



2022 Open Enrollment



Benefits Overview



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Presentation Disclaimers

GENERAL DISCLAIMER:

This presentation of benefits for employees is meant only as a brief description of some of the programs for which employees may be eligible. This presentation does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at Frisco ISD Benefits Website. This presentation does not replace or amend the underlying plan documentation. In the event of a discrepancy between this and the plan documentation, the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

RATE SHEET GENERAL DISCLAIMER:

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at Frisco ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this presentation is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.



Things To Remember

- Benefits will become effective **September 1st** and will remain in effect until **August 31st**.
- You must enroll or decline medical coverage on yourself AND your eligible dependents (even if you aren't taking coverage). **Open Enrollment: July 18th-August 12th**
- Open enrollment is the time to review and make changes to any benefit elections in place. Changes outside the open enrollment window can only take place if an employee experiences a qualifying event as defined by the IRS (marriage, divorce, birth, loss or addition of coverage). Changes based on an official qualifying event must be completed within 30 days of the date of the event.



FBS Call Center

Help is just a phone call away with the FBS Call Center!

- **Call** 866-914-5202
- **Available** Monday-Friday 8:00 AM - 6:00 PM (CST)
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Open Enrollment: July 18th- August 12th

Benefits Website

Visit

www.mybenefitshub.com/friscoisd

Additional Plan
Information

The screenshot shows the Frisco ISD Employee Benefits Portal. At the top, there is a header with the Frisco ISD logo (a stylized 'F' with a sunburst) and the text 'FRISCO ISD' and 'Frisco ISD Employee Benefits Portal'. A 'Login' button is in the top right corner. Below the header is a large image of a family walking in a field. Underneath the image is a navigation bar with links: Home, THEbenefitsHUB, Check FSA, and Contact Us. The main content area is divided into two columns. The left column has a 'Plan Years' section with links for '2022-2023' and '2021-2022', and a 'Benefits 2022-2023' section listing 'MEDICAL', 'HSA', 'HOSPITAL INDEMNITY PLAN', 'TELEHEALTH', 'DENTAL', and 'VISION'. The right column has a 'Welcome to Your Employee Benefits Portal' message, followed by a paragraph of text, and a '21-22 Benefit Guide' section with a link to 'Learn about the benefits offered for the 2020-2021 Plan...read more.' At the bottom right, there is a 'Quick Links' section with links to 'Families First Coronavirus Response Act Flyer' and 'Continuation of Coverage'. A small 'FBS' logo is also visible in the bottom right corner.

Login Page

Use the Contact Us
link to send us your
questions

Benefit Guide

How To Login

Type in your username and password

LOGIN

Please use your district username and password to begin your insurance enrollment. If you have questions about your FSD network user name or password please contact the help desk at 469-633-6222.

[Enrollment Instructions](#)

LOGIN

Username

Password

Login

[System Requirements](#)



Medical Insurance – Plan & Rate Changes

All TSHBP Members MUST enroll in a TRS plan OR decline coverage.

- **ActiveCare Primary**
- **ActiveCare HD**
- **ActiveCare Primary Plus**
- **ActiveCare 2***
- **HMO Plan**

**New enrollments not allowed*

**HAVE QUESTIONS
ABOUT **TRS**?**

Contact:

<http://www.bcbstx.com/trs/activecare>

Call: 866-355-5999



TRS ActiveCare Overview

TRS-ActiveCare **Primary**

- Lowest plan premiums
- Copays for doctor visits before you meet deductible
- \$12 copay for telehealth visits
- **Statewide** network
- **PCP election required during Enrollment**
- No out-of-network coverage and not HSA compatible

TRS-ActiveCare **HD**

- High Deductible Health Plan (HDHP)
- **HSA Compatible**
- In-network coinsurance rate increased from **20%** to **30%**
- **Nationwide** network with out-of-network coverage
- No PCP requirement or referrals
- Must meet INDIVIDUAL or family deductible before pays for non-preventive care

TRS-ActiveCare **Primary+**

- **Statewide network**
- Lower deductible than HD and Primary
- Copays for many services and Rx
- \$12 copay for telehealth visits
- Higher premiums
- **PCP election required during Enrollment**
- No out-of-network coverage and not HSA compatible

TRS-ActiveCare **2** - Closed to new enrollees

- Current enrollees can choose to stay in plan
- Lower Deductible with higher premiums
- Copays for many services and Rx
- Nationwide PPO network with out-of-network coverage
- No requirement for PCPs or referrals

Baylor Scott & White HMO

- Lowest plan deductible
- Dependents 18 and under do not pay for doctors visits
- **Regional Network** – determined by zip code
- Copays for many services and Rx
- **No referrals** required
- **Wellness:** Online Coaching, Naturally Slim, Expecting the Best
- No out-of-network coverage and not HSA compatible

Current enrollees to Primary or Primary+ that wish to change their PCP must contact BCBS directly at (866) 355-5999.



How To Lower Out-of-Pocket Costs

- **HSA**
- **FSA**
- **Hospital Indemnity**
- **Telehealth**
- **Cancer**

HAVE BENEFIT QUESTIONS?

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Health Savings Account (HSA)

If you are enrolled in the ActiveCare HD medical plan, you are eligible to enroll in a health savings account.

What You Need To Know

- Personal savings account, stays with you even if you change jobs or retire
- Account balance rolls over every year, no "use it or lose it"
- Unlike an FSA, funds are NOT front loaded - only the balance is available
- IRS approved medical, dental and vision expenses for your family
- Employee only: Up to \$3,650 | Family: Up to \$7,300

Flexible Spending Accounts (FSA)- NEW CARRIER

Flexible Spending Accounts (FSA) use pre-tax dollars to help pay toward eligible medical expenses.

- Contribute up to \$2,850 per year
- Not contingent on a medical plan election
- Use it or lose it
- Funds are available upfront on a debit card
- Frisco ISD allows for a \$500 roll over amount each plan year



September 1st, 2022,
Frisco ISD will be moving
to Higginbotham FSA. If
you are currently enrolled,
you will be receiving a
new card in the mail.

Dependent Care FSA- **NEW CARRIER**

Dependent Care Flexible Spending Accounts (FSA) use pre-tax dollars to help pay towards eligible work-related dependent daycare costs.

- Funds can be used for eligible dependent **daycare costs**
- You can elect up to \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns)
- Contributions are use-it-or-lose-it and must be used within the plan year
- Funds aren't pre-loaded; can only claim up to balance in account
- If you enroll in this account, you cannot also claim the childcare tax credit when filing your federal taxes; you can only do one or the other



Hospital Indemnity- **NEW CARRIER**

A supplemental product that pays you cash when confined to a hospital.

- You don't have to be enrolled in a medical plan
- Additional Newborn Admission Benefit (Dads are eligible!)
- Guarantee Issue with lower rates!
- No Pre-existing conditions clause
- No Waiting Period
- HSA Compatible
- First Day Hospital Confinement
- Daily Hospital Confinement
- Daily ICU





Telehealth- **ENHANCED**

- Telephone consultations with a State-licensed physician 24/7/365 anywhere in the United States.
- \$12 per month covers Employee and Family coverage with UNLIMITED Behavioral Health.
- No Consultation Fees unlike the TRS plans
- You don't have to be enrolled in a medical plan to enroll in the telehealth
- Saves money AND time you would normally spend missing work sitting in a doctors office.
- Telehealth by MDLIVE is a separate benefit from virtual doctor visits offered through your medical plan.



Cancer

Cancer insurance offers extra insurance protection if you or a family member are diagnosed with cancer. This benefit is meant to help with costs your medical insurance may not cover.

- Benefit is offered through American Public Life (APL)
- Radiation, Chemotherapy and Immunotherapy benefits of \$10,000 or \$20,000 annually.
- 2 Plan Options with Critical Illness and ICU Riders
- 12 month waiting period for pre-existing conditions
- Heart Attack or Stroke first occurrence benefit
- Guaranteed Issue every year (no health questions)
- \$50 Wellness Benefit reimbursement



Disability

Disability Insurance pays a benefit to you should you become sick or injured and unable to work.

Ask yourself:

- How long can you survive without your paycheck? (.....)
- What are the chances of you becoming disabled during your working years? **(1 in 8!)**
- What contributes to almost ½ of home foreclosures in the U.S? **(Disabilities)**



Disability Explanation

3 Things You Need To Know

- ▶ Elimination Period (Waiting Period)- indicates the number of days **you must be disabled before your benefits** can begin. (14, 30, 60, 90, 180 days) This is the amount of **days** you will wait until your benefits begin.
- ▶ Benefit Amount - the amount of money you receive while on disability
- ▶ Benefit Duration - the maximum time for which benefits are paid for a disability. Benefits duration varies depending on the schedule selected and the age at which disability occurs

***Pre-Existing Condition exclusions apply to new coverage and increases in coverage. 14 and 30 day Elimination Periods are the ONLY plans that pay first day benefits if you are disabled due to a pregnancy.*



Voluntary Group Life

- One of the most affordable life policies available
- Rates are age-banded, this means costs increase as you age
- Existing employees and new hires can apply for voluntary group life on a guarantee issue basis (no health questions asked)
- Guarantee Issue Amounts (Must have employee coverage to be eligible to elect dependent coverage):
 - Employee- \$400,000
 - Spouse- \$80,000
 - Children- \$10,000
- Auto Increase of \$10,000 allowed at each open enrollment if currently covered, no health questions required.

**New Hires must be actively at work and enrolled within the first 30 days of hire date*



Accidental Death & Dismemberment

AD&D is coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

- Employees can also elect up to \$500,000 in AD&D coverage with no health questions asked.
- If you elect coverage, you may also cover spouses and eligible dependent children.



Individual Permanent Life Insurance

- Benefit through 5 Star
- Rates LOCK on effective date to age 100
- Employees do not have to enroll in employee coverage to cover dependents
- New Hires can elect up to \$100,000 Guaranteed Issue (GI) Spouses up to \$30,000 GI Dependents to age 23 up to \$20,000 GI
- Online Statement of Health required if declined as a new hire, or if amount is over GI amounts
- Most policies include a Terminal Illness & Quality of Life Rider
- Fully PORTABLE. This coverage BELONGS to the employee



Vision

- \$10 exams co-pay
- \$10 materials minimum co-pay
- \$0 contact lens fitting co-pay
- In-network Frame Allowance- \$150
- Contact Lens Allowance- \$150
- EyeMed- Insight Network, provider search link on benefit website
- Plan runs on service date, not calendar or plan year.



Dental- INCREASED RATES

Make sure your dentist is in the Cigna Dental Network

- 3 Plan Options. DHMO, Basic Plan, Enhanced Plan
- Rate Increase across all plans
- Covers Basic, Preventative and Restorative care (coverages vary based on plan)
- Ortho coverage available for children to age 19 on the Enhanced Plan
- DHMO offers discounted rates for Adult and Child ortho.
- 2 cleanings covered per plan year (9/1-8/31)



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