



NORTHSIDE ISD
SAN ANTONIO'S PREMIER SCHOOL DISTRICT



2019



BENEFITS

TABLE OF CONTENTS

2019 BENEFITS ENROLLMENT	3
2019 JUST THE FACTS – WHAT’S NEW?	4
Medical Plan Options	5
PPO OPTIONS	6
HIGH DEDUCTIBLE HEALTH PLAN (HDHP) OPTIONS	7
COULD THEY BE A PERFECT MATCH FOR YOU?	8
MEDICAL – UNITED HEALTHCARE - WHICH PLAN IS RIGHT FOR YOU?	9
SECTION 125 CAFETERIA PLAN – PROFICIENT BENEFIT SOLUTIONS (FORMERLY SBS ADMINISTRATIVE SERVICES)	12
DENTAL INSURANCE – DELTA DENTAL	14
VISION – DAVIS VISION	15
LIFE INSURANCE - UNUM	16
DISABILITY INSURANCE - AETNA.....	17
CRITICAL ILLNESS INSURANCE - UNUM	18
CANCER INSURANCE - ALLSTATE	19
ACCIDENT INSURANCE – METLIFE.....	20
LEGALGUARD INSURANCE – LEGALEASE	21
EMPLOYEE ASSISTANCE PROGRAM - AETNA.....	22
ANNUAL NOTICES.....	23
NOTICE REGARDING WELLNESS PROGRAM.....	23
IMPORTANT CONTACT NUMBERS	24
ANNUAL ENROLLMENT FAIR SCHEDULE	25
NOTES	26
NOTES	27

The information contained in this guide is intended as a broad overview of benefits. Actual benefits paid will be determined solely by the carrier based on the actual policy/certificate of coverage. Should there be any discrepancy between the guide and the policy, the carrier’s policy/certificate of coverage will govern.



PLEASE CONSIDER GOING GREEN

Northside ISD is required by the Internal Revenue Service (IRS) to provide all employees with a Form W-2 (Wage & Tax Statement) and a Form 1095-C (Employer provided Health Insurance Offer & Coverage). In an effort to save resources, time, and lots of trees, all NISD employees have the option to receive their 2018 tax statements electronically via Employee Self Service. Please consider thinking green and log in to the NISD Munis Employee Self Service and choosing **ELECTRONIC DELIVERY** as your delivery preference.

2019 BENEFITS ENROLLMENT

ENROLL IN YOUR 2019 EMPLOYEE BENEFITS OCTOBER 1ST – 19TH

Northside ISD offers a comprehensive benefits program. Each employee is unique so we offer a variety of benefit choices. From medical, dental, vision and life insurance to financial protection in the case of disability, or legal help in times of trouble there are many options for you to consider. The decision is yours. Take some time to familiarize yourself with the available benefits and then pick the ones that best fit you and your family's needs and budget.



All benefit eligible employees must log in to the enrollment system between October 1st and October 19th and make benefit elections for 2019.

- **CURRENT EMPLOYEES:** Make your 2019 benefit selections anytime between October 1 and October 19. If you do not log into the system and choose your benefits before enrollment closes you will be passively re-enrolled in your current or comparable benefits for 2019.
- **NEW EMPLOYEES AND NEWLY ELIGIBLE EMPLOYEES:** You must log in to the enrollment system and make your benefit choices within your first 30 days of hire or your first 30 days of eligibility. If you do not you will be considered to have declined medical coverage and passively enrolled in \$50,000 basic life insurance with no other benefits.

IMPORTANT

Elections made during open enrollment will become effective January 1, 2019.

After open enrollment you will not be able to change your elections until the next open enrollment period except within 30 days of a life event such as a marriage, divorce, birth of a child or an involuntary loss of other coverage.

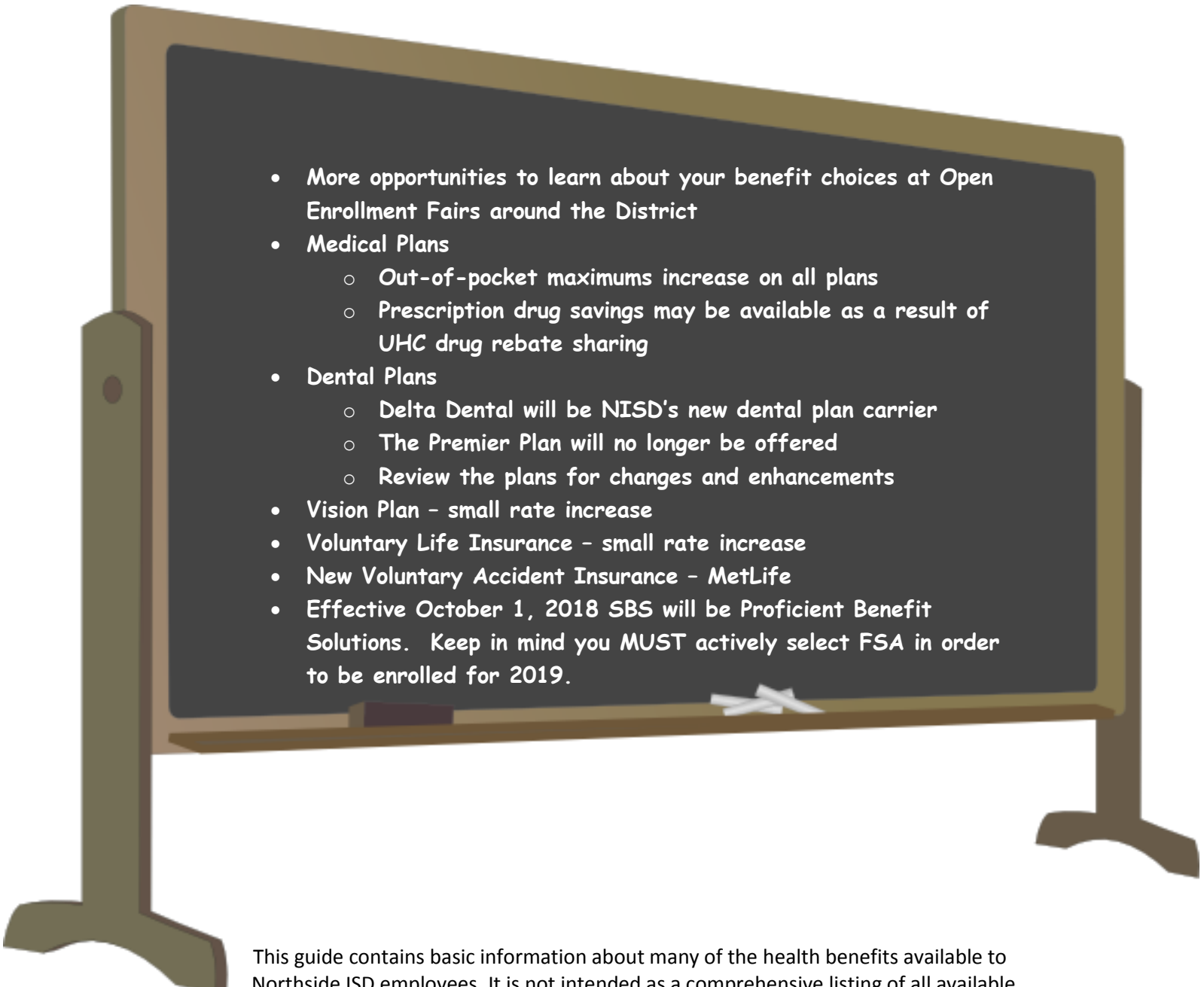
How To Enroll

Go To: unum_northside.bswift.com

Username: NISD# and your six digit employee ID number. For instance, an employee whose ID number is e012345 would use NISD#012345 as their log in username. If your employee number has less than 6 digits, please add zeroes at the beginning.

Password: Your password is reset at Open Enrollment each year to the last four digits of your Social Security Number.

2019 JUST THE FACTS – WHAT'S NEW?

- 
- More opportunities to learn about your benefit choices at Open Enrollment Fairs around the District
 - Medical Plans
 - Out-of-pocket maximums increase on all plans
 - Prescription drug savings may be available as a result of UHC drug rebate sharing
 - Dental Plans
 - Delta Dental will be NISD's new dental plan carrier
 - The Premier Plan will no longer be offered
 - Review the plans for changes and enhancements
 - Vision Plan - small rate increase
 - Voluntary Life Insurance - small rate increase
 - New Voluntary Accident Insurance - MetLife
 - Effective October 1, 2018 SBS will be Proficient Benefit Solutions. Keep in mind you **MUST** actively select FSA in order to be enrolled for 2019.

This guide contains basic information about many of the health benefits available to Northside ISD employees. It is not intended as a comprehensive listing of all available benefits. For complete details about each benefit:

- Go to the NISD Benefits intranet page at <https://nisd.net/employees/departments/human-resources/documents/employee-benefits> and review plan brochures and plan documents.
- Visit an enrollment fair and talk to the carrier representatives and get more details about their plans and benefits. See the back of this guide for a list of fair dates, times and locations.
- Additional questions can be answered by carrier customer service representatives. Find phone numbers, plan numbers and website details on the Important Contact Numbers page at the back of this guide.

Some plans described in this guide may pay benefits after your death. In most cases, you control who receives those benefits by designating one or more beneficiaries. Make sure your beneficiaries are up-to-date. It is a good idea to review your beneficiaries at every enrollment period and whenever you have an important life event change.

Medical Plan Options

- United Healthcare will continue as NISD's medical carrier
- Maximum out-of-pocket amounts increase on all plans
- Same opportunities to earn up to \$200 per covered employee and covered spouse when you are *Simply Engaged* in controlling your health



Which plan is right for You?	PPO 2000 Choice Plus	Primary Advantage 3000 EPO	HMO 2000 NexusACO	HDHP 4000 Choice Plus	HDHP 4000 Choice	HDHP 4000 NexusACO
Flexibility to see any provider in or out of the network	✓			✓		
Better benefits for certain in-network doctors	✓		✓			✓
Smaller network of providers coordinate your care			✓			✓
Predictability of copays for doctor visits	✓	✓	✓			
Referral required to see a specialist			✓			✓
Manage health care dollars in a Health Savings Account				✓	✓	✓
Higher copays for high cost medications		✓				
Pharmacy deductible for high cost medications		✓				
Covered family members permanently reside outside Texas	✓	✓		✓	✓	
Max Out-of-pocket in-network (Individual)	\$7,350	\$7,350	\$7,350	\$6,650	\$6,650	\$6,650
Max Out-of-pocket in-network (Family)	\$14,700	\$14,700	\$14,700	\$13,300	\$13,300	\$13,300

PRESCRIPTION DRUGS

All the NISD UHC medical plans cover prescription drugs. The amount you pay for covered prescriptions will vary depending on which plan you select. New for 2019, United Healthcare will share drug manufacturer rebates with their members. When paying for prescription drugs in 2019 the pharmacy will determine if the cost of your prescriptions are affected.

PPO 2000 Choice Plus and HMO 2000 NexusACO plans

- If the cost of the drug minus any rebate is less than the plan's drug copayment, you will pay the lower cost.

Primary Advantage 3000 EPO

- Tier 1 and 2 drug copayments will be decreased if the cost of the drug minus any rebate is less than the plan's drug copayment.
- Drug rebate credits will be applied before the Rx deductible for Tier 3 and 4 drugs.

HDHP 4000 Choice Plus, HDHP 4000 Choice, and HDHP 4000 NexusACO

- The cost of the drug minus any rebate is the amount you will pay until your deductible is met. After the deductible is met, your covered medications are paid at 100% by the plan.



PPO OPTIONS

MOST FLEXIBLE

MOST AFFORDABLE

	PPO 2000 CHOICE PLUS		PRIMARY ADVANTAGE 3000 EPO		HMO 2000 NEXUSACO		
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK TIER 1	IN-NETWORK TIER 2	OUT-OF-NETWORK
DEDUCTIBLE							
• INDIVIDUAL	\$2,000	\$5,000	\$3,000	No COVERAGE	\$2,000		No COVERAGE
• FAMILY	\$4,000	\$15,000	\$6,000		\$4,000		
OUT-OF-POCKET MAX							
• INDIVIDUAL	\$7,350	\$11,000	\$7,350	N/A	\$7,350		N/A
• FAMILY	\$14,700	\$33,000	\$14,700		\$14,700		
REFERRALS REQUIRED	No		No	N/A	Yes		N/A
DOCTOR VISITS	\$30 COPAY \$0 COPAY FOR CHILDREN UNDER AGE 19 PLAN PAYS 60% AFTER CALENDAR YEAR OUT-OF-NETWORK DEDUCTIBLE		\$0 COPAY LAB, XRAY & OTHER OFFICE SERVICES PLAN PAYS 80% AFTER DEDUCTIBLE \$100 COPAY LAB, XRAY & OFFICE SERVICES SAME AS ABOVE \$0 COPAY		\$30 COPAY \$0 COPAY FOR CHILDREN UNDER 19 LAB, XRAY & OTHER OFFICE SERVICES PLAN PAYS 80% AFTER DEDUCTIBLE \$45 COPAY LAB, XRAY & OFFICE SERVICES SAME AS ABOVE \$25 COPAY		N/A
• PRIMARY CARE							
• SPECIALIST							
• VIRTUAL VISIT	\$25 COPAY		\$0 COPAY		\$25 COPAY		
URGENT CARE CLINIC	\$45 COPAY		\$50 COPAY		\$45 COPAY		N/A
HOSPITAL							
• EMERGENCY ROOM	\$200 COPAY THEN PLAN PAYS 80%	\$200 COPAY THEN PLAN PAYS 80%	\$250 COPAY THEN PLAN PAYS 80% AFTER DEDUCTIBLE	\$250 COPAY THEN PLAN PAYS 80% AFTER DEDUCTIBLE	\$200 COPAY THEN PLAN PAYS 80%	\$200 COPAY THEN PLAN PAYS 80%	\$200 COPAY THEN PLAN PAYS 80%
• INPATIENT	\$250 PER ADMISSION THEN PLAN PAYS 80% AFTER DEDUCTIBLE	\$250 PER ADMISSION THEN PLAN PAYS 60% AFTER DEDUCTIBLE	PLAN PAYS 80% AFTER DEDUCTIBLE	N/A	\$250 PER ADMISSION THEN PLAN PAYS 80% AFTER DEDUCTIBLE	\$500 PER ADMISSION THEN PLAN PAYS 50% AFTER DEDUCTIBLE	N/A
OTHER SERVICES COINSURANCE	80%	60%	80%	N/A	80%	50%	N/A
PRESCRIPTION DRUGS	COPAY \$15/\$35/\$70 2.5 X RETAIL COPAY		TIER 1 AND TIER 2 COPAY \$5/\$50 TIER 3 AND TIER 4 \$250 RX DEDUCTIBLE THEN COPAY \$100/\$250		COPAY \$15/\$35/\$70 2.5 X RETAIL COPAY		
• RETAIL							
• MAIL-ORDER							

YOUR COST - MONTHLY	PPO 2000 CHOICE PLUS	PRIMARY ADVANTAGE 3000	HMO 2000 NEXUSACO
EMPLOYEE ONLY	\$219.50	\$91.35	\$56.03
EMPLOYEE & SPOUSE	\$817.40	\$463.61	\$396.01
EMPLOYEE & CHILD(REN)	\$589.79	\$332.02	\$270.88
EMPLOYEE & FAMILY	\$938.77	\$546.07	\$465.40

YOUR COST - BI-WEEKLY*	PPO 2000 CHOICE PLUS	PRIMARY ADVANTAGE 3000	HMO 2000 NEXUSACO
EMPLOYEE ONLY	\$109.75	\$45.68	\$28.02
EMPLOYEE & SPOUSE	\$408.70	\$231.81	\$198.01
EMPLOYEE & CHILD(REN)	\$294.90	\$166.01	\$135.44
EMPLOYEE & FAMILY	\$469.39	\$273.04	\$232.70

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) OPTIONS

MOST FLEXIBLE

MOST AFFORDABLE

	HDHP 4000 CHOICE PLUS		HDHP 4000 CHOICE		HDHP 4000 NEXUSACO		
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK TIER 1	IN-NETWORK TIER 2	OUT-OF-NETWORK
DEDUCTIBLE							
• INDIVIDUAL	\$4,000	\$8,000	\$4,000	No COVERAGE	\$4,000		No COVERAGE
• FAMILY	\$8,000	\$16,000	\$8,000		\$8,000		
OUT-OF-POCKET MAX							
• INDIVIDUAL	\$6,650	\$10,000	\$6,650	N/A	\$6,650		NA
• FAMILY	\$13,300	\$20,000	\$13,300		\$13,300		
REFERRALS REQUIRED	No		No		Yes		N/A
DOCTOR VISITS							
• PRIMARY CARE		50% AFTER OUT-OF-NETWORK DEDUCTIBLE				50% AFTER DEDUCTIBLE	
• SPECIALIST	80% AFTER DEDUCTIBLE		80% AFTER DEDUCTIBLE	N/A	80% AFTER DEDUCTIBLE	VIRTUAL VISIT 80% AFTER DEDUCTIBLE	N/A
• VIRTUAL VISIT							
URGENT CARE CLINIC	80% AFTER DEDUCTIBLE	50% AFTER OUT-OF-NETWORK DEDUCTIBLE	80% AFTER DEDUCTIBLE	N/A	80% AFTER DEDUCTIBLE		N/A
HOSPITAL							
• EMERGENCY ROOM		80% AFTER DEDUCTIBLE		80% AFTER DEDUCTIBLE		80% AFTER DEDUCTIBLE	80% AFTER DEDUCTIBLE
• INPATIENT	80% AFTER DEDUCTIBLE	50% AFTER OUT-OF-NETWORK DEDUCTIBLE	80% AFTER DEDUCTIBLE	N/A	80% AFTER DEDUCTIBLE	\$500 PER ADMISSION THEN PLAN PAYS 50% AFTER DEDUCTIBLE	N/A
OTHER SERVICES COINSURANCE	80%	50%	80%	N/A	80%	50%	N/A
PRESCRIPTION DRUGS							
• RETAIL	100% AFTER DEDUCTIBLE		100% AFTER DEDUCTIBLE	N/A	100% AFTER DEDUCTIBLE		N/A
• MAIL-ORDER							

YOUR COST - MONTHLY	HDHP 4000 CHOICE PLUS	HDHP 4000 CHOICE	HDHP 4000 NEXUSACO
EMPLOYEE ONLY	\$63.72	\$32.86	\$12.16
EMPLOYEE & SPOUSE	\$298.09	\$228.99	\$151.12
EMPLOYEE & CHILD(REN)	\$156.48	\$104.59	\$56.87
EMPLOYEE & FAMILY	\$388.65	\$310.96	\$216.44

YOUR COST - BI-WEEKLY*	HDHP 4000 CHOICE PLUS	HDHP 4000 CHOICE	HDHP 4000 NEXUSACO
EMPLOYEE ONLY	\$31.86	\$16.43	\$6.08
EMPLOYEE & SPOUSE	\$149.05	\$114.50	\$75.56
EMPLOYEE & CHILD(REN)	\$78.24	\$52.30	\$28.44
EMPLOYEE & FAMILY	\$194.33	\$155.48	\$108.22

**Employees of Child Nutrition and Transportation deductions will vary to cover employee contributions for summer in advance.*

HDHP 4000 Choice Plus, Choice, or NexusACO & a Health Savings Account:

What is a health savings
account (HSA)?



HSAs are tax-advantaged savings accounts available to people enrolled in High Deductible Health Plans (HDHPs), like NISD's HDHP 4000 Choice Plus, HDHP 4000 Choice, and HDHP 4000 NexusACO.

HSAs let you set aside money to pay for medical expenses throughout your lifetime.

2019 Maximum Contribution Limits

- Individual - \$3,500
- Family - \$7,000

Age 55 or older may contribute an additional \$1,000 catch-up contribution

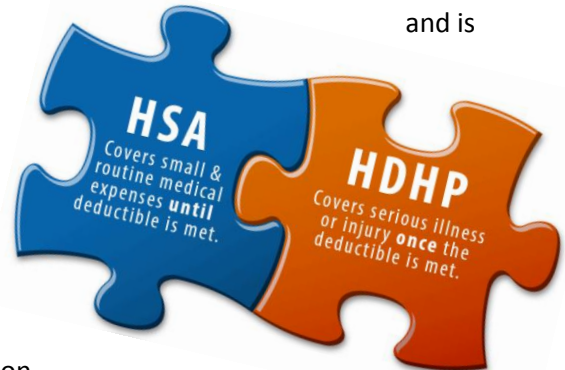
COULD THEY BE A PERFECT MATCH FOR YOU?

Enrolling in one of these High Deductible Health Plans offered by NISD could result in a lower payroll deduction and more take home pay.

- HDHP 4000 Choice Plus
- HDHP 4000 Choice
- HDHP 4000 NexusACO

Concerned you may have trouble paying a \$4,000 deductible? Pairing an HDHP 4000 plan with a Health Savings Account could ease your mind. The HDHP 4000 protects you from big medical bills and provides 100% coverage for preventive care. Use the money for times when you may need help paying for medical expenses before your deductible is met or out-of-pocket eligible expenses after your deductible is met. With the HSA administered by OptumBank you choose the amount of your pay you want to set aside before taxes to save in your HSA.

Designed to work together, the money you save in your Health Savings Account through deductions grows tax-free easy to access. You can manage your HSA and make payments for medical care using your HSA right from your smartphone or tablet using the Health4Me mobile app or from any internet-connected device on tax-sheltered payroll and is



myuhc.com. Best of all, you own the money in your HSA. Funds are never forfeited. Instead they rollover from year-to-year and follow you even if you leave NISD or retire.



MEDICAL – UNITED HEALTHCARE - WHICH PLAN IS RIGHT FOR YOU?



There are many things to consider when making your 2019 medical plan choice. We've listed a few items below to help get you started with your decision. Remember the information in this guide is intended to give you a high level overview of the plans. For specific questions about providers and specific plan coverage details, please contact United Healthcare and consult the plan documents available on the NISD intranet Benefits page.

- Did you know in aggregate NISD pays approximately 70% of the more than \$93 million price tag for NISD's employee medical program?
- Are you concerned about how much money you could be at risk for paying if you or your family has a serious accident or gets diagnosed with a major illness? All of the plans limit the maximum amount you will pay out-of-pocket in any one calendar year for medical care you receive in-network? The maximums are shown in the plan comparison charts in this guide. Amounts you pay out-of-pocket because of deductible, copayments and coinsurance all count toward the maximum out-of-pocket limit.
- How important is it to you to have no restrictions on which medical care providers are covered by your insurance? Are you willing to have a larger payroll deduction to have that choice?
 - Are your primary care doctors, specialists, preferred hospitals on the UHC network for the plans you are considering?
 - Some providers on NISD's current UHC network may not qualify for the highest level of benefits (Tier 1) under the PPO 2000 NexusACO or HDHP 4000 NexusACO options.
- Do you take prescription drugs for a chronic medical condition?
 - Want to pay less for your medications? Look at the Primary Advantage plan. There is the opportunity to pay less if you take generic or other lower cost drugs. The copay for Tier 1 drugs with the current plans is \$15. The Primary Advantage Tier 1 copay is just \$5.
 - Be sure and check all your medications because there is also the chance they could cost you more with Primary Advantage since Tier 2 drugs are \$50 rather than \$35 on the other plans and Tier 3 and Tier 4 drugs require an annual prescription drug deductible of \$250 on Primary Advantage before the Tier 3 copay of \$100 or Tier 4 copay of \$250 applies. All of the other plans have a 3 Tier drug benefit with no prescription deductible and a max copay of \$70 for a 30 day supply.

TAKE ANOTHER LOOK AT YOUR MEDICAL PLAN OPTIONS

Are you wondering which plan would be the best fit for you and your family? With health insurance, the most expensive plan isn't always the best value.

The 2000 PPO and 2000 HMO and the 3000 EPO plans NISD offers require a higher paycheck deduction in exchange for easier –but not less expensive - personal budgeting for healthcare.

The 4000 HDHP plans NISD offers provide an affordable pay check deduction enabling you to contribute to a Health Savings Account as an alternative way for you to personally manage your healthcare dollars today and in the future.

Worried about the financial risks of a higher deductible? Turn the page to see two examples of a family's medical expenses and their estimated out-of-pocket costs under each plan. Keep in mind these are only examples for illustration purposes only. You and your family's medical expenses and out-of-pocket costs could vary considerably.

CAN A PPO, EPO OR HMO HEALTH PLAN HELP YOU BETTER MANAGE YOUR MEDICAL COSTS?

Example #1: One family member is hospitalized and the total allowable hospital bill is \$20,000

	PPO 2000 CHOICE PLUS	PRIMARY ADVANTAGE 3000 EPO	HMO 2000 NEXUSACO
ANNUAL FAMILY PREMIUM	\$11,265.24	\$6,552.84	\$5,584.80
HOSPITAL BILL	\$20,000	\$20,000	\$20,000
PAID BY EMPLOYEE FIRST @ 100%	\$250 (COPAY) \$2,000 (DEDUCTIBLE)	\$3,000 (DEDUCTIBLE)	\$250 (COPAY) \$2,000 (DEDUCTIBLE)
COINSURANCE	\$5,100	\$4,350	\$5,100
BILL PAID IN FULL TOTAL OUT-OF-POCKET PAID BY EMPLOYEE	\$7,350	\$7,350	\$7,350
TOTAL COST TO EMPLOYEE (PREMIUM + OUT-OF-POCKET)	PREMIUM: \$11,265.24 + TOTAL OUT-OF-POCKET: \$7,350 = \$18,615.24	PREMIUM: \$6,552.84 + TOTAL OUT-OF-POCKET: \$7,350 = \$13,902.84	PREMIUM: \$5,584.80 + TOTAL OUT-OF-POCKET: \$7,350 = \$12,934.80

Example #2: Family members have a combination of doctor visits and receive prescription drugs totaling \$2,250

	PPO 2000 CHOICE PLUS	PRIMARY ADVANTAGE 3000 EPO	HMO 2000 NEXUSACO
ANNUAL FAMILY PREMIUM	\$11,265.24	\$6,552.84	\$5,584.80
5 PRIMARY OFFICE VISITS @ \$80/VISIT	\$30 COPAY X 5 VISITS = \$150	\$0 COPAY X 5 VISITS = \$0	\$30 COPAY X 5 VISITS = \$150
4 SPECIALIST OFFICE VISITS @ \$162.50	\$45 COPAY X 4 VISITS = \$180	\$100 COPAY X 4 VISITS = \$400	\$45 COPAY X 4 VISITS = \$180
1 URGENT CARE VISIT @ \$250	\$45 COPAY	\$50 COPAY	\$45 COPAY
1 BRAND NAME \$100 RX PER MONTH	\$35 COPAY X 12 (1 PER MONTH) = \$420	\$50 COPAY X 12 (1 PER MONTH) = \$600	\$35 COPAY X 12 (1 PER MONTH) = \$420
TOTAL OUT-OF-POCKET PAID BY EMPLOYEE	\$150 + \$180 + \$45 + \$420 = \$795	\$0 + \$400 + \$50 + \$600 = \$1,050	\$150 + \$180 + \$45 + \$420 = \$795
TOTAL COST TO EMPLOYEE (PREMIUM + OUT-OF-POCKET)	PREMIUM: \$11,265.24 + TOTAL OUT-OF-POCKET: \$795 = \$12,060.24	PREMIUM: \$6,552.84 + TOTAL OUT-OF-POCKET: \$1,050 = \$7,602.84	PREMIUM: \$5,584.80 + TOTAL OUT-OF-POCKET: \$795 = \$6,379.80

- Office visit examples do not include any lab or x-ray which would result in higher out of pocket costs
- Examples assume all care is received in-network and preferred brand prescriptions are purchased
- Use of tier 3 and tier 4 drugs would result in higher out-of-pocket costs on the Primary Advantage plan due to Rx Deductible

CAN A HIGH DEDUCTIBLE HEALTH PLAN (HDHP) HELP YOU BETTER MANAGE YOUR MEDICAL COSTS?

Example #1: One family member is hospitalized and the total allowable hospital bill is \$20,000

	HDHP 4000 CHOICE PLUS	HDHP 4000 CHOICE	HDHP 4000 NEXUSACO
ANNUAL FAMILY PREMIUM	\$4,663.80	\$3,731.52	\$2,597.28
HOSPITAL BILL	\$20,000	\$20,000	\$20,000
PAID BY EMPLOYEE FIRST @ 100%	\$4,000 (DEDUCTIBLE)	\$4,000 (DEDUCTIBLE)	\$4,000 (DEDUCTIBLE)
COINSURANCE	\$2,650	\$2,650	\$2,650
BILL PAID IN FULL TOTAL OUT-OF-POCKET PAID BY EMPLOYEE	\$6,650	\$6,650	\$6,650
TOTAL COST TO EMPLOYEE (PREMIUM + OUT-OF-POCKET)	PREMIUM: \$4,663.80 + TOTAL OUT-OF-POCKET: \$6,650 = \$11,313.80	PREMIUM: \$3,731.52 + TOTAL OUT-OF-POCKET: \$6,650 = \$10,381.52	PREMIUM: \$2,597.28 + TOTAL OUT-OF-POCKET: \$6,650 = \$9,247.28

Example #2: Family members have a combination of doctor visits and receive prescription drugs totaling \$2,250

	HDHP 4000 CHOICE PLUS	HDHP 4000 CHOICE	HDHP 4000 NEXUSACO
ANNUAL FAMILY PREMIUM	\$4,663.80	\$3,731.52	\$2,597.28
5 PRIMARY OFFICE VISITS @ \$80/VISIT	\$80 x 5 VISITS = \$400 TOWARDS DEDUCTIBLE	\$80 x 5 VISITS = \$400 TOWARDS DEDUCTIBLE	\$80 x 5 VISITS = \$400 TOWARDS DEDUCTIBLE
4 SPECIALIST OFFICE VISITS @ \$162.50	\$162.50 x 4 VISITS = \$650 TOWARDS DEDUCTIBLE	\$162.50 x 4 VISITS = \$650 TOWARDS DEDUCTIBLE	\$162.50 x 4 VISITS = \$650 TOWARDS DEDUCTIBLE
1 URGENT CARE VISIT @ \$250	\$250 TOWARDS DEDUCTIBLE	\$250 TOWARDS DEDUCTIBLE	\$250 TOWARDS DEDUCTIBLE
1 BRAND NAME \$100 RX PER MONTH	\$100 x 12 (1 PER MONTH) = \$1,200	\$100 x 12 (1 PER MONTH) = \$1,200	\$100 x 12 (1 PER MONTH) = \$1,200
TOTAL OUT-OF-POCKET PAID BY EMPLOYEE	\$400 + \$650 + \$250 + \$1,200 = \$2,500	\$400 + \$650 + \$250 + \$1,200 = \$2,500	\$400 + \$650 + \$250 + \$1,200 = \$2,500
TOTAL COST TO EMPLOYEE (PREMIUM + OUT-OF-POCKET)	PREMIUM: \$4,663.80 + TOTAL OUT-OF-POCKET: \$2,500 = \$7,163.80	PREMIUM: \$3,731.52 + TOTAL OUT-OF-POCKET: \$2,500 = \$6,231.52	PREMIUM: \$2,597.28 + TOTAL OUT-OF-POCKET: \$2,500 = \$5,097.28

- Examples assume no Rx Rebates are available on drugs purchased – Rx Rebates could result in lower than estimated costs shown

SECTION 125 CAFETERIA PLAN – PROFICIENT BENEFIT

SOLUTIONS (FORMERLY SBS ADMINISTRATIVE SERVICES)

The Cafeteria Plan is one of the most valuable benefits NISD offers. It allows you to pay for certain group insurance (health, dental, vision, term life) premiums using pre-tax earnings. It also allows you to set aside money for non-

reimbursed health care and/or dependent daycare expenses using pre-taxed earnings. The bottom line is you increase your spendable income because your deductions are made on a pre-tax basis.

Increase Your Spendable Income

There are four components to the plan:

Premium Tax Sheltering

Allows you to use pre-tax earnings for deductions to pay for your group insurance premiums (medical, dental, vision, etc.).

Dependent Care Flexible Spending Account

Allows you to have pre-tax deductions to pay for dependent care expenses. Most people use this account for reimbursement of child daycare expenses but it can be used for reimbursement of adult daycare expenses as long as the adult satisfies the IRS definition of a Tax Dependent.

Health Flexible Spending Account (FSA)

Allows you to have pre-tax deductions placed in an account which is used for reimbursement of eligible expenses not paid by your medical, dental or vision plan.

Be sure to read about the use-or-lose rule that applies to the flexible spending accounts explained in the box to the right. Consult your tax advisor, Proficient Benefit Solutions or the Benefits Office if you have questions.

Health Savings Account

If you are enrolled in HDHP 4000 Choice Plus, HDHP 4000 Choice or HDHP 4000 NexusACO you can establish a savings account funded by pre-taxed deductions to pay certain medical expenses. See the Health Savings Account section of this guide or contact the Benefits and Risk Management Office for details.

IMPORTANT

Flexible Spending

Account Use-or-Lose Rule

You can roll over up to \$500 at the end of the plan year. Any unclaimed amounts over \$500 left in the Health Flexible Spending Account or any balance remaining in the Dependent Care Flexible Spending Account at the end of the year are forfeited by you. You can avoid forfeitures by planning carefully and only setting aside money for predictable costs.

Deadline for Filing Claims

You must claim

reimbursements within 30 days of the end of the plan year, December 31, or within 30 days of your end of employment with NISD, whichever is sooner. Any funds not claimed within this time limit are forfeited. Only claims for expenses incurred prior to the end of the plan year or the date your employment ends are eligible for reimbursement.

SECTION 125 CAFETERIA PLAN – PROFICIENT BENEFIT SOLUTIONS (FORMERLY SBS ADMINISTRATIVE SERVICES)

How the Plan Works

All NISD benefit-eligible employees are enrolled in premium tax sheltering. When completing your on-line benefits enrollment decide whether you want to participate in one or more of the spending or savings account options. If you choose to participate, minimum and maximum monthly deductions apply.

- Dependent Care Flexible Spending Account —\$10 per month minimum and \$416.67 per month maximum. The most that can be set aside annually is \$5,000 if you are single or married and file joint returns; \$2,500 for married persons who file individual returns. Married couples cannot each elect \$5,000. This maximum is a combined maximum for both.
- Health Flexible Spending Account — \$10 per month minimum and \$220.83 per month maximum deduction.
- Health Savings Account - \$3,500 annual maximum per individual or \$7,000 per family

Each pay period, a portion of your annual election amount is deducted from your gross pay in equal installments and transferred to your account where it waits until you file a reimbursement claim. The money you deposit in your accounts is automatically deducted from your gross pay prior to calculating federal taxes. Since your taxable income is reduced, so are your taxes.

Health Flexible Spending Account or Health Savings Account: Is One Right For You?

You cannot elect to participate in both a Health FSA and a Health Savings Account at the same time.

FSA/HSA Comparison	FSA	HSA
Maximum Annual Contribution	2019: Up to \$2,650 per plan year	2019: Employee Only - \$3,500 Family - \$7,000 Catch up contribution: \$1,000 for age 55 or older
Eligibility	Employee who is offered group health, regardless of election and who has met any established eligibility requirements of the employer. FSA has NO specific health coverage restrictions	Employee who is covered under a High Deductible Health Plan
Eligibility Exclusions	Any employee who is not also offered the group health plan or otherwise does not meet established eligibility requirements	Any employee who is enrolled in a non-HDHP plan, enrolled in Medicare (any, including Part A), enrolled in Tri-Care, claimed as a tax dependent, covered under a general purpose FSA (including spouse's FSA), "Rollover Accounts" – balance other than \$0.00 on the last day of the previous plan year
Distributions	Tax free	Tax free
Qualified Expenses	Qualified medical expense as defined in IRC 213(d); coverage is for employee, spouse and children (under the age of 27 as of December 31)	Qualified medical expenses as defined in IRC 213(d), includes COBRA premiums, long term care and medic are premiums; coverage is for account holder, spouse and tax dependent children
Insurance Premiums	Not allowed	Yes, COBRA, Medicare and Long Term Care
Reported on Taxes	No	Yes
Carryover	Yes, up to \$500	Yes, no exclusions and no time limits
COBRA Continuation	Yes if "underspent"	No

DENTAL INSURANCE – DELTA DENTAL

NEW: Delta Dental will be the new dental carrier for 2019. Learn more about Delta Dental, their providers and how to use their plans by visiting an enrollment fair or read about new Delta Dental features and services in the Benefits section of the NISD employee portal on the intranet or go to the Important Contact Numbers page at the back of this guide for their customer service phone number, website, and NISD group numbers.

	LOW	HIGH	PLATINUM	DHMO DELTACARE
DEDUCTIBLE				
• INDIVIDUAL	\$50	\$50	\$75	NA
• FAMILY	\$150	\$150	\$225	
ANNUAL MAXIMUM BENEFIT PER PERSON <i>DIAGNOSTIC & PREVENTIVE DO NOT APPLY TO MAX</i>	\$1,250	\$2,000	\$4,000	N/A
DIAGNOSTIC/PREVENTIVE SERVICES Oral exams, xrays, emergency care for pain relief, cleanings twice per year and topical fluoride and sealants through age 17	100% NO DEDUCTIBLE	100% NO DEDUCTIBLE	100% NO DEDUCTIBLE	\$0 TO \$10 COPAY SEE SCHEDULE OF BENEFITS
BASIC SERVICES Space maintainers & appliances for children through age 14, emergency care for pain relief, non-surgical extractions, fillings (amalgams/composite for anterior teeth), prefabricated stainless steel crowns	80% AFTER DEDUCTIBLE	80% AFTER DEDUCTIBLE	80% AFTER DEDUCTIBLE	\$0-\$150 COPAY SEE SCHEDULE OF BENEFITS
MAJOR SERVICES Crowns, inlays and onlays, bridgework, dentures, denture relines/rebases, oral surgery, periodontics (gum therapy), endodontics (root canals), implants	50% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE	\$0-\$415 COPAY SEE SCHEDULE OF BENEFITS
ORTHODONTIA	50% UP TO \$1,000 CHILDREN ONLY NO DEDUCTIBLE	50% UP TO \$1,500 ADULTS & CHILDREN NO DEDUCTIBLE	50% UP TO \$1,500 ADULTS & CHILDREN NO DEDUCTIBLE	\$1,150 TO \$2,100 COPAY SEE SCHEDULE OF BENEFITS

PLEASE NOTE: MAJOR SERVICES COVERAGE REQUIRES EVIDENCE OF 12 MONTHS OF CONTINUOUS DENTAL COVERAGE IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF THESE DELTA DENTAL PLANS.

If you are currently enrolled in the **MetLife Dental Premier Plan** and do NOT make an active enrollment in a Delta Dental plan you will be passively enrolled in the **Delta Platinum Plan**.

	LOW	HIGH	PLATINUM	DHMO DELTACARE
YOUR COST - MONTHLY				
EMPLOYEE ONLY	\$27.70	\$31.35	\$38.44	\$12.06
EMPLOYEE & SPOUSE	\$51.03	\$57.78	\$69.74	\$21.00
EMPLOYEE & CHILD(REN)	\$50.23	\$56.86	\$70.86	\$22.83
EMPLOYEE & FAMILY	\$77.63	\$87.89	\$107.79	\$30.41

	LOW	HIGH	PLATINUM	DHMO DELTACARE
YOUR COST – BI-WEEKLY*				
EMPLOYEE ONLY	\$13.85	\$15.68	\$19.22	\$6.03
EMPLOYEE & SPOUSE	\$25.52	\$28.89	\$34.87	\$10.50
EMPLOYEE & CHILD(REN)	\$25.12	\$28.43	\$35.43	\$11.42
EMPLOYEE & FAMILY	\$38.82	\$43.95	\$53.90	\$15.21

**Employees of Child Nutrition and Transportation deductions will vary to cover employee contributions for summer in advance.*

VISION — DAVIS VISION

Healthy eyes and clear vision are an important part of your over health and quality of life.

	VISION PLAN
EYE EXAMINATION	ONCE PER CALENDAR YEAR COVERED AT 100% AFTER \$10 COPAY
SPECTACLE LENSES	ONCE PER CALENDAR YEAR COVERED AT 100% AFTER \$10 COPAY FOR STANDARD SINGLE-VISION, LINED BIFOCAL, OR TRIFOCAL LENSES
FRAMES	ONCE PER CALENDAR YEAR COVERED 100% FOR ANY FASHION OR DESIGNER FRAME FROM DAVIS VISION'S COLLECTION (VALUE UP TO \$160) OR \$120 IN RETAIL ALLOWANCE TOWARD ANY FRAME FROM PROVIDER PLUS 20% OFF BALANCE OR \$170 IN RETAIL ALLOWANCE TOWARD ANY FRAME FROM A VISIONWORKS FAMILY OF STORE LOCATIONS
CONTACT LENS EVALUATION, FITTING AND FOLLOW UP	ONCE PER CALENDAR YEAR DAVIS VISION'S COLLECTION CONTACTS COVERED AT 100%; NON-COLLECTION CONTACTS AT 15% DISCOUNT
CONTACT LENSES (IN LIEU OF EYEGLASSES)	ONE PER CALENDAR YEAR COVERED 100% FOR ANY CONTACT LENSES FROM DAVIS VISION'S CONTACT LENS COLLECTION OR \$120 RETAIL ALLOWANCE TOWARD PROVIDER SUPPLIED CONTACT LENSES PLUS 15% OFF BALANCE
OUT OF NETWORK	EXAMS: \$45 FRAME UP TO \$85 PER PAIR SPECTACLE LENSES UP TO SINGLE VISION \$50, BIFOCAL/PROGRESSIVE LENSES \$60, TRIFOCAL \$80, LENTICULAR \$100 ELECTIVE CONTACTS UP TO \$80; MEDICALLY NECESSARY CONTACTS UP TO \$250
ADDITIONAL DISCOUNTED LENS OPTIONS AND COATINGS	
SCRATCH-RESISTANT COATING	No Cost
POLYCARBONATE LENSES	No Cost
STANDARD ANTI-REFLECTIVE	NEGOTIATED DISCOUNT
STANDARD PROGRESSIVES	NEGOTIATED DISCOUNT
PLASTIC PHOTSENSITIVE	NEGOTIATED DISCOUNT

YOUR COST - MONTHLY	VISION PLAN
EMPLOYEE ONLY	\$6.82
EMPLOYEE & SPOUSE	\$13.65
EMPLOYEE & CHILD(REN)	\$17.05
EMPLOYEE & FAMILY	\$18.79

YOUR COST — BI-WEEKLY*	VISION PLAN
EMPLOYEE ONLY	\$3.41
EMPLOYEE & SPOUSE	\$6.83
EMPLOYEE & CHILD(REN)	\$8.53
EMPLOYEE & FAMILY	\$9.40

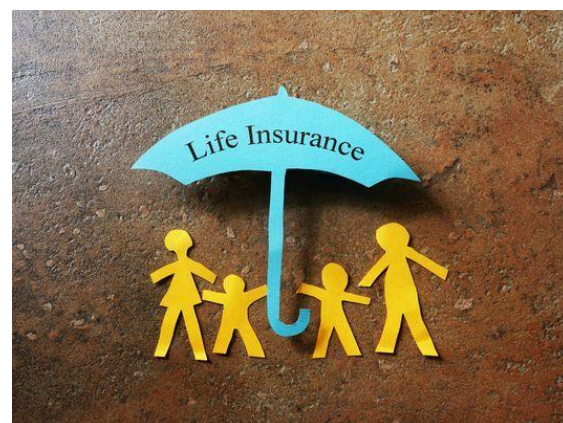
**Employees of Child Nutrition and Transportation deductions will vary to cover employee contributions for summer in advance.*

LIFE INSURANCE - UNUM

EMPLOYEE BASIC LIFE INSURANCE

Northside ISD provides all benefit-eligible employees with Term Life and Accidental Death & dismemberment (AD&D) insurance. Your amount of coverage depends on whether or not you elect to participate in one of the medical plans.

- All benefit eligible employees participating in any NISD Medical Plan
 - \$5,000
- All benefit eligible employees NOT participating in any NISD Medical Plan, your choice of:
 - \$80,000 (including \$30,000 of imputed income with a tax liability based on your age at the end of the plan year)
 - \$50,000 (no imputed income with a tax liability)



Did you know?

You control who receives your life insurance benefits. Make sure your life insurance beneficiaries are up-to-date. It is a good idea to review your beneficiaries at every enrollment period and whenever you have an important life event change. Log on to the enrollment site to review or change your beneficiary at any time.

Some coverage is guarantee issue if you enroll when you are first eligible for coverage. Additional coverage or requesting coverage after that may require health questions/exam and may be denied by the carrier for employees, spouses and dependents.

EMPLOYEE SUPPLEMENTAL AND SPOUSE/CHILD VOLUNTARY LIFE INSURANCE

	SUPPLEMENTAL/VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE
EMPLOYEE SUPPLEMENTAL LIFE	YOU MAY PURCHASE UP TO 5 TIMES ANNUAL EARNINGS UP TO A MAXIMUM OF \$1.5 MILLION. ANNUAL EARNINGS ARE AS OF THE RATE OF PAY ON OCTOBER 1 OF THE CALENDAR YEAR IMMEDIATELY PRIOR TO THE CALENDAR YEAR OF COVERAGE AND ARE ROUNDED TO THE NEXT HIGHER MULTIPLE OF \$1,000 IF SALARY IS NOT AN EXACT MULTIPLE OF \$1,000
EMPLOYEE AD&D	EMPLOYEE AD&D COVERAGE MAY BE PURCHASED REGARDLESS OF WHETHER SUPPLEMENTAL LIFE IS PURCHASED
SPOUSE	CHOICE OF \$5,000, \$10,000, \$20,000, \$30,000, \$40,000 OR \$50,000, NOT TO EXCEED 100% OF EMPLOYEE SUPPLEMENTAL LIFE COVERAGE AMOUNT – BEGINNING JANUARY 1, 2018 SPOUSE SUPPLEMENTAL LIFE INSURANCE INCLUDES AD&D
CHILD	CHOICE OF \$5,000 OR \$10,000, NOT TO EXCEED 100% OF EMPLOYEE SUPPLEMENTAL LIFE COVERAGE AMOUNT – BEGINNING JANUARY 1, 2018 CHILD SUPPLEMENTAL LIFE INSURANCE INCLUDES AD&D

YOUR COST MONTHLY	COST BASIS
EMPLOYEE SUPPLEMENTAL LIFE	\$0.190 PER \$1,000 OF COVERAGE
EMPLOYEE AD&D	\$0.017 PER \$1,000 OF COVERAGE
SPOUSE VOLUNTARY LIFE AND AD&D	\$0.445 PER \$1,000 OF COVERAGE
CHILD VOLUNTARY LIFE AND AD&D	\$1.650 PER \$5,000 OF COVERAGE

YOUR COST – BI-WEEKLY*	COST BASIS
EMPLOYEE SUPPLEMENTAL LIFE	SEE ENROLLMENT SYSTEM FOR BI-WEEKLY AMOUNTS
EMPLOYEE AD&D	SEE ENROLLMENT SYSTEM FOR BI-WEEKLY AMOUNTS
SPOUSE VOLUNTARY LIFE AND AD&D	SEE ENROLLMENT SYSTEM FOR BI-WEEKLY AMOUNTS
CHILD VOLUNTARY LIFE AND AD&D	SEE ENROLLMENT SYSTEM FOR BI-WEEKLY AMOUNTS

**Employees of Child Nutrition and Transportation deductions will vary to cover employee contributions for summer in advance.*

DISABILITY INSURANCE - AETNA

Your medical plan helps you pay for doctor and hospital bills. Disability coverage provides some income replacement in the event you become disabled and cannot work. Disability insurance allows you to choose a monthly benefit in \$100 increments, from \$200 to \$10,000 (not to exceed 66 2/3% of your income). The plan pays after a waiting period if you are unable to work due to a personal illness, injury or pregnancy. You choose the waiting period, the period which you must be continuously disabled before benefits would begin. Available waiting periods can begin as early as the first day of disability for an accident to the 180th day of disability for sickness. See the enrollment system for all the options and rates.

Maximum Benefit Period

- If your period of disability starts prior to the date you reach age 60, it will end the last day of the calendar month in which you reach age 65
- If your period of disability starts on or after the date you reach age 60, after the elimination period coverage will end after 60 months of disability



Consider the number of days of sick leave you have available when considering which waiting period to select. The longer the waiting period, the lower your monthly disability insurance cost.

YOUR COST MONTHLY	SEE ENROLLMENT SYSTEM FOR PERSONALIZED RATES
EMPLOYEE ONLY	COST OF COVERAGE VARIES BASED ON ELIMINATION PERIOD AND LEVEL OF COVERAGE
YOUR COST – BI-WEEKLY*	SEE ENROLLMENT SYSTEM FOR PERSONALIZED RATES
EMPLOYEE ONLY	COST OF COVERAGE VARIES BASED ON ELIMINATION PERIOD AND LEVEL OF COVERAGE



CRITICAL ILLNESS INSURANCE - UNUM

When a serious illness strikes the Critical Illness plan can help. With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump sum cash benefit to use however you wish - even if you receive benefits from other insurance. This can help pay your bills while you are off work, medical expenses, or however you choose to spend it.

Employees may choose to purchase \$5,000 to \$60,000 of coverage. Covered conditions include:

- Heart attack
- Major organ failure
- End-stage renal (kidney) failure
- Coronary artery bypass surgery
- Stroke
- Permanent paralysis

There are some limitations and policy exclusions.



Wellness Benefit

A Wellness Benefit every year, each family member who has Critical Illness coverage can also receive \$50 for getting a health screening test, such as: blood tests, chest x-rays, stress tests, colonoscopies, and mammograms.

Coverage Options

You	Choose from \$5,000 to \$60,000 in increments of \$5,000. You may have to answer a few health questions.
Your Spouse	Spouses age 17 to 64 can get from \$5,000 to \$30,000 in increments of \$5,000, as long as you have purchased coverage for yourself. They may have to answer a few health questions.
Your Children	If you elect coverage, dependent children from newborns to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses, plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

The plan does not pay benefits for a claim that is caused by, contributed to or occurs as a result of a pre-existing condition for which the date of diagnosis is in the first 12 months following the insured's coverage effective date.

YOUR COST MONTHLY	SEE ENROLLMENT SYSTEM FOR PERSONALIZED RATES
EMPLOYEE ONLY	COST OF COVERAGE VARIES BASED ON LEVEL OF COVERAGE SELECTED
SPOUSE	COST OF COVERAGE VARIES BASED ON LEVEL OF COVERAGE SELECTED

YOUR COST – BI-WEEKLY*	SEE ENROLLMENT SYSTEM FOR PERSONALIZED RATES
EMPLOYEE ONLY	COST OF COVERAGE VARIES BASED ON LEVEL OF COVERAGE SELECTED
SPOUSE	COST OF COVERAGE VARIES BASED ON LEVEL OF COVERAGE SELECTED

CANCER INSURANCE - ALLSTATE

Cancer coverage pays you a cash benefit to help with the costs associated with treatments and daily living expenses if you or a covered family member is diagnosed with cancer and 29 specified diseases.

- Benefits are paid directly to you unless otherwise assigned
- Coverage available for you or your entire family
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (Employee only)

Wellness Benefit

Allstate offers a \$100 wellness benefit per calendar year to all employees enrolled in the cancer plan for any one of the following: Bone Marrow Testing; Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Mammography; Pap Smear; and Serum Protein Electrophoresis (myeloma).

Note

The plan does not pay benefits for a pre-existing condition during the 12-month period beginning on the date coverage starts. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received during the 12-month period prior to the effective date of coverage.

YOUR COST MONTHLY	PLAN 1	PLAN 2	PLAN 3
EMPLOYEE ONLY	\$15.34	\$23.56	\$28.54
EMPLOYEE & FAMILY	\$26.62	\$40.94	\$49.74

YOUR COST – BI-WEEKLY*	PLAN 1	PLAN 2	PLAN 3
EMPLOYEE ONLY	\$7.67	\$11.78	\$14.27
EMPLOYEE & FAMILY	\$13.31	\$20.47	\$24.87

**Employees of Child Nutrition and Transportation deductions will vary to cover employee contributions for summer in advance.*



A financial cushion for life's unexpected events

Accidents happen. And unexpected injuries can lead to unexpected expenses. Accident insurance gives employees the financial cushion to absorb expenses like copays, deductibles, and more. Benefits are paid no matter what medical covers, and they can spend it as they choose.



Accident coverage provides benefits to you after an accident to use as you see fit. It can help with out-of-pocket expenses such as deductibles, copays, transportation to medical centers, childcare and more.

- **Injuries:** fractures, dislocations, concussions, lacerations, eye injuries, torn knee cartilage, ruptured discs, second and third degree burns
- **Medical services and treatments:** ambulance, emergency care, therapy services, medical testing (including x-rays, MRIs, CT scans), medical appliances and certain types of surgeries
- **Hospitalization:** hospital admission, confinement and inpatient rehab after an accident
- **Additional benefits:** accidental death, dismemberment, loss and paralysis, supplemental benefit for lodging

Wellness Benefit

Covered employees, spouses and children can use the Health Screening Benefit and receive up to \$100 for getting an annual physical exam, blood chemistry panel, complete blood count (CBC), chest x-ray, electrocardiogram (EKG), and electroencephalogram (EEG). Visit an enrollment fair to learn more.

YOUR COST MONTHLY	Low	High
EMPLOYEE ONLY	\$4.79	\$7.14
EMPLOYEE & SPOUSE	\$9.46	\$14.55
EMPLOYEE & CHILD	\$9.82	\$14.78
EMPLOYEE & FAMILY	\$12.33	\$18.33

YOUR COST – BI-WEEKLY*	Low	High
EMPLOYEE ONLY	\$2.40	\$3.57
EMPLOYEE & SPOUSE	\$4.73	\$7.28
EMPLOYEE & CHILD	\$4.91	\$7.39
EMPLOYEE & FAMILY	\$6.17	\$9.17

**Employees of Child Nutrition and Transportation deductions will vary to cover employee contributions for summer in advance.*

LEGALGUARD INSURANCE – LEGALEASE

LegalGUARD is an insurance plan by LegalEASE and underwritten by The Virginia Surety Company that provides support and protection from unexpected legal issues.

LegalGUARD can ease the biggest stresses - finding and paying for the right lawyer.

LegalGUARD is an insurance plan, underwritten by the Virginia Surety Company, that provides support and protection from unexpected personal legal issues.

Plan Option:
The LegalGUARD Plan + LifeLock*
Only \$22.68 monthly, via payroll deduction.

Who's Covered:

LegalGUARD Coverage

Member

Spouse

Dependent Children
Up to age 19
Age 19-25 enrolled full-time at an accredited university

Parents
Elder Benefits designed for Plan member's and Spouse's Parents

LifeLock Coverage

Member

Spouse

The value of a LegalGUARD Plan.

Being a LegalGUARD member saves costly legal fees and provides coverage for:

HOME & RESIDENTIAL Purchase of primary residence, Sale of primary residence, Refinancing of primary residence, Tenant dispute ² , Foreclosure ²	AUTO & TRAFFIC Traffic defense (resulting in suspension or revocation of license), License Suspension (Administrative proceeding), Traffic ticket defense ⁴
FINANCIAL & CONSUMER Debt collection: pre-litigation defense & trial defense ² , Bankruptcy (chapter 7 or 13) ² , Tax audit ² , Document preparation, Consumer dispute, Small claims court ¹ , Identity Theft Assistance ³ , Savings assistance ³	FAMILY Separation ¹ , Divorce ^{1,2} , Name change, Guardianship/conservatorship ¹ , Adoptions ¹ , Juvenile court proceedings, Elder law ³ , Immigration assistance ³ , Prenuptial agreement preparation ⁴
ESTATE PLANNING & WILLS Will or codicil, Complex will ⁴ , Living will, Health Care Power of Attorney, Probate of small estate ¹ , Living trust document	GENERAL Misdemeanor defense ² , Civil litigation defense ² , Initial law office consultation ¹ , Review of simple documents ¹ , Mediation ⁴

**Please visit <https://www.legaleaseplan.com/northside-isd> for specific plan benefits

¹Limitations apply

²Subject to Managed Case Rules

³Additional benefits

⁴Discounted rates

*Limitations and exclusions apply. Please contact LegalEASE for complete details.

YOUR COST - MONTHLY

EMPLOYEE AND FAMILY

LEGALGUARD PLUS LIFELOCK

\$22.68

YOUR COST – BI-WEEKLY*

EMPLOYEE AND FAMILY

LEGALGUARD PLUS LIFELOCK

\$11.34

**Employees of Child Nutrition and Transportation deductions will vary to cover employee contributions for summer in advance.*

EMPLOYEE ASSISTANCE PROGRAM - AETNA

Some days it can be tough to manage the competing priorities in our lives, and keep it all running smoothly. Your Employee Assistance Program (EAP) is here for you. Aetna Resources For Living is a comprehensive Employee Assistance Program that is there for you when you need it. This confidential and round-the-clock service offers support and resources, whether your issues are parenting, work situations, a troubled relationship, substance abuse or even just a desire for self-improvement. Get up to three Face-to-Face counseling sessions a year with an EAP network provider. That's up to three visits a year for you and also for members of your household.

Just a call or click away, Aetna Resource For Living professionals can confidentially discuss your situation and help you get information and education, as well as referrals to local counselors if you want Face-to-Face visits.

Common issues:

- Mental health and well-being
- Personal and professional relationships
- Substance abuse
- Family life
- Daily stress



Visit www.mylifevalues.com for free webinars; online child care, eldercare, education searches; concierge database; and discount programs. You'll also have access to thousands of articles, videos, and tools on work life and behavioral health topics.

Ready when you are

The EAP is available whenever you are 24 hours a day, 7 days a week, either by phone or online. If it's not convenient to call, you can find resources and self-help tools for your personal, family and work-related concerns on the EAP website.

Call: **1-855-283-1915**
Or visit: **www.mylifevalues.com**
(Log in user name and password: **RESOURCES**)

Aetna is the brand name used for products and services offered through the Aetna group of subsidiary companies. The EAP is administered by Aetna Behavioral Health, LLC.

There is no charge to you or your family for using the program. However, if you choose to use any referrals to additional resources, their charges, if any, would be your responsibility.

Concerned about your financial readiness for retirement?

In addition to the EAP most Northside ISD employees have several resources that can help.

Teacher Retirement System

Your membership begins on your first day of eligible employment. Northside provides TRS with information about you and your employment such as your full name, current mailing address, Social Security number, date of birth, date of hire, and the type of position you hold. Retirement plan membership offers you not only service retirement benefits when you qualify based on age and years of service credit, but it also offers you disability retirement benefits and death benefits from the beginning of your career in Texas public education.

Learn More:

Teacher Retirement System
800-223-8778
www.trs.state.tx.us

Retirement Savings with a 403(B)

As an NISD employee you can save tax-deferred money now in a 403(B) savings account to be used to supplement your TRS benefit at retirement.

Learn More:

403(B)
TCG
800-943-9179
www.region10rams.org

ANNUAL NOTICES

Please refer to the NISD Benefit intranet page to review all regulatory annual notices, or call the Benefits office at 210-397-8620 or email them at employee.benefits@nisd.net to request paper copies of notices.

NOTICE REGARDING WELLNESS PROGRAM

Simply Engaged and Real Appeal are voluntary wellness programs available to all employees and eligible dependents enrolled in a UHC health plan sponsored by NISD. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness programs you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for a partial lipid panel which includes; total cholesterol and blood glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees and eligible dependents who choose to participate in the Simply Engaged wellness program will receive an incentive of \$75 for the biometric screening and \$25 for the health risk assessment survey. Although you are not required to complete the HRA or participate in the biometric screening, only employees and eligible dependents who do so will receive the incentive and/or be eligible to receive a Real Appeal kit. Additional incentives may be available for employees and eligible dependents who participate in certain health-related activities such as telephonic health coaching, online coaching missions, the health cost estimate tool or gym reimbursements (when a participating gym is used). Simply Engaged incentives are distributed in the form of taxable gift cards and may not exceed \$200 per eligible employee or spouse per year. Real Appeal incentives include an enrollment kit. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Department at 210-397-8620 or by email at employee.benefits@nisd.net. The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and United Healthcare may use aggregate information it collects to design a program based on identified health risks in the workplace, they will never disclose any of your personal information either publicly or to NISD, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your Northside Independent School District Benefits Department at 210-397-8620 or by email employee.benefits@nisd.net.

IMPORTANT CONTACT NUMBERS

BENEFIT	CARRIER	GROUP#	PHONE	WEB	Mobile App
MEDICAL	United Healthcare	906022	UHC Customer Service 844-554-9709 NISD On-Site Representative 210-397-8789	www.myuhc.com	
DENTAL	Delta Dental	PPO 19483 DHMO 79045	PPO 800-521-2651 DHMO 800-422-4234	www.deltadentalins.com	
VISION	Davis Vision	3152	877-923-2847	www.davisvision.com	
Life/AD&D	Unum	570616	800-421-0344	www.unum.com	
LONG TERM DISABILITY	Aetna	473701	888-266-2917	www.aetna.com	
FSA	Proficient Benefit Solutions	NISD	210-659-8100	www.sbsadmin.com Effective 10/1/2018 new site will be www.ProficientBenefits.com	
HSA	Optum Bank	NISD	800-791-9361	www.myuhc.com	
CANCER	Allstate	96441	800-521-3535	www.allstatebenefits.com/mybenefits	
CRITICAL ILLNESS	Unum	R0652248	800-635-5597	www.unum.com	
CANCER & CRITICAL ILLNESS – GRANDFATHERED POLICIES	Unum No longer offered to new enrollees	8460428	800-635-5597	www.unum.com	
ACCIDENT	MetLife	153560	800-GET-MET8	www.mybenefits.metlife.com	
LEGAL	LegalEase	6025572	800-248-9000	www.legaleaseplan.com/northside-isd	
EMPLOYEE ASSISTANCE PROGRAM	Aetna		855-283-1915	www.mylifevalues.com user name: resources password: resources	

Questions about Benefits

Call or Fax Us: Benefits Office at 210-397-8620

Fax for Leave of Absences only 210-398-8803/ Fax for Benefits 210-398-8802

Email Us: Employee Benefits employee.benefits@nisd.net

Visit Us: Benefits Building at 5615 Grissom Road, San Antonio, TX 78238

After Hours: Log-in to the NISD employee portal on the intranet, click on the “Benefits” hyperlink underneath the “Employee Basics” banner.

ANNUAL ENROLLMENT FAIR SCHEDULE

DATE	LOCATION	TIME
Oct 1	John Jay High School 7611 Marbach Road, 78227	Noon to 6:00 PM
Oct 2	Stevens High School 600 Ellison N., 78251	Noon to 6:00 PM
Oct 3	Warren High School 9411 Military Drive West, 78251	Noon to 6:00 PM
Oct 4	Harlan High School 14350 Culebra Road, 78253	Noon to 6:00 PM
Oct 8	Northside Activity Center* 7001 Culebra Road, 78230	10:00 AM to 6:00 PM
Oct 9	Marshall High School 8000 Lobo Lane, 78240	Noon to 6:00 PM
Oct 10	Brandeis High School 13011 Kyle Seale Parkway, 78249	Noon to 6:00 PM
Oct 11	O'Connor High School 12221 Leslie Road, Helotes, 78023	Noon to 6:00 PM
Oct 15	Testing Annex 5647 Grissom Road, 78238	Noon to 6:00 PM
Oct 16	Testing Annex 5647 Grissom Road, 78238	Noon to 6:00 PM
Oct 17	Testing Annex 5647 Grissom Road, 78238	Noon to 6:00 PM
Oct 18	Testing Annex 5647 Grissom Road, 78238	Noon to 6:00 PM
Oct 19	Testing Annex 5647 Grissom Road, 78238	Noon to 6:00 PM

Benefit Notices

Benefit Notices are available online in English or Spanish by visiting the link below or through employee connections under the benefits department. For a printed copy, please come by the Benefits department at 5615 Grissom Road. If you would like to speak to benefits regarding the benefit notices please call 210-397-8620.

<https://nisd.net/hr/benefits>

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