100,000	\$8.00	\$8.00	\$9.00	\$11.00	\$13.00	\$18.00	\$28.00	\$44.00	\$70.00	\$87.00	\$149.00	\$237.00
\$125,000	\$10.00	\$10.00	\$11.25	\$13.75	\$16.25	\$22.50	\$35.00	\$55.00	\$87.50	\$108.75	\$186.25	\$296.25
\$150,000	\$12.00	\$12.00	\$13.50	\$16.50	\$19.50	\$27.00	\$42.00	\$66.00	\$105.00	\$130.50	\$223.50	\$355.50
\$175,000	\$14.00	\$14.00	\$15.75	\$19.25	\$22.75	\$31.50	\$49.00	\$77.00	\$122.50	\$152.25	\$260.75	\$414.75
\$200,000	\$16.00	\$16.00	\$18.00	\$22.00	\$26.00	\$36.00	\$56.00	\$88.00	\$140.00	\$174.00	\$298.00	\$474.00
\$225,000	\$18.00	\$18.00	\$20.25	\$24.75	\$29.25	\$40.50	\$63.00	\$99.00	\$157.50	\$195.75	\$335.25	\$533.25
\$250,000	\$20.00	\$20.00	\$22.50	\$27.50	\$32.50	\$45.00	\$70.00	\$110.00	\$175.00	\$217.50	\$372.50	\$592.50



**BlueCross BlueShield
of Texas**

Group Benefit Program Summary for Slidell Independent School District

Voluntary Group Short-term Disability Insurance (STD)

Today, most Americans would not be able to make payments on their homes or keep their family financially stable without their current salary. STD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Voluntary Group STD is a guaranteed issue coverage, which requires no health questionnaires to complete.

Eligibility	All Active Full-Time Employees
Group STD Benefit	60% of basic weekly earnings
Weekly Maximum Benefit	\$1,500
Benefits Are Payable On	8th day for Injury 8th day for Sickness
Maximum Benefit Period	25 Weeks or until LTD begins, whichever is earlier
Total Disability	Total Disability means that due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings.
Partial Disability	Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to Injury or Sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (80%).
Pre-Existing Condition Limitation	12/12 - A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.
Additional Features	Survivor Benefit, Work Incentive Benefit, Worksite Modification Benefit, FMLA Coverage Extension, Recurrent Disability

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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Voluntary Short-Term Disability Insurance

Slidell Independent School District

Benefit Schedule

Benefit Percentage	60% of Weekly Earnings* to a maximum weekly benefit of \$1,500
Elimination Period - Injury	7 Days
Elimination Period - Sickness	7 Days
Benefits Begin – Injury	8th Day
Benefits Begin – Sickness	8th Day
Maximum Period Payable	25 weeks or until LTD begins, whichever is earlier
Pre-Existing Conditions Limitation	12/12
Work Incentive Benefit, Worksite Modification Benefit, Continuity of Coverage	Included

Monthly Rate per \$10 of Weekly Benefit	
Age	Rate
Under 20	\$0.840
20-24	\$0.842
25-29	\$0.898
30-34	\$0.771
35-39	\$0.680
40-44	\$0.556
45-49	\$0.545
50-54	\$0.623
55-59	\$0.764
60-64	\$0.907
65-69	\$0.927
70+	\$1.048

*Weekly Earnings means your weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes, including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay or any other extra compensation other than commissions. Commissions will be averaged over the 12-month period prior to the date disability begins.

Sample Premium Calculation

(Sample assumes a 30-year-old employee with \$45,000 in annual earnings)

Annual Salary ÷ 52	=	Weekly Earnings	x	STD Benefit %	=	÷ 10 (max. \$150)	x	STD Rate (from table above)	=	Monthly Premium
\$45,000 ÷ 52	=	\$865	x	\$0.60	=	\$51.90	x	\$0.771	=	\$40.01

Your Premium Calculation

(Enter your salary and the rate for your current age from the table above)

Annual Salary ÷ 52	=	Weekly Earnings	x	STD Benefit %	=	÷ 10 (max. \$150)	x	STD Rate (from table above)	=	Monthly Premium
\$ ÷ 52	=	\$	x	\$0.60	=	\$	x	\$	=	\$

- To determine Bi-Weekly Premium, multiply Monthly Premium by 12, and then divide by 26.
- To determine Semi-Monthly Premium, multiply Monthly Premium by 12, and then divide by 24.
- To determine Weekly Premium, multiply Monthly Premium by 12, and then divide by 52.

This information is only a product highlight. This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. NOTE: For purposes of this illustration, we have assumed a 40-hour work week. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage.

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For assistance enrolling or to ask more questions, please reach out to our agents
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Aflac helps with expenses
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everything else.



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Continental American Insurance Company | Columbia, SC

Z2300116QR

EXP 3/24



Summary of Plans Offered

SLIDELL ISD

2023

Scan the QR Code to see more detailed information on the plans available.



Common Features of Benefit Plans:

- ◆ Claims are paid directly to the insured, unless assigned otherwise
 - ◆ Guaranteed-renewable for life
- ◆ Portable, with no change in coverage after one month's premium payment on a payroll deduction
 - ◆ Benefits paid regardless of any other insurance, unless Medicaid is in effect

Monthly Rates

Accident

Option 4

*(different levels available
with different premiums)*

- * Emergency Treatment \$120 - \$200
- * Wellness Benefit \$60 per year
- * Accidental Death Benefit \$50,000
- Plus Diagnostic exam, Appliances, Prosthesis, Ambulance benefit, Dismemberment Transportation and lodging and more.....
- * Hospital Admission \$1500 + \$300/day
- * ICU Admission \$2500 + \$500/day
- * Specific Injury Benefit \$35 to \$13,000

	Level 3	Level 4
Employee	\$21.97	\$25.09
Emp w/Children	\$36.92	\$43.03
Emp w/Spouse	\$31.20	\$35.88
Family	\$47.84	\$56.16

Cancer Assurance

Opt 3

*(different levels available
with different premiums)*

- * Initial Diagnosis Benefit \$7500
- * Building Benefit \$500 per year
- * Wellness Benefit \$100 per year
- * Chemotherapy Benefit up to \$1500/month
- * Radiation Benefit up to \$1500/month
- * Bone Marrow/Stem Cell \$10,000
- Plus Experimental Treatments, Oral Medicines, Blood & Plasma, Surgery, Hospital, Skin Cancer, Home Health, Ambulance, Transportation & lodging and more....

	Level 1	Level 2	Level 3
Employee	\$ 23.45	40.36	54.23
Emp w/Children	\$ 24.36	41.27	55.14
Emp w/Spouse	\$ 41.31	72.6	95.82
Family	\$ 42.22	73.51	96.73

Critical Care Protection

Option 3

- * First Occurrence Benefit \$7500
- * Building Benefit \$500 per year
- * Reoccurrence Benefit \$3,500
- * ICU days 1-7 \$800/day, days 8-15 \$1300/day
- Plus Transportation & Lodging and much more!
- * Hospital Benefit \$300 per day
- * Continuing Care Benefit \$125 per day
- * Ambulance \$250 \$2000 air

Age	Employee	Emp /Spouse
18-35	\$20.15	\$ 38.87
36-45	\$29.51	\$ 53.82
46-55	\$42.25	\$ 79.82
56-70	\$57.07	\$ 110.50

Age	Emp/Child	Family
18-35	\$32.76	\$ 43.55
36-45	\$40.30	\$ 58.11
46-55	\$51.22	\$ 84.11
56-70	\$70.72	\$ 117.78

Marci Schnitker

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www.aflac.com for claim forms or 800.992.3588



A Rates - 8/2021

This is only a brief summary of coverage. Refer to the policy, rider and outline of coverage for complete details, limitations and exclusions.

Standard Health FSA Eligible Expenses



There are two types of Health Care FSAs: a standard health FSA and a limited health FSA. Your **standard health FSA** allows you to pay for eligible medical, vision, and dental expenses that are not covered by another health plan.

Examples of Eligible Expenses for Standard Health FSAs:

■ Dental Expenses

- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces

■ Vision Expenses

- Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK

■ Out-of-Pocket Uncovered Medical Care Expenses

- Copays, Coinsurance, Deductible Expenses
- Prescribed Medication (*including insulin and birth control*)
- Prescribed Vitamins

■ Lab Exams/Tests

- Blood Tests, Spinal Fluid Tests, Urine/Stool Analyses
- Cardiographs
- Diagnostic Fees, Laboratory Fees
- X-Rays
- At-Home COVID-19 Testing

■ Medical Treatments/Procedures

- Acupuncture, Chiropractor
- Hearing Exams, Hearing Aids and Batteries
- Inpatient treatment for addiction to alcohol/drugs
- Infertility, In-vitro Fertilization
- Physical Therapy, Speech Therapy
- Sterilization, Vasectomy and Vasectomy Reversals
- Vaccinations and Immunizations
- Well Baby Care

Continued



■ Medical Supplies and Services

- Abdominal/Back Supports, Arch Supports/Orthopedic Insoles (*not for general comfort*) or Diabetic Shoes
- Blood Pressure Monitors
- Breast Pumps and Lactation Supplies
- Compression Hosiery above 30 mmHg
- Contraceptives, Norplant Insertion or Removal
- Counseling (*except for Marriage and Family*)
- Crutches, Wheelchair, Oxygen Equipment, Splints/Casts
- Medic Alert Bracelet or Necklace
- Hospital and Ambulance Services
- Insulin Supplies, Syringes
- Guide Dog (*for visually/hearing impaired person*)
- Mastectomy Bras, Prosthesis
- Medical Miles, Tolls, Parking, or Transportation Expenses (*essential to medical care*)
- Pregnancy Tests, Pre-Natal Vitamins

■ Over the Counter (OTC) Products

- Allergy, Anti-Itch, Antihistamine Medicines, Eye Drops
- Digestive Tract Relief Medications, Antacids, Anti-Diarrhea Medications, Laxatives
- Anti-Nausea Medications, Motion Sickness Pills
- Cold and Flu Medications, Cough Drops & Syrups, Decongestants, Nasal Sinus Sprays, Sore Throat Spray, Sinus Medications, Throat Lozenges, Vapor Rubs
- First Aid Creams, Diaper Rash Ointments, Calamine Lotion, Bug Bite Medication, Wart Remover Treatments, Special Ointments/Burn Ointments, Rubbing Alcohol
- Menstrual Pain and Cramp Relief Medication
- Menstrual Products, including Tampons and Pads
- Pain Relievers, Analgesics, Aspirin, Fever Reducers, Muscle/Joint Pain Relievers
- Smoking Cessation Products, Nicotine Gum/Patches
- Sunscreen with at least SPF 15
- Athletes Foot Creams and Powders, Cold Sore Remedies, Hemorrhoid Medications, Lice and Scabies Treatments, Yeast Infection Treatments

■ Personal Protective Equipment (PPE) to Prevent Spread of COVID-19

- Face masks (disposable or cloth), with multiple layers of material and with nose wire
- Hand sanitizer rubs and hand sanitizing wipes with at least 60% alcohol content

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please contact us if you have any questions.

Examples of *Ineligible* Expenses for Standard Health FSAs:

We're commonly asked which expenses are not eligible for payment. Here are some examples, but the list is not all inclusive.

- Canceled Appointment Fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic Surgery, Treatments, or Procedures
- Toiletries or Sundry Items
- Vitamins or Supplements for General Health
- Food and meals that replace regular nutritional requirements
- Household cleaning products, including surface cleaning wipes
- Face shields, neck gaiters, or face masks with vents/valves

Personal care items or services for general health are not usually eligible, but if your health care provider recommends an otherwise personal product or service to treat a specific diagnosis, you can submit the expense for reimbursement with a *Letter of Medical Necessity*.

This is a letter from your health care provider that includes a recommendation of the item or service to treat your diagnosis, and the duration of the recommendation. Depending on the expense, you may have to provide additional documentation to show the expense would not have been incurred "but for" the medical condition.

Sometimes a personal or general use item may be specialized for the specific purpose of treating or alleviating a medical condition. In this case, only the excess cost of the specialized item over the non-specialized item can be reimbursed. A *Letter of Medical Necessity* may be requested for these items as well.



E: ParticipantServices@ebcflex.com
 P: (800) 346-2126 | (608) 831-8445
 An employee-owned company
 www.ebcflex.com

Where can I shop?

Visit www.ebcflex.com/Wheretoshop

My Account Assistant

Login Instructions

Account Login

1. Go to www.ebcflex.com.
2. Click “Log In” **A** at the top of the page and choose “Participants.”
3. Log in with your Username and Password.

Create an Account

If you do not have a Username and Password, you will first need to register.

1. Click on the “Register” button **B**.
2. Fill out the short form and follow the on-screen instructions.

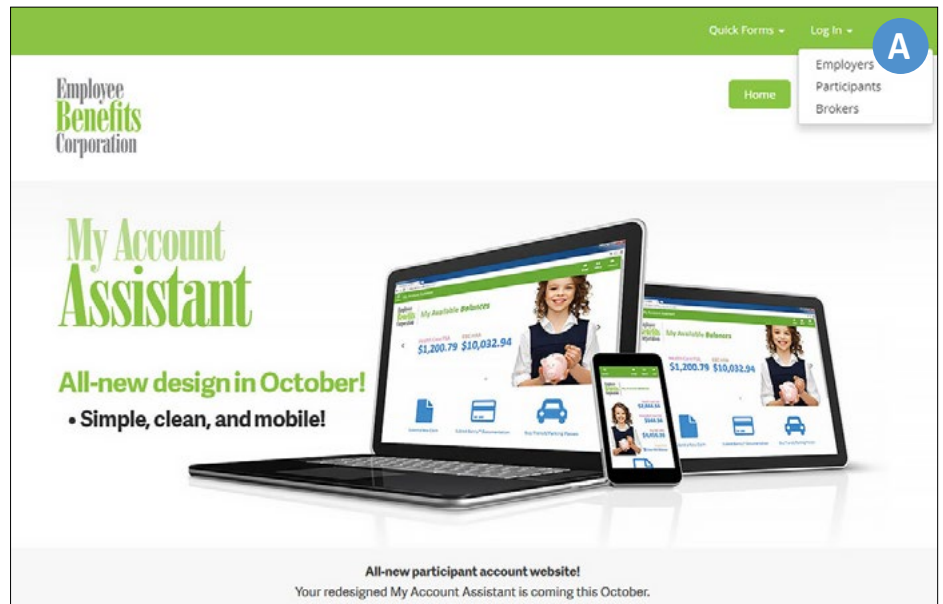
Forgot your Username or Password?

To retrieve your login credentials:

1. At the log-in screen, click on “Forgot Username?” or “Reset Password?”
2. Enter your email address and click “Retrieve Username” or “Reset Password.”
3. An email will be sent to you shortly with a link to your Security Question.
4. Provide the answer to your Security Question.
5. An email will be sent to you shortly with your Username included or instructions on how to reset your Password.

Change your Username and Password

Once you log in, you may change your Username, Password, and Security Question. Simply open the menu and choose “My Security Settings” under “Change.”



**Employee
Benefits
Corporation**
We make it easy.

P: 800 346 2126 | 608 831 8445
F: 608 831 4790
P.O. Box 44347
Madison, WI 53744-4347
An employee-owned company
www.ebcflex.com

Questions?

If you have any questions, feel free to contact Participant Services at **800 346 2126**, or email participantservices@ebcflex.com.

Benefits Card



10 Essential *Tips*

Be sure to remember these important tips when you use the Employee Benefits Corporation Benefits Card.

Tip 1 Secondary Card

You will be able to request a secondary card in a dependent's name, at no cost. You will receive one card in the mail. You may request a second card by logging in to your Account and clicking on "Secondary Benefits Card" under the "Manage" category.

Tip 2 Activated on First Use

Your card will be activated the first time you use it. There is no need to call to activate. Use your Benefits Card for its first purchase to activate it!

- Select "**CREDIT**" if offered a choice at the point of sale terminal.

Tip 3 Sign Back of Card

Sign the back of your card before using it

Tip 4 Eligible Products & Locations

Not all products are eligible with the card. It is also important to know where you can use your card. Click the links below to learn which products are eligible and ineligible for purchase with the Benefits Card.

Products: <https://sig-is.org/eligible-product-list2/eligible-product-list-criteria>

Locations: <https://www.sig-is.org/card-holders/store-locator>

Tip 5 Save your Documentation

If your card transaction is not approved automatically at the point of sale, and you didn't manually document it, you will receive a *Documentation Request* asking for your expense documentation.

Tip 6 Documentation Information

Your documentation must contain 4 pieces of important information for us to substantiate your expense:

1. Date of Service
2. Type of expense
3. Amount of the expense incurred
4. Name of Service Provider

Tip 7 Dental and Vision Purchases

Transactions made with the card at offices of dental or vision practitioners are often **not** automatically substantiated like they are at retailers or pharmacies that use the IAS. In those cases, you will more likely be required to provide manual substantiation of the transaction.

Tip 8 Card Cancellations

There are a few reasons why your card may be cancelled:

- Your Health Care FSA or EBC HRA terminates
- You've used the card inappropriately for ineligible expenses too many times

Tip 9 Card is Declined

There are a few reasons why your card may be declined, if it hasn't already been cancelled:

- The merchant does not accept the Benefits Card
- Your purchase is not eligible
- The card was temporarily suspended for an ineligible expense

Tip 10 Download Our Mobile App

With our app, **My Mobile Account Assistant**, you can take a photo of your documentation (receipt) using your phone or tablet's camera and send it to us to substantiate the expense.

If you don't have a smartphone, you can take a picture with your phone or camera, save it to your computer, and upload it to us through your account using **My Account Assistant**.

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Questions about the Benefits Card?

Contact us at **800 346 2126** or email participantservices@ebcflex.com.



WE TREAT A BROAD RANGE OF NON-EMERGENCY MEDICAL CONDITIONS

General Health

- Allergies*
- Cold & Flu*
- Pharyngitis*
- Skin Infections*
- Gastroenteritis*
- Ear Infection*
- Pink Eye*
- Respiratory Infections*
- Sinusitis*
- Sprains and Strains*
- Urinary tract Infection*
- Consulting for International and Domestic Travel*

Behavioral Health

- Depression & Anxiety*
- Work-related stress*
- Alcohol or Drug problems*
- Grief and loss*
- Eating Disorders*
- Stress & Pain management*
- Marriage or relationship problems*
- Personal Distress*
- Eldercare, childcare, and parenting issues*
- Major life events: birth, death, accidents*
- Health care concerns*

3 SIMPLE STEPS TO GET STARTED



01 Register

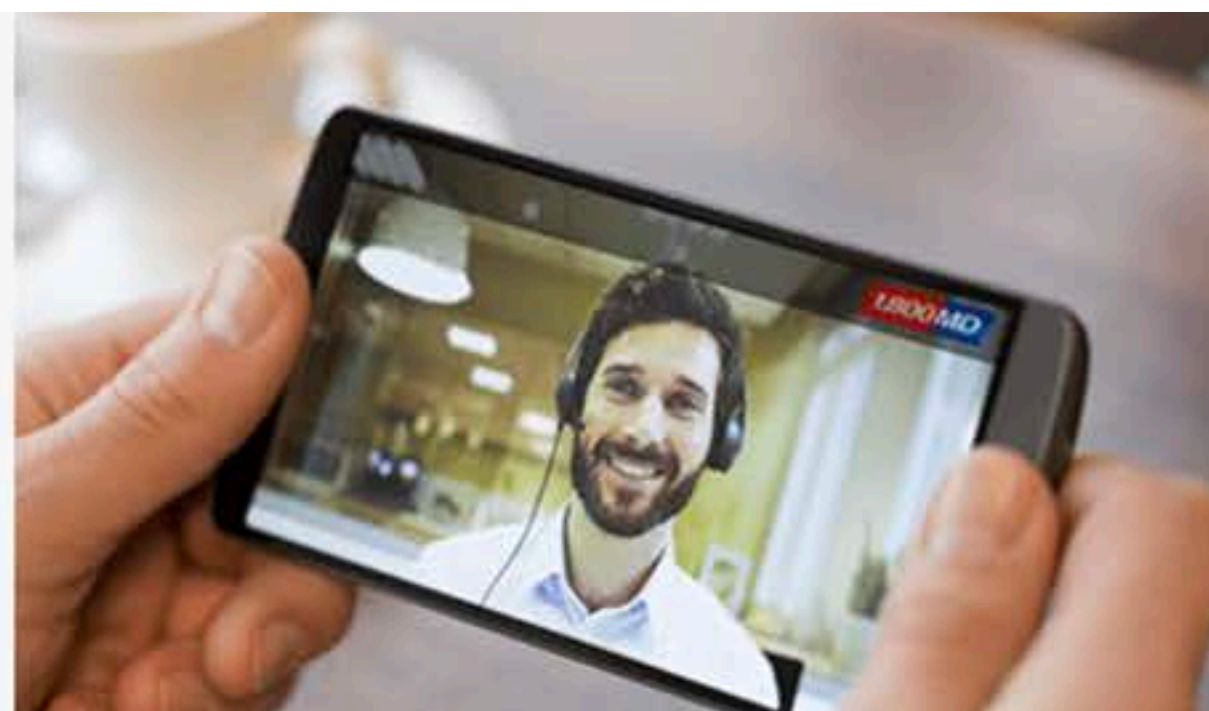
Setup your profile

On the member field:

Enter the member number in your membership card.

On the Group Number field:

Enter the group number in your membership card.



02 Request a Consult

Talk to our team 24/7/365

Consult with one of our board-certified physicians via secure bi-directional video or phone day or night.



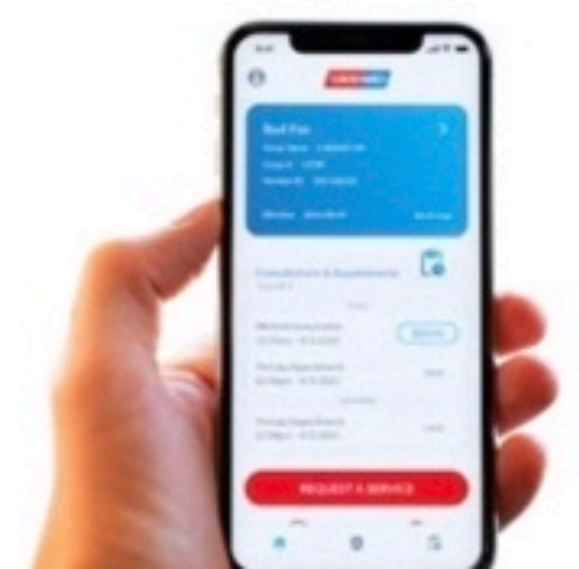
03 Receive Care

Get a diagnosis

Receive diagnosis and treatment by our physicians to get quality care and peace of mind where ever you are.

Activate your account and talk to a doctor today.

DOWNLOAD APP



Scan the QR code to download the App.



www.1800MD.com



1.800.530.8666



DID YOU KNOW? 30

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in in-network out-of-pocket costs.**

Ground ambulance **out-of-network transportation costs may be even higher than in-network.**



EMERGENCY PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage¹

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Contact Your Representative, to learn more:





DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in in-network out-of-pocket costs.**

Ground ambulance **out-of-network** transportation costs may be even higher than in-network.



PLATINUM MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage³

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage³

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage³

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage¹

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Patient Return Transportation Coverage¹

MASA MTS provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.

PLATINUM MEMBERSHIP BENEFITS

Companion Transportation Coverage²

MASA MTS provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

Hospital Visitor Transportation Coverage²

MASA MTS provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of in-patient hospitalization more than one hundred (100) statute miles from Member's home.

Minor Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

Vehicle & RV Return Coverage²

MASA MTS provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA MTS pays the cost of fuel, oil and driver.

Pet Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to a Member's home for up to two (2) pet(s) belonging to the Member that includes either a dog, cat or other small animal(s). This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

Organ Retrieval & Organ Recipient Transportation Coverage⁴

MASA MTS provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. MASA MTS will also provide service and cover transportation costs of Member and Member's spouse, other family Member or a companion should the Member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

Mortal Remains Transportation Coverage¹

MASA MTS covers the air transportation expense for a Member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Member's home.

Contact Your Representative, to learn more.



Identity Theft Protection

Identity Guard

Identity theft protection may be the one universally relevant employee benefit because everyone has an identity to protect. Your employees are concerned about identity theft, and they want you to offer them protection. In fact, 39% of employees said they would be likely to purchase identity theft protection as a benefit through payroll deduction.

EMPLOYEE PROTECTION PLANS

Choose the plan that works best for you.

Monthly Rates

Plan	Individual	Family
Total	\$7.90	\$13.90
Premier	\$9.85	\$17.85

All Plans Include

- IBM® Watson™ AI
- \$1 Million insurance with stolen funds reimbursement*
- U.S.-based customer care
- Risk management score
- Online identity dashboard
- Mobile application

TOTAL

PREMIER

We'll Alert You Of

- Your personal information on the dark web
- High-risk transactions like account takeovers and tax refunds
- Potential threats detected by IBM® Watson™ AI
- Requests to open checking or savings accounts with your information
- Monthly credit score[†]
- 3-bureau credit changes
- Bank account takeovers
- 3-bureau credit report

Additional Tools for Protection

- Anti phishing mobile app
- Safe browsing extension
- Social insight report

Family Plan Additional Features

- Your child's information on the dark web
- Cyberbullying on social media

Required Notices

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in the company's medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in the company's medical coverage as long as you request enrollment by contacting Human Resources no more than 31 days after the marriage, birth, adoption or placement for adoption.

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact Human Resources or your medical plan administrator.

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, your employer does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a cesarean delivery).

Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information which is maintained by and for the plan for enrollment, payment, claims, and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources.

Expanded Coverage for Women's Preventive Care

Under the Affordable Care Act, your employer provides female plan participants with expanded access to recommended preventive services, including contraceptives, without cost sharing. Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening & HPV DNA testing
- Sexually transmitted infection counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the Plan and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on **September 1, 2023**.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Your employer requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care

provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain Employees of your employer for the purpose of administering the Plan. These Employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting of disclosures must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Irene Wilson
Slidell ISD
1 Greyhound Lane
Slidell, TX 76267
940-535-5260
iwilson@slidellisd.net

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Health Insurance Market Place Notice

PART A: General Information

Since key parts of the health care law took effect in 2014, there is another 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 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 tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

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.1

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 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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.

1. Company Name: Slidell ISD		2. Employer Identification Number (EIN) 75-1214080	
3. Employer address 1 Greyhound Lane		4. Employer phone number 940-535-5260	
5. City Slidell	6. State TX	7. ZIP code 76267	
8. Who can we contact about employee health coverage at this job? Irene Wilson			
9. Phone number (if different from above)		10. E-mail address iwilson@slidellisd.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 full time employees working at least 30 hours per week.
- With respect to dependents: We do offer coverage. Eligible dependents are: Your legal spouse, a child under the limiting age shown in your schedule of coverage, a child of your child who is your dependent for federal income tax purposes at the time application for coverage of the child is made, and any other child included as an eligible dependent under the plan.

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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

Medicare Prescription Drug Notice

Important Notice from Your Employer About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your employer and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Your employer has determined that the prescription drug coverage offered by your employer's plan 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.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will so be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current employer's coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current employer's coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your employer changes. You also may request a copy of this notice at any time.

Dear COBRA Participant:

The Patient Protection and Affordable Care Act created a new option for all individuals who are eligible for COBRA coverage: Purchasing health insurance in one of the new Health Insurance Marketplaces. **You should explore your options, since you may prefer a Marketplace plan and its premium over your COBRA coverage and premium.**

What Are the Marketplaces?

Marketplaces can help you find health insurance that meets your needs and fits your budget. Each Marketplace serves a specific geographic area and offers "one-stop shopping" to find and compare health insurance options. In each Marketplace, you can see what your monthly premium, annual deductibles, and annual out-of-pocket amounts will be before you make an enrollment decision.

If you choose a Marketplace plan, its coverage can start as early as the first of the month following your enrollment.

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

Marketplaces offer three ways you may be able to save money on your health insurance:

1. **Many Marketplaces offer plans with lower monthly premiums than COBRA coverage.** Premiums vary by Marketplace – and by plan and covered family members – so specific premium savings will vary when comparing Marketplace plans to your employer COBRA coverage.
2. **You may qualify for a new tax credit that may lower your Marketplace plan's premium.** The premium tax credit works like a subsidy, because it is immediately applied to the plan you choose and paid directly by the federal government to the insurance company. Your premium tax-credit savings amount (if any) will depend on your total household income when you apply for coverage.
3. **You may qualify for lower out-of-pocket costs** (deductibles, copays, coinsurance). If your total household income is below a certain level, you may also be eligible for reduced out-of-pocket costs when you receive healthcare services.

How Can I Evaluate Marketplace Options?



- DIRECT**
1. Visit the federal Health Insurance Marketplace at www.healthcare.gov
 2. Call the federal Health Insurance Marketplace at 1-800-318-2596.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Medical, Dental, & Vision Deductions

The following is a recap of the pre-tax deductions for medical, dental, & vision insurance coverage for full-time, benefit eligible employees.

Medical	Blue Advantage HMO MTBAB014H	Blue Advantage HMO MTBAB039	BlueChoice PPO MTBCB032	BlueChoice PPO MTBCB039
Employee Only	\$ 22.42	\$ 97.14	\$ 193.13	\$ 212.83
Employee + Spouse	\$ 205.11	\$ 325.71	\$ 480.68	\$ 512.48
Employee + Children	\$ 351.55	\$ 508.94	\$ 711.18	\$ 752.68
Employee + Family	\$ 534.24	\$ 737.53	\$ 998.73	\$ 1,052.33

Dental	Low Dental	High Dental
Employee Only	\$ 24.77	\$ 33.35
Employee + Spouse	\$ 49.57	\$ 69.50
Employee + Children	\$ 52.04	\$ 75.62
Employee + Family	\$ 79.63	\$ 112.64

Vision	150 plan
Employee Only	\$ 8.54
Employee + Spouse	\$ 14.58
Employee + Children	\$ 15.43
Employee + Family	\$ 23.14

Section 125 - What does that mean to me?

The Internal Revenue Service (IRS) regulations; Contributions under the plan shown as "Pre-tax" will remain in effect and cannot be revoked or changed during the plan year unless the change of status is allowed under IRS regulations.

When you sign and submit an enrollment form, you are making a binding election for the plan year as stated unless such revocation or new election is on account of and consistent with a change in status such as, but not limited to:

- Marriage
- Divorce
- Birth/Adoption
- Death
- Dependent Child Reached the Limiting Age
- Retirement
- Loss / Gain of other group coverage

In the event you should experience a qualifying event, you have 30 days to notify the HR department to make a qualified & consistent benefit change.

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(888) 627-8884

Please Note:

This Benefit booklet summarizes the provisions of Slidell ISD employee benefits plan, effective September 1, 2023. Complete details of each certificate of coverage within this benefit plan can be found in the official plan documents and contracts. If there are any differences between this booklet and the actual plan documents and contracts, the plan documents will govern. Benefits summarized in this booklet are subject to change at any time and do not represent a contractual obligation on the part of Slidell ISD, its subsidiaries, heirs or assigns.