

# EMPLOYEE Benefits Guide

2024-2025 Plan Year  
Pawnee ISD



Employee Benefits  
Services Group.

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# WELCOME

**Pawnee ISD's goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits package.**

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family. Please read this guide carefully so that you may make informed enrollment decisions.

**This guide is designed to highlight your benefit options.** It is not a complete Summary Plan Description. For more details including covered expenses, exclusions, and limitations, please refer to individual Summary Plan Descriptions or request information directly from the insurance carrier. If any discrepancy exists between this guide and the official documents, the Summary Plan Description will prevail.



# OPEN ENROLLMENT

## OPEN ENROLLMENT FOR THE 2024-2025 PLAN YEAR

Open Enrollment is the window of opportunity to review your benefit enrollments and determine if you want to make any changes for the following plan year. It is important to remind you that decisions made during Open Enrollment are generally binding for the entire plan year and cannot be changed until next year's Open Enrollment unless there is a qualified change in status (see Eligibility page for details).

### Open Enrollment Dates

**Monday, July 29<sup>th</sup> – Sunday, August 11<sup>th</sup>**

### Call Center Availability

**Monday – Friday 8:00 AM to 7:00 PM**  
**888-534-2917**

### Onsite Enrollment Date at Main Pawnee ISD Location:

Monday, August 5<sup>th</sup> : in-person Open Enrollment meetings

### Employee Benefits Website

**[pawneeisd.mybenefitsinfo.com](http://pawneeisd.mybenefitsinfo.com)**

## WHAT'S NEW IN 2024-2025

1. New Medical plan that offers \$0 Copay and \$0 with completion of a baseline televist within the first 120 days of plan!
2. New Accident and Critical Illness coverage!
3. New Dental, Employer Paid Life and Voluntary Life Carrier.
4. New Hospital Indemnity Plan.

## HOW TO ENROLL

You must complete your elections online via The Beacon Select, even if you are waiving benefits.

### Step 1 - LOGIN PORTAL

Go to: [pawneeisd.thebeaconselect.com](http://pawneeisd.thebeaconselect.com)

Under User ID: Enter your Employee ID or SSN

Under PIN: Enter last 4 of SSN and the last two of your birth year

### Step 2 - REVIEW PERSONAL INFORMATION

Review and update your personal and dependent information.

### Step 3 - REVIEW PLAN OPTIONS AND MAKE ELECTIONS

Elect or decline each offer of coverage for you and your family.

### Step 4 - SIGN AND APPROVE ELECTIONS

Sign and approve benefit elections.

Review ALL elections within the Confirmation Statement for accuracy.

# ELIGIBILITY

## INITIAL ELIGIBILITY PERIOD

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date. If your enrollment is not completed on or before the end of your initial eligibility period, you will have to wait until the next Open Enrollment period to change your benefit elections (unless there is a qualifying event outlined below).

## DEPENDENTS

You can enroll your eligible dependents for medical, dental, vision, voluntary life insurance, critical illness, and accident coverage. For benefit purposes, your eligible dependents are defined as:

- Your spouse (unless legally separated) or domestic partner.
- Your children, including:
  - Your naturally born children;
  - Your legally adopted child. An adopted child is considered a dependent from the moment the child is placed in the custody of the adoptive parents.
  - A stepchild, foster child, or any child of whom you have legal custody, who resides in your household in a regular parent-child relationship and is principally dependent on you for his/her support and maintenance and is named as an exemption on your most recent federal income tax return (proof may be required).
  - Any child whom you are required to provide health care coverage for under a Qualified Medical Child Support Order.

Eligible children (as defined above) are covered for medical, dental, and vision purposes until the end of the month following their 26th birthday.

## QUALIFIED CHANGE IN STATUS:

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in service area
- Change in employment status or a change in coverage under another employer-sponsored plan

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage as of the date of the event. If you submit a qualifying event more than 30 days after the event, the change is subject to carrier approval.



# EMPLOYER PAID BASIC LIFE & AD&D

New Carrier!

The Standard

## BASIC LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### *Basic Life/AD&D Insurance Plan*



Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there.

As an eligible employee, **Pawnee ISD** pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

| Carrier                  | Basic Life / AD&D Plan |
|--------------------------|------------------------|
| General Plan Information |                        |
| Eligibility              | All Eligible Employees |
| Who Pays For Coverage    | Employer               |
| Basic Life Benefit       |                        |
| Life Benefit Amount      | \$50,000               |
| Guarantee Issue Amount   | \$50,000               |
| Benefit Age Reduction    |                        |
| At Age 70                | 50%                    |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# MEDICAL PLAN: EPO

Curative

| First Health Network                     | Option 1: At-a-Glance |  |                                  |
|--|-----------------------|--|----------------------------------|
|  | In-Net with Baseline  | In-Network with No Baseline                        | Out-of-Network                   |
| Deductible                               | 0%                    | Single \$5,000 Family \$10,000                     | Not Covered                      |
| Coinsurance                              | \$0                   | 20% Coinsurance after Deductible                   | Not Covered                      |
| Out-of-pocket Maximum                    | \$0                   | Single \$7,500 Family \$15,000                     | Not Covered                      |
| Prescription Coverage                    |                       |  |                                  |
| Prescription Drugs                       | \$0/0/\$50/\$250      | \$50 / \$100 / 25% after Deductible                | Not Covered                      |
| Mail Order                               | \$0/\$50/\$250        | 90 Day Supply \$150 / \$300 / 25% after Deductible | Not Covered                      |
| Covered Medical Highlights               |                       |  |                                  |
| Preventive Routine Care                  | \$0                   | Covered in Full                                    | Not Covered                      |
| Primary Office Visit                     | \$0                   | \$25 copay   | Not Covered                      |
| Specialist Office Visit                  | \$0                   | \$50 copay   | Not Covered                      |
| Inpatient Hospital                       | \$0                   | 20% Coinsurance after Deductible                   | Not Covered                      |
| Outpatient Surgical Procedure (facility) | \$0                   | 20% Coinsurance after Deductible                   | Not Covered                      |
| Emergency Room                           | \$0                   | 20% Coinsurance after Deductible                   | 20% Coinsurance after Deductible |
| Urgent Care Center                       | \$0                   | 20% Coinsurance after Deductible                   | Not Covered                      |
| Monthly Rates                            | Plan Cost             | Employer Contribution                              | YOUR COST                        |
| Employee Only                            | \$526.53              | \$478.48   | \$48.05                          |
| Employee + Spouse                        | \$1,444.84            | \$478.48   | \$966.36                         |
| Employee + Children                      | \$899.01              | \$478.48   | \$420.53                         |
| Employee + Family                        | \$1,778.88            | \$478.48   | \$1,300.40                       |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# MEDICAL PLAN: PPO

Curative

| First Health Network                     | Option 1: At-a-Glance |  |                                  |
|--|-----------------------|--|----------------------------------|
|  | In-Net with Baseline  | In-Network with No Baseline                        | Out-of-Network                   |
| Deductible                               | 0%                    | Single \$5,000 Family \$10,000                     | Single \$10,000 Family \$20,000  |
| Coinsurance                              | \$0                   | 20% Coinsurance after Deductible                   | 50% Coinsurance after Deductible |
| Out-of-pocket Maximum                    | \$0                   | Single \$7,500 Family \$15,000                     | Single \$15,000 Family \$30,000  |
| Prescription Coverage                    |                       |  |                                  |
| Prescription Drugs                       | \$0/0/\$50/\$250      | \$50 / \$100 / 25% after Deductible                | 50% Coinsurance                  |
| Mail Order                               | \$0/\$50/\$250        | 90 Day Supply \$150 / \$300 / 25% after Deductible | 50% Coinsurance                  |
| Covered Medical Highlights               |                       |  |                                  |
| Preventive Routine Care                  | \$0                   | Covered in Full                                    | \$50 copay                       |
| Primary Office Visit                     | \$0                   | \$25 copay   | \$50 copay                       |
| Specialist Office Visit                  | \$0                   | \$50 copay   | \$100 copay                      |
| Inpatient Hospital                       | \$0                   | 20% Coinsurance after Deductible                   | 50% Coinsurance                  |
| Outpatient Surgical Procedure (facility) | \$0                   | 20% Coinsurance after Deductible                   | 50% Coinsurance                  |
| Emergency Room                           | \$0                   | 20% Coinsurance after Deductible                   | 50% Coinsurance                  |
| Urgent Care Center                       | \$0                   | 20% Coinsurance after Deductible                   | 50% Coinsurance                  |
| Monthly Rates                            | Plan Cost             | Employer Contribution                              | YOUR COST                        |
| Employee Only                            | \$619.68              | \$478.48   | \$141.21                         |
| Employee + Spouse                        | \$1,700.46            | \$478.48   | \$1,221.98                       |
| Employee + Children                      | \$1,058.07            | \$478.48   | \$579.59                         |
| Employee + Family                        | \$2,093.61            | \$478.48   | \$1,615.13                       |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



**New Carrier  
&  
Lower  
Premiums!**

# DENTAL PLAN

MetLife

| HIGH PLAN                        | Plan Name              |                |
|----------------------------------|------------------------|----------------|
|                                  | In-Network             | Out-of-Network |
| General Plan Information         |                        |                |
| Eligibility                      | All Eligible Employees |                |
| Who Pays For Coverage            | Employee               |                |
| Dependent Coverage               |                        |                |
| Dependent Age Limit              | To Age 26              |                |
| Dental Services                  |                        |                |
| Preventive Services              | 100% Covered           | 100% Covered   |
| Basic Services                   | 80% Covered            | 80% Covered    |
| Major Services                   | 50% Covered            | 50% Covered    |
| Orthodontia Services             | 50% Covered            | 50% Covered    |
| Cost Sharing Highlights          |                        |                |
| Deductible (Preventative Waived) | Single \$50            | Family \$150   |
| Annual Maximum                   | \$2,000                |                |
| Orthodontia Lifetime Maximum     | \$2,000                |                |
| Employee Monthly Cost            |                        |                |
| Employee Only                    | \$37.59                |                |
| Employee + Spouse                | \$75.17                |                |
| Employee + Child(ren)            | \$109.56               |                |
| Employee + Family                | \$150.39               |                |

## Find a Dentist:

With MetLife Dental plans, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the MetLife PDP Plus. To find a dentist in MetLife's PDP Plus Network, log on to **MetLife.com** or call **1-800-275-4638**.

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**New Carrier  
&  
Lower  
Premiums!**

# DENTAL PLAN

MetLife

| LOW PLAN                         | Plan Name                   |                |
|----------------------------------|-----------------------------|----------------|
|                                  | In-Network                  | Out-of-Network |
| General Plan Information         |                             |                |
| Eligibility                      | All Eligible Employees      |                |
| Who Pays For Coverage            | Employee                    |                |
| Dependent Coverage               |                             |                |
| Dependent Age Limit              | To Age 26                   |                |
| Dental Services                  |                             |                |
| Preventive Services              | 100% Covered                | 100% Covered   |
| Basic Services                   | 80% Covered                 | 80% Covered    |
| Major Services                   | 0% Covered                  | 0% Covered     |
| Orthodontia Services             | 0% Covered                  | 0% Covered     |
| Cost Sharing Highlights          |                             |                |
| Deductible (Preventative Waived) | Single \$50    Family \$150 |                |
| Annual Maximum                   | \$1,000                     |                |
| Orthodontia Lifetime Maximum     | No Coverage                 |                |
| Employee Monthly Cost            |                             |                |
| Employee Only                    | \$13.07                     |                |
| Employee + Spouse                | \$29.59                     |                |
| Employee + Child(ren)            | \$34.73                     |                |
| Employee + Family                | \$54.69                     |                |

## Find a Dentist:

With MetLife Dental plans, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the MetLife PDP Plus. To find a dentist in MetLife's PDP Plus Network, log on to **MetLife.com** or call **1-800-275-4638**.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# VISION PLAN

## Superior Vision

|                                    | In-Network                   | Out-Of-Network          |
|------------------------------------|------------------------------|-------------------------|
| <b>General Plan Information</b>    |                              |                         |
| Eligibility                        | All Full-Time Employees      | All Full-Time Employees |
| Who Pays For Coverage              | Employee                     | Employee                |
| <b>Dependent Coverage</b>          |                              |                         |
| Dependent Age Limit                | To Age 26                    | To Age 26               |
| <b>Vision Services</b>             |                              |                         |
| Eye Exam                           | \$10 Copay                   | Up to \$35 retail       |
| Provider Frames                    | Up to \$150 retail allowance | Up to \$70 retail       |
| Standard Plastic Lenses            | Covered in full              | Up to \$25 retail       |
| Elective Contact Lenses            | Up to \$175 retail allowance | Up to \$80 retail       |
| Medically Necessary Contact Lenses | Covered in Full              | Up to \$150 retail      |
| <b>Vision Service Frequency</b>    |                              |                         |
| Eye Exam                           | Once Every 12 Months         | Once Every 12 Months    |
| Frames                             | Once Every 12 Months         | Once Every 12 Months    |
| Lenses or Contacts                 | Once Every 12 Months         | Once Every 12 Months    |
|                                    | <b>Employee Monthly Cost</b> |                         |
| Employee Only                      | \$8.78                       |                         |
| Employee + Spouse                  | \$15.14                      |                         |
| Employee + Child(ren)              | \$16.18                      |                         |
| Employee + Family                  | \$24.21                      |                         |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# LONG TERM DISABILITY

## The Standard

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

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

### **BENEFIT WAITING PERIOD:**

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

**1ST DAY HOSPITAL BENEFIT:** If you are hospitalized on the first date of disability for at least 4 hours, charged room & board, and have elected 0/7-, 14/14- or 30/30-day period, benefits are payable on the first day of hospitalization.

### Changes in Insurance

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

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

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

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

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

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

### *How long will my disability benefits continue if I elect the premium benefit?*

**If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. Age 62 and over see below:**

| Age    | Benefits Payable | Age           | Benefits Payable |
|--------|------------------|---------------|------------------|
| Age 62 | 39 Months        | Age 66        | 21 Months        |
| Age 63 | 36 Months        | Age 67        | 18 Months        |
| Age 64 | 30 Months        | Age 68        | 15 Months        |
| Age 65 | 24 Months        | Age 69 & Over | 12 Months        |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# CANCER COVERAGE

## Colonial

Cancer insurance is designed to provide supplemental insurance that is designed to help reduce out-of-pocket expenses and bridge the gap between what your primary insurance does and does not cover.

### BENEFITS ARE PAYABLE FOR:

- Wellness Test Benefit
  - Level 3: \$75
  - Level 4: \$100
- Inpatient Benefits
- Treatment Benefits
- Transportation/Lodging Benefit



| Level 3 Cancer      | Monthly Premium |
|---------------------|-----------------|
| Employee Only       | \$22.55         |
| Employee and Family | \$37.50         |

| Level 4 Cancer      | Monthly Premium |
|---------------------|-----------------|
| Employee Only       | \$29.15         |
| Employee and Family | \$48.45         |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# MEDICAL TRANSPORT

## MASA MTS

Three different medical emergency transport plans are available to cover you and your family.

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

One low fee for peace of mind for:

- Emergent transport costs
- No deductibles
- Easy claim process
- No health questions
- Coverage available for spouses/domestic partners and dependents up to age 26

| Benefit Coverage                | Platinum<br>\$39/Month | Emergent Plus<br>\$14/Month |
|---------------------------------|------------------------|-----------------------------|
| Emergent Ground Transportation  | U.S./Canada            | U.S./Canada                 |
| Emergency Air Transportation    | U.S./Canada            | U.S./Canada                 |
| Repatriation                    | Worldwide              | U.S./Canada                 |
| Non-Emergent Air Transportation | Worldwide              |                             |
| Escort Transportation           | Worldwide              |                             |

*Review the summary plan for complete list of benefits*



**Global** Coverage\*



**24/7** Live Customer Support

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

New Carrier!

# VOLUNTARY LIFE & AD&D

## The Standard

### LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

#### *Voluntary Life/AD&D Insurance Plan*

While **Pawnee ISD** offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through a post-tax payroll deduction. You can purchase coverage for yourself in the amounts of \$20,000, \$50,000, \$100,000, \$150,000, \$200,000, \$250,000, or \$300,000. If you purchase coverage for yourself, you can also purchase coverage for your spouse in the amounts of \$10,000, \$25,000, \$50,000, \$75,000, \$100,000 or \$150,000 (cannot exceed 50% of employee's election). You can elect coverage for your child(ren) at a flat amount of \$10,000 (you only pay premium for one, no matter the number of children). The chart below outlines the monthly costs of purchasing additional coverage.

| Voluntary Life and AD&D Insurance | Rate per \$1,000            |         |
|-----------------------------------|-----------------------------|---------|
| Age                               | Employee                    | Spouse  |
| Under age 25                      | \$0.095                     | \$0.095 |
| Age 25-29                         | \$0.105                     | \$0.105 |
| Age 30-34                         | \$0.125                     | \$0.125 |
| Age 35-39                         | \$0.145                     | \$0.145 |
| Age 40-44                         | \$0.195                     | \$0.195 |
| Age 45-49                         | \$0.295                     | \$0.295 |
| Age 50-54                         | \$0.455                     | \$0.455 |
| Age 55-59                         | \$0.715                     | \$0.715 |
| Age 60-64                         | \$0.885                     | \$0.885 |
| Age 65-69                         | \$1.505                     | \$1.505 |
| Age 70-74                         | \$2.415                     | \$2.415 |
| Age 75 & Up                       | \$3.685                     | \$3.685 |
| Dependent Child                   | \$5,000 or \$10,000 Benefit |         |

**IMPORTANT NOTE:** You have a one-time true open enrollment during your new hire period to elect up to the Guaranteed Issue (GI) Amounts without submitting any Evidence of Insurability (EOI). If you waive coverage during your new hire enrollment window and would like to elect coverage during a future open enrollment window, any amount elected at that time would be subject to EOI submission.

**Guaranteed Issue (GI) Amounts for New Hires:** \$100,000 (Employee) and \$25,000 (Spouse)

**Age Reductions:** Coverage will reduce 50% at Employee's age 70 for both Employee and Spouse coverage.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# LEGAL PLAN

## Legal Club of America

**Pawnee ISD** is offering a legal plan benefit opportunity that prepares you for the planned and unforeseen events in your life.

The Legal Plan is designed to make legal services affordable and accessible through a national network of attorneys who will help with any of your personal legal matters.

This plan covers services, such as:

- Creation/Review of a Will & Simple Trust
- Civil Litigation as Plaintiff or Defendant
- Moving Traffic Violation Defense
- Misdemeanor Defense
- Felony Violation Defense for the Policyholder
- Debt Collection & IRS Audit Defense
- Financial Coaching & Tax Consultations
- Identity Theft Restoration

### Monthly Premium

**\$16.00**



This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# TELEMEDICINE

1-800 MD

With telemedicine services, you get the health care you need anytime, anywhere, through a nationwide network of U.S. Board Certified Doctors & Pediatricians.

Telemedicine services make it fast and easy to visit a doctor – average wait time is only 20 minutes. Telemedicine is not a replacement for your primary care physician or specialist, but it's great for non-emergency care, especially when the doctor's office is closed, or you can't get to an urgent care center.



## Common Conditions Treated

|           |            |         |
|-----------|------------|---------|
| Acne      | Bronchitis | Nausea  |
| Allergies | Fever      | Pinkeye |
| Asthma    | Cold & Flu | Earache |

## Rates

|                   |        |
|-------------------|--------|
| Employee Only     | \$6.00 |
| Employee + Family | \$6.00 |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# FLEXIBLE SPENDING ACCOUNT

## TASC

### WHAT ARE THE BENEFITS OF AN FSA?

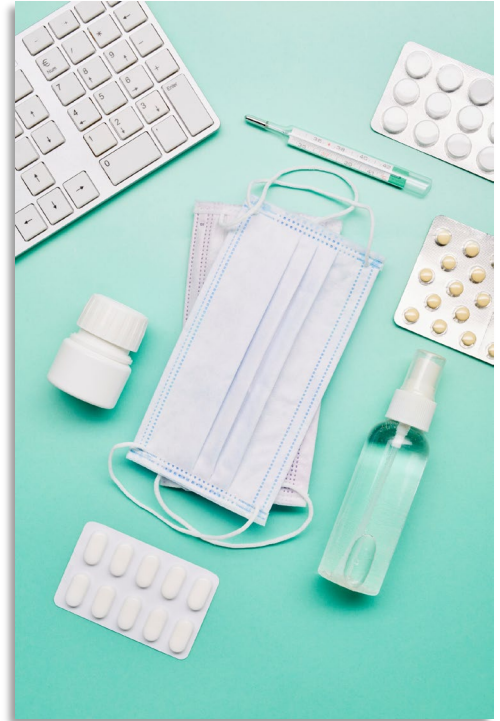
Flexible Spending Accounts are pre-tax, payroll deductions for healthcare reimbursement and/or Dependent Care reimbursement plans, which do NOT rollover from year to year.

### FSA - MEDICAL

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Noncovered expenses apply to all dependent family members even if not covered by a particular insurance plan. The maximum contribution amount for calendar year 2024 is **\$3,200** - this amount is deducted in equal amounts from each paycheck before taxes are calculated, and then set aside for the employee in a special account. A MasterCard debit card will be issued to you to pay for most expenses incurred.

Please visit [www.tasconline.com](http://www.tasconline.com) for a list of eligible expenses. FSA Rules & Regulations Tip • *The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, they will request itemized receipts.*

***\*Always save your itemized receipts!***



### FSA - DEPENDENT CARE

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately). Dependent Care Eligible for Reimbursement:

- Care at a licensed nursery school, day camp, or day care center
- Services from individuals who provide dependent care in or outside your home, unless the provider is your spouse, your own children under the age of 19, or any other dependent. \*Important note: To qualify for reimbursement, the childcare provider must claim services on their taxes, or the employee must complete a Dependent Care Application that must be signed by the provider, or receipts provided by the provider and sent to TASC for review.
- After-school care for children under age 13
- Household services related to the care of an elderly or disabled adult who lives with you
- Any other services that qualify as dependent care expenses under IRS regulations.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# FLEXIBLE SPENDING ACCOUNT

TASC

## Eligible Medical Expenses:

- Acupuncture
- Artificial limbs
- Bandages & dressings
- Birth control, contraceptive devices
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Personal Protective Equipment (PPE; facial masks, hand sanitizer, sanitizing wipes)\*
- Physical exams
- Pregnancy tests
- Diabetic care & supplies
- Feminine care products
- Eye exams
- First aid kits & supplies
- Hearing aids & hearing aid batteries
- Heating pad
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK

## Child & Dependent Care Eligible Expenses

- Babysitting, in your home or someone else's
- Babysitting by your relative who is not a tax dependent
- Before or after school program
- Childcare
- Day Camp
- Extended care that is a supervised program before or after regular school hours
- Nanny
- Late pickup fees when attributed to care of a child
- Preschool
- Summer Day Camp
- Sick childcare
- Transportation to and from eligible care provided by your care provider
- Nursery School



Use your TASC Card® to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.

**Please visit [www.tasconline.com](http://www.tasconline.com) for a full list of eligible expenses.**

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# PERMANENT LIFE INSURANCE + LONG TERM CARE

Chubb

## *Two important coverages for when you need them the most.*

Permanent Life + Long-Term Care (LTC) is two-in-one security. It combines **permanent life insurance** with benefits that can help with the high costs of **long-term care services**. It helps protect your family from the financial impact of losing a loved one or needing extended care. You select a benefit amount that works for you, and you **"lock in" a rate** that is designed to last a lifetime and doesn't increase due to age.

Universal Life adjusts to your changing needs as you age. It provides a **higher death benefit** during your working years, when you may need the protection most. The death benefit then reduces after age 70, while your benefit for long-term care remains at the same high level.

### **Example of Benefits for Long-Term Care**

For a \$50,000 policy, your benefits might pay like this:

|           |  |
|-----------|--|
| \$50,000  | You can collect 4% of your benefit amount per month for up to 25 months to help pay for long-term care services. |
| +\$50,000 | Plus, if you collect benefits for LTC, your full death benefit can still be paid to beneficiaries.               |
| +\$50,000 | Plus, you can extend your benefits for LTC an extra 25 months, up to 50 total months.                            |
| \$150,000 | Total Maximum Benefit!   |

*Benefits for long-term care begin to pay after 90 days of confinement or services; to qualify you must meet the conditions of eligibility for benefits. Availability and names for long-term care, restoration, and extension of benefits for long-term care may vary by state. The benefit amounts shown are for sample plans and are not a guarantee.*

## **MORE FLEXIBLE UNIVERSAL LIFE FEATURES**

- Available to employees on a **guaranteed issue** basis up to \$100,000 (age 70 max).
- **Cover all children** with a term life insurance rider. They can later simply convert coverage to permanent Universal Life.
- EZ Value option: provides **automatic annual benefit increases** without additional underwriting.
- Once you have a policy, your rate is locked in and **will not increase due to age**.
- Accelerate **up to 75% of your death benefit** if a doctor determines your life expectancy is 24 months or less.
- **No medical exams** or blood work to apply – just answer a few simple questions.
- Fully **portable** – keep your coverage, at the same rate and benefits, if you change jobs or retire.
- Pay for coverage via **convenient payroll deduction**, as long as you stay with your employer.
- **Apply for family members** as well as for yourself.

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# HOSPITAL INDEMNITY

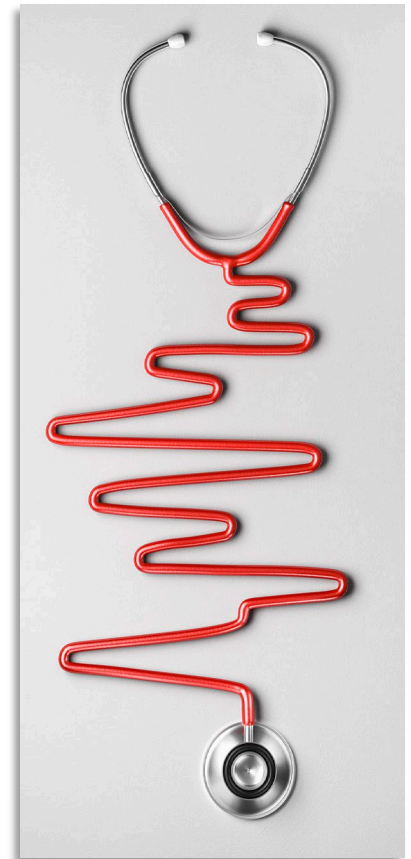
MetLife

The Hospital Indemnity insurance policy is designed to help you with certain medical expenses, providing a direct benefit in the event of hospitalization. The plan provides a benefit amount for select benefits such as inpatient hospitalization.

| Coverage                           | Benefit                                    |
|------------------------------------|--|
| Critical Care Confinement Benefit  | \$100/Day (up to 15 days a year)           |
| Daily Hospital Confinement Benefit | \$100/Day (up to 15 days a year)           |
| ICU Admission Benefit              | \$1,000/per admission (up to 4 times year) |
| Hospital Admission Benefit         | \$1,000/per admission (up to 4 times year) |
| Wellness Benefit                   | \$50/per calendar year per person          |

**New  
Benefit!**

|                       | Monthly Premium |
|-----------------------|-----------------|
| Employee Only         | \$22.90         |
| Employee + Spouse     | \$41.20         |
| Employee + Child(ren) | \$34.78         |
| Employee + Family     | \$53.09         |



This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# CRITICAL ILLNESS COVERAGE

MetLife

New  
Carrier!

Critical Illness pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness is a limited-benefit policy.

## WHO IS ELIGIBLE FOR CRITICAL ILLNESS INSURANCE?

- **You** – Active full-time employees
- **Your Spouse** – Coverage available only if employee coverage elected
- **Your Child(ren)** – To age 26. Coverage is available only if employee coverage is elected.

| General Plan Information |   |                     |                     |
|--------------------------|---|---------------------|---------------------|
| Who Pays For Coverage    | Employee  |                     |                     |
| Critical Illness Benefit | Employee  | Spouse              | Child(ren)          |
| Benefit Amount           | \$5,000<br>\$10,000<br>\$15,000<br>\$20,000<br>\$25,000 | 100% of EE Coverage | 100% of EE Coverage |
| Guarantee Issue          | \$25,000  | 50% of EE Coverage  | 50% of EE Coverage  |
| Conditions               | 1st Occurrence  | 2nd Occurrence      |                     |
| Cancer (Invasive)        | 100%  | 50%                 |                     |
| Heart Attack             | 100%  | 50%                 |                     |
| Kidney Failure           | 100%  | None                |                     |
| Organ Failure            | 100%  | None                |                     |
| Stroke                   | 100%  | 100%                |                     |
| Cancer (Non-Invasive)    | 100%  | 50%                 |                     |
| Non-Melanoma Skin Cancer | 5%  | Not Covered         |                     |
| Benefit Limitations      |   |                     |                     |
| Pre-Existing Limitation  | None  |                     |                     |
| Wellness Benefit         | \$50  |                     |                     |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# ACCIDENT COVERAGE

New carrier  
& enhanced  
wellness benefits!

MetLife

Accident Protection coverage allows you to protect yourself financially by ensuring you are covered for specific services and care associated with an injury. The plan provides you with the financial resources to make getting back to your regular routine as easy as possible.

| General Plan Information      |  |
|-------------------------------|--|
| Who Pays For Coverage         | All Eligible Employees                                 |
| Dependent Age Limit           | 26   |
| Accident Benefit              |  |
| Accident Death Benefit Amount | Employee \$50,000    Spouse \$25,000    Child \$10,000 |
| Wellness Benefit              | \$200 per person                                       |
| Sample of Covered Services    |  |
| Hospital Admission            | \$1,500  |
| Intensive Care Unit Admission | \$1,500  |
| Air Ambulance                 | \$1,250  |
| Ambulance                     | \$400  |
| Accident Emergency Treatment  | \$200  |
| Employee Cost Per Pay Period  |  |
| Employee Only                 | \$16.22  |
| Employee + Spouse             | \$24.07  |
| Employee + Children           | \$32.51  |
| Employee + Family             | \$40.66  |

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# EMPLOYEE CONTACT LIST

| BENEFIT                           | CARRIER               | PHONE          | WEBSITE   |
|-----------------------------------|-----------------------|----------------|---|
| Employer Paid Basic Life and AD&D | The Standard          | 1-800-368-1135 | <a href="http://www.standard.com">www.standard.com</a>                  |
| Medical                           | Curative              | 1-855-428-7284 | <a href="https://health.curative.com/">https://health.curative.com/</a> |
| Dental                            | MetLife               | 1-800-638-5433 | <a href="http://www.metlife.com">www.metlife.com</a>                    |
| Vision                            | Superior              | 1-800-507-3800 | <a href="http://www.superiorvision.com">www.superiorvision.com</a>      |
| Disability                        | The Standard          | 1-800-368-1135 | <a href="http://www.standard.com">www.standard.com</a>                  |
| Cancer                            | Colonial              | 1-800-325-4368 | <a href="http://www.coloniallife.com">www.coloniallife.com</a>          |
| Medical Transport                 | MASA MTS              | 1-800-643-9023 | <a href="http://www.masamts.com">www.masamts.com</a>                    |
| Voluntary Life and AD&D           | The Standard          | 1-800-368-1135 | <a href="http://www.standard.com">www.standard.com</a>                  |
| Legal                             | Legal Club of America | 1-800-305-6816 | <a href="http://www.legalclub.com">www.legalclub.com</a>                |
| Telemedicine                      | 1-800 MD              | 1-800-530-8666 | <a href="http://www.1800md.com">www.1800md.com</a>                      |
| Flexible Spending Account         | TASC                  | 1-800-422-4661 | <a href="http://www.tasconline.com">www.tasconline.com</a>              |
| Permanent Life + LTC              | Chubb                 | 1-800-252-4670 | <a href="http://www.chubb.com">www.chubb.com</a>                        |
| Hospital Indemnity                | MetLife               | 1-800-638-5433 | <a href="http://www.metlife.com">www.metlife.com</a>                    |
| Critical Illness                  | MetLife               | 1-800-638-5433 | <a href="http://www.metlifecom">www.metlifecom</a>                      |
| Accident                          | MetLife               | 1-800-638-5433 | <a href="http://www.metlife.com">www.metlife.com</a>                    |



## Employee Benefits Services Group.

The information in this 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 summaries. While every effort was taken to accurately summarize your benefits, discrepancies, or errors are always possible. In case of discrepancy between this guide and the official plan documents, the official 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 this summary, contact Human Resources.

| Pawnee ISD Benefits Team            |              |
|-------------------------------------|--------------|
| Name                                | Phone        |
| US Employee Benefits Services Group | 972-772-0900 |
| Benefits Resource Group             | 325-205-0235 |