2023

EMPLOYEE BENEFIT GUIDE

SAN FELIPE DEL RIO CISD

SPC Bldg. | 315 Griner St. Del Rio, Texas 78840 | T: 830.778.4100 | www.sfdr-cisd.org

San Felipe Del Rio CISD will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment. Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

Each year, we strive to offer comprehensive benefit plans to our employees. In the following pages, you will find a summary of our benefit plans for the 2023 plan year. Please read this Benefits Guidebook carefully as you prepare to make your elections for the upcoming plan year.

About this Benefits Guidebook

This Benefits Guidebook describes the highlights of San Felipe Del Rio CISD's benefits program in non-technical language. Included in this Benefits Guidebook is important information about each of the benefit plans offered to you and your family. It includes the benefits paid by San Felipe Del Rio CISD as well as voluntary products which you can customize to meet your individual needs.

Please remember that these general descriptions are not intended to provide all the details of requirements of these benefits. The official Plan Documents will prevail if any inconsistencies are found between the Benefit Guidebook and the official Plan Documents. You should be aware that any and all elements of San Felipe Del Rio CISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by San Felipe Del Rio CISD.

How to Enroll

Enroll with a Benefits Counselor: Contact one of our Benefits Counselors at the Benefits Service Center by calling (855) 731-4452.

Before you speak with a Benefit Counselor, please have the following information ready: *dependents' names, birth dates, social security numbers, addresses, and phone numbers.*

Benefits Service Center: (855) 731-4452
Monday - Friday: 8:00 am - 7:00 pm (CST)
Saturday: 9:00 am - 3:00 pm (CST)

Table of Contents

Eligibility

Employee Eligibility

Group health insurance coverage is available to all full time (30 or more hours per week) employees. All other benefits are 30 hours per week.

Effective Dates of Coverage

In order for an employee's coverage to take effect, the employee must call in to the Benefits Service Center for coverage for the employee and any eligible dependents. Your Medical coverage will become effective on the date of hire and all other plans are the 1st day of the month following your date of hire.

Eligible Dependents

If you apply for coverage, you may include your dependents. All employees must ensure that only family members who meet the following requirements are enrolled in the San Felipe Del Rio CISD insurance and health care benefit programs.

Eligible dependents include one or more of the following:

- Your spouse
- A child under the limiting age of 26
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance.

  Child means:
  - Your natural child; or
  - Your legally adopted child, including a child for whom the participant is a party in a suit in which the adoption of the child is sought; or
  - Your stepchild; or
  - A child of your child who is your dependent for federal income tax purposes at the time application of coverage of the child of your child is made; or
  - A child for who a Participant has received a court order requiring that Participant to have financial responsibility for providing health insurance; or
  - A child not listed above:
    - Whose primary residence is your household; and
    - To who you are legal guardian or related by blood or marriage; and
    - Who is dependent upon you for more than one-half of his support as defined by the Internal Revenue Code of the United States.

Important Information Regarding Status Changes

- Employees pay for their benefits on a pre-tax basis. As a result, the Internal Revenue Service will not allow an employee to change his/her elections during the year unless the employee experiences a **qualifying event.**

  Qualifying events include:
  - A change in the number of dependents (birth, adoption, death, guardianship);
  - A change in marital status (marriage, divorce, death, legal separation);
  - A dependent's loss of eligibility (attainment of limiting age or change in student status);
  - A change in associate's, spouse's, or dependents' work hours;
  - A termination or commencement of employment of associate's spouse or eligible dependent with coverage;
  - An entitlement to Medicare or Medicaid;
  - Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.

- An employee must change his/her coverage within 31 calendar days from the date of the qualifying event.
- An employee must ensure the change in coverage is consistent with the status change. For example, if the employee gets married, he/she has 31 calendar days to enroll the new spouse or drop coverage if the employee will be added to the spouse's plan.

MEDICAL SERVICES

Medical
Kempton

Medical Plans Effective: January 1, 2023 - December 31, 2023

The medical program, administered by Kempton, provides the framework for your health and well-being. To better meet the varying needs of our employees, San Felipe Del Rio CISD offers the following medical plan.

Benefits (per calendar year)	**Medical Plan**
Deductible In-Network (Individual/Family) Out-of-Network (Individual/Family)	 $750/$1,500 $750/$1,500
Out-of-Pocket Maximum In-Network (Individual/Family) Out-of-Network (Individual/Family)	 $5,000/$10,000 $5,000/$10,000
Annual Maximum	Unlimited
Coinsurance (participant pays) In-Network Out-of-Network	 20% 20%
Primary Care Office Visit	$30 copay
Specialist Office Visit	$50 copay
Urgent Care	$50 copay
Emergency Room	$400
Hospital Services In-Patient	20% after deductible
Outpatient Diagnostic X-Ray & Lab Services (in office - $0 Copay)	100% deductible waived
Major Lab - MRI, PET Scan, CAT Scan	20% after deductible
KPP Free Providers	100% deductible waived
Val Verde Regional Medical Center	100% deductible waived
Mental Health Office Visit (In-Network)	$30 copay
Prescription Drug Retail Order (30-day) / Mail Order (90-day) Generic 1st Choice Standard Specialty **Prescription Drug Out of Pocket Maximum** Individual/Family	 $0 / $0 $35 / $87.5 $50 / $125 $200 / $500 $1,450/$2,900 (If you have met your max out-of-pocket there is no copay)
Life Insurance	$10,000

*District contribution for health coverage per employee per month is $543.78

***Alternate Plan:** For employees who do not elect health coverage plan

In-Hospital Cash Benefits	**Life Benefit**	**(Optional) Dental Care Benefit**	**Benefit Percentage Payable**
Benefits while confined to hospital: $200 per day (24hrs.) Maximum Stay: 365 days	Term Life Benefits: $15,000	Individual Deductible: $75 per calendar year	Preventive: 80% after deductible Basic: 80% after deductible Major: 50% after deductible

Medical Plan Monthly Deductions

Coverage Tier	**Medical Plan**
Employee	$0.00
Employee + Spouse	$494.85
Employee + Child(ren)	$252.80
Family	$752.15

Healthcare Highways Network

Finding an in-network provider

Welcome to Healthcare Highways! We're honored to be your healthcare partner. Let's help you find your in-network provider. You have two ways to search for a provider:

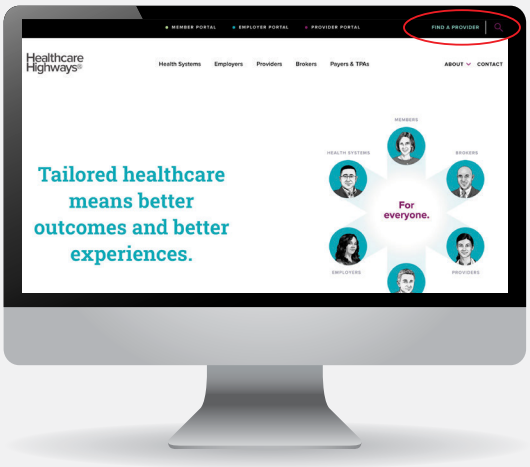
1 **Do it yourself.**
Go to www.healthcarehighways.com and follow the simple instructions below.

2 **Let us help you.**
Call our customer experience team at 866-945-2292. We're available Monday through Friday, 8am to 5pm CST.

Healthcare Highways®
HEALTH PLAN

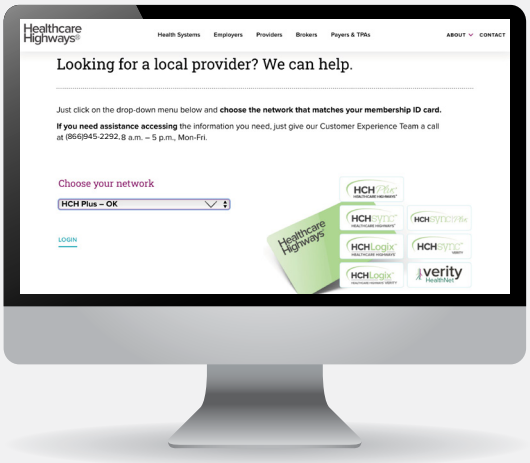
Finding your provider.

Follow our simple search instructions.



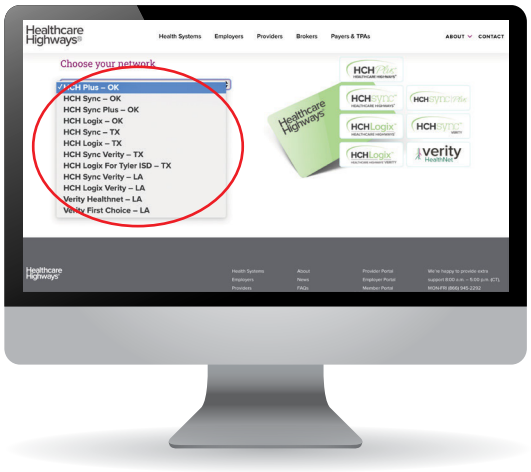
STEP 1
Go to www.healthcarehighways.com and click on the "Find a Provider" button in the upper right of the screen.

STEP 2
You've now accessed the provider search page. It's important to have your member ID card near by for reference when choosing your network.



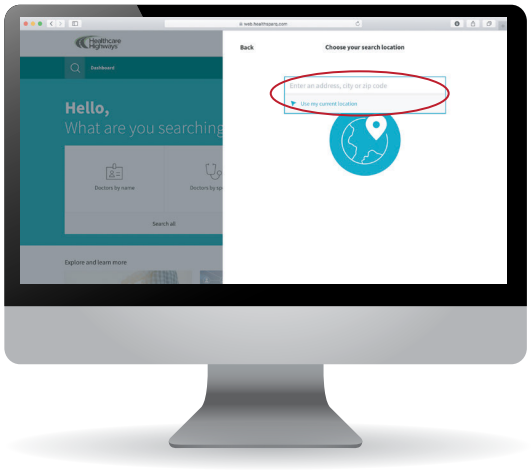
STEP 3

A drop-down menu will appear with different networks listed. Be sure to match the network logo on the front of your member ID card with the one listed on the screen.



STEP 4

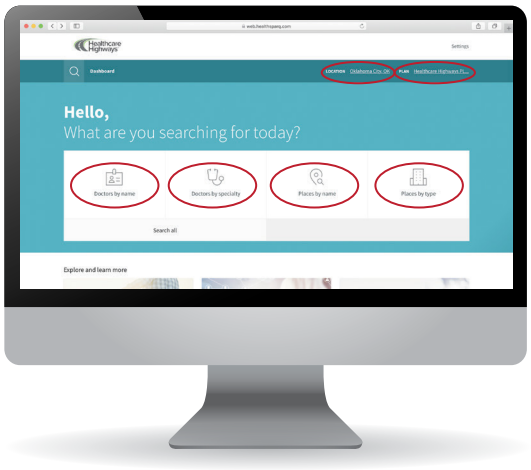
Start your search by entering your search location. Provide an address, city, or zip. You also have the option to allow us to use your current location.



STEP 5

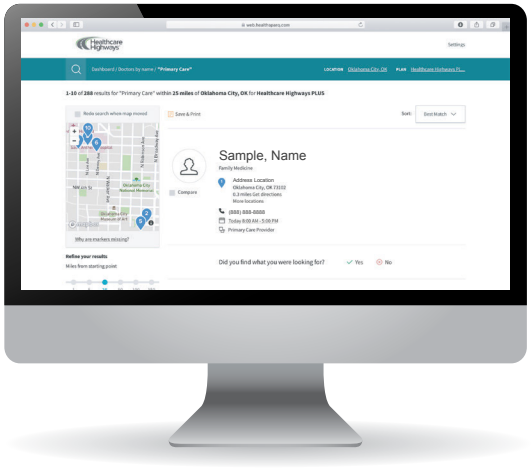
Now you can start your search for doctors, hospitals, specialists and more by selecting the icons on the main dashboard.

At any time you can check to make sure that your location and network information are correct. Do this by viewing what is displayed it in the upper right hand corner. It should reflect your location as well as your Healthcare Highways network selection next to the plan.



STEP 6

A list of one or more providers will appear, depending on your search parameters. Scroll to select your provider. Within each listing, you'll find basic contact information. You may click on "directions" to get turn-by-turn driving instructions. Print or save your results.



KPP*Free*™
KEMPTON PREMIER PROVIDERS

EASY AS 1-2-FREE!

When you choose KPP*Free*™, your medical service is covered at **100%**, with **no cost to you**! With more than 200 provider locations, and thousands of procedures, tests, imaging, and other services, using KPP*Free*™ is an easy choice!

Call us! Call our Kempton Care Advocate team at **(800) 324-9396** to find out if your procedure is available through KPP*Free*™, discuss your benefits, and see if using KPP*Free*™ is your best option.

Our team will assist you every step of the way. Remember, reasonable travel expenses can be reimbursed, including hotel, mileage, etc.

After your appointment is scheduled, you will be provided with a KPP*Free*™ Voucher to present to the provider at the time of service.

Services Available

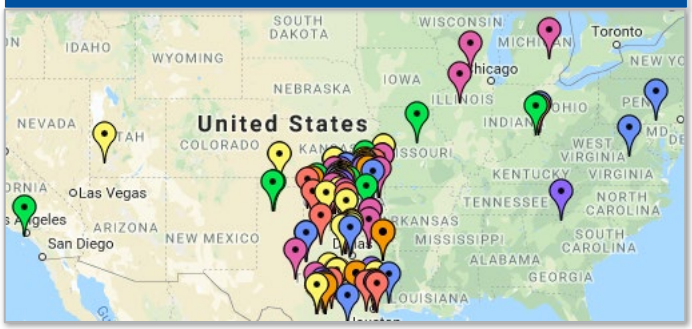
There are thousands of medical services that can be performed through the KPP*Free*™ program.

Examples of services available:

- General Surgeries
- Diagnostic Imaging
- Orthopedics
- Gastrointestinal
- Ear, Nose, & Throat
- Cardiac
- Oncology
- Gynecological
- Ophthalmological/Ocular
- Kidney
- Sleep Disorders

Don't forget your Preventive Services!
Many of your preventive screenings can be done through the KPP*Free*™ program. If a diagnosis is found, you can be confident that you won't receive surprise bills, and you may be able to get treatment from the same high-value provider.

KPP*Free*™ Locations



Don't have a KPP*Free*™ option near you or want to use your current medical provider? Ask us about how any provider can "price match" and be reimbursed at 100% with a Cash Price Agreement!

KPP*Free*™ Savings

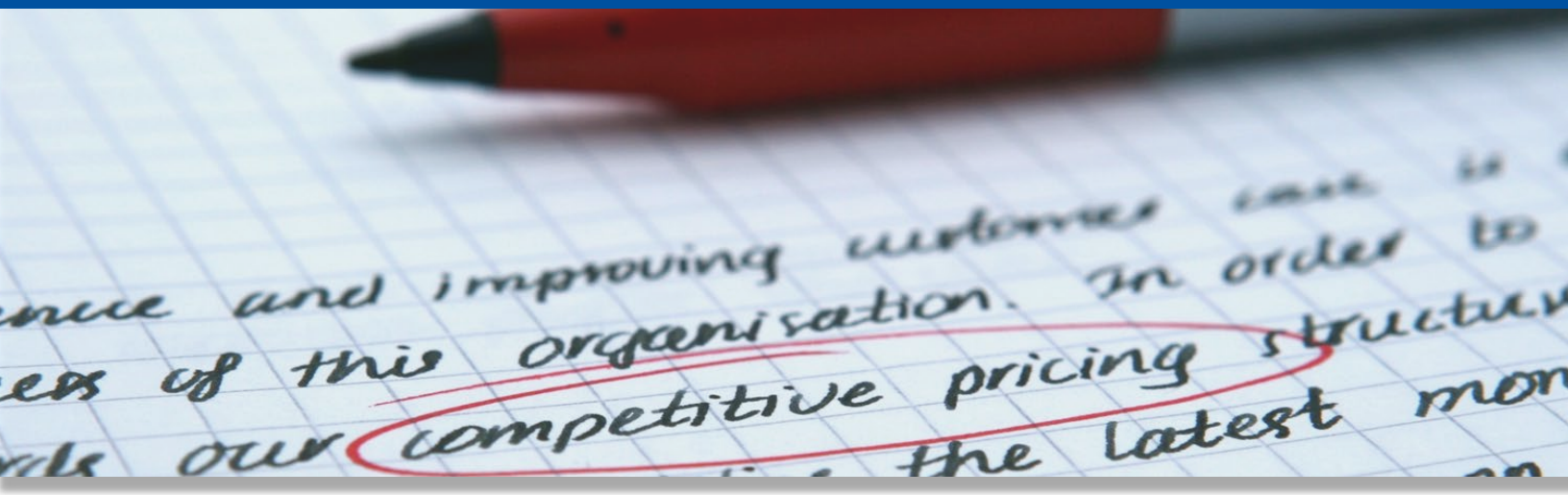
KPP*Free*™ providers often charge 50-80% less than a traditional network provider. Since 2011, our clients have saved **$61 million** over network discounts, while reducing or eliminating participant out-of-pocket cost.

To learn more:
Call us at (800) 324-9396 or visit us online at KPPFree.com

**KPP*Free*™ is only available for covered services. If a participant has other primary insurance, the benefit is not available. Neither the Plan or the Plan Administrator, make any warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except for ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit. ©2019 all rights reserved.*

KPP*Free*™
KEMPTON PREMIER PROVIDER

CASH PRICE AGREEMENT



SAVE MONEY WITH A CASH PRICE AGREEMENT!

Talk to your provider about matching the KPP*Free*™ price so they can be reimbursed at 100% and you will have no out-of-pocket cost!*

Call Kempton to find out if your medical service is available through the KPP*Free*™ program, discuss your benefits, and see if a Cash Price Agreement is **your best option**.

Talk to your provider about the enhanced benefit available to you if they **agree to match**, or closely approximate, the KPP*Free*™ bundled price.

Remember, **all services** required for the service or procedure are **bundled** under KPP*Free*™. These same services **must** also be **included** in your provider's offer.

The Kempton Care Advocate will provide you with a **Cash Price Agreement**. If your provider signs the CPA, your procedure will be covered under the **KPP*Free*™ benefit**!

If you have questions or want to learn more, give us a call at (800) 324-9396 or visit us online at KPPFree.com.

**KPPFree™ is only available for covered services. If a participant has other primary insurance, the benefit may not be available. There is no implied warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.*

KPP*FREE* ™ CASH PRICE AGREEMENTS FAQ

FREQUENTLY ASKED QUESTIONS

What is KPP*Free*™?

KPP*Free*™ is a program that encourages self-funded employers to work directly with medical providers who believe in charging a fair price for high quality care.

Under KPP*Free*™, you can receive high quality care at an enhanced benefit, often with no out-of-pocket cost.* To encourage you to use this benefit, reasonable travel expenses are included.

Providers who are part of KPP*Free*™ are paid quickly, often at 100%.* They are reimbursed from a simple invoice rather than filing a claim through the PPO network.

What services are available through KPP*Free*™?

Medical services available through KPP*Free*™ are non-emergency procedures such as surgeries, tests, and diagnostic imaging. The up-front transparent prices for KPP*Free*™ services are bundled. This means the price includes all relevant items, such as surgeon, facility, and anesthesia.

What is a KPP*Free*™ Cash Price Agreement?

A KPP*Free*™ Cash Price Agreement enables participants to get the same enhanced KPP*Free*™ benefit with the medical provider they choose.

If your provider agrees to match, or closely approximate, the *bundled* price of a current KPP*Free*™ provider for a particular service or procedure, it can be covered under the KPP*Free*™ benefit.

All services required for the service or procedure are bundled under KPPFree™. These same services must also be included in the Cash Price Agreement.

Is a KPP*Free*™ Cash Price Agreement the best option for me?

Cash Price Agreements are consumer-driven. This means that you, as a smart consumer, are responsible for working with your provider(s) independently, and "owning" the process.

The relationship you have with your provider is very important to this process. There is a much higher possibility of success when the patient, you, leads the discussion.

However, this process is not for everyone.

If you are uncomfortable having this discussion with your provider, or you do not want to devote the time to the process, this option is not a good fit for you.

For medical issues that are urgent or time sensitive, we recommend using a current KPP*Free*™ provider, or your regular plan benefits for care.

Even if a Cash Price Agreement is not the best option for you, the enhanced benefit is still available by choosing a current KPP*Free*™ provider. You may also choose to use the regular plan benefits available to you.

Are all providers willing to do a KPP*Free*™ Cash Price Agreement?

No. Not all providers are willing, or able, to participate in this option.

If your provider is not willing or able to sign a Cash Price Agreement, you still have an enhanced benefit available if you choose to use a current KPP*Free*™ provider. You may also choose to use the regular plan benefits available to you.

What is the process?

1. Call the Kempton Care Advocates to find out if your medical service is available through the KPP*Free*™ program and discuss whether a Cash Price Agreement is your best option.
2. Talk to your provider about the enhanced benefit available to you. If they are willing to match, or closely approximate, the KPP*Free*™ bundled price, you can request a Cash Price Agreement to share with them.
3. The Kempton Care Advocate will provide you with a Cash Price Agreement to present to your provider for them to sign.
4. Once your provider has signed the agreement return it to the Kempton Care Advocate for review.
5. After the agreement is reviewed, and our team confirms that all necessary services are included in the bundled price, the Kempton Care Advocate will send an executed copy of the agreement to you.
6. Once the process is complete, you may schedule your appointment and your medical services will be covered under the enhanced KPP*Free*™ benefit!

Talking Points

- "How much will this treatment cost? I would like to know what the total cost will be, not just my out-of-pocket cost."
- "My health plan is self-funded. I want to keep costs in mind when I am making this decision."
- "I have an enhanced benefit that saves me significant money on my out-of-pocket costs."
- "We have the option of working together so that I can still have my out-of-pocket costs reduced or waived, while not having to use a different provider."
- If you are willing to work with me and match the bundled price of a provider who participates in KPP*Free*™, I get the enhanced benefit, but there are also benefits for you too. Can we discuss this option?"

Have Questions?

For assistance please call our Kempton Care Advocates at **(800) 324-9396**, Monday – Friday 8:00 a.m. - 5:00 p.m. CST.

**KPPFree™ is only available for covered services. Please refer to your Summary Plan Description for a list of covered services. This Consumer Driven Option is subject to the Plan exclusions, limitations, or other restrictions listed in the Plan which may apply. Under IRS guidelines, with the exception of ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.*

THE KEMPTON GROUP

MEMBER PORTAL

HOME | MY BENEFITS | CLAIMS | KPP*FREE*

Welcome to Your 24/7 Online Benefits Connection!

Review your personal details and health benefits from the privacy of your home or while on-the-go.

View deductible and out-of-pocket balances. Download details into CSV file.

View claims status, claim history, and Explanation of Benefits.

Print a temporary ID card and request a new ID card.

Ask questions, verify coverage, and more!

View FAQs, flyers, plan details, benefits, and forms.

Creating Your Account is Simple!

1. Visit www.kemptongroup.com
2. Choose the “For Members” button, then "Secure Login."
3. Click “Create a New Login.”
4. Follow the simple steps on your screen. Use your member ID card to help you answer the questions.

Need help or have questions?

Call us at (800) 324-9396.

DOWNLOAD OUR MOBILE APP!

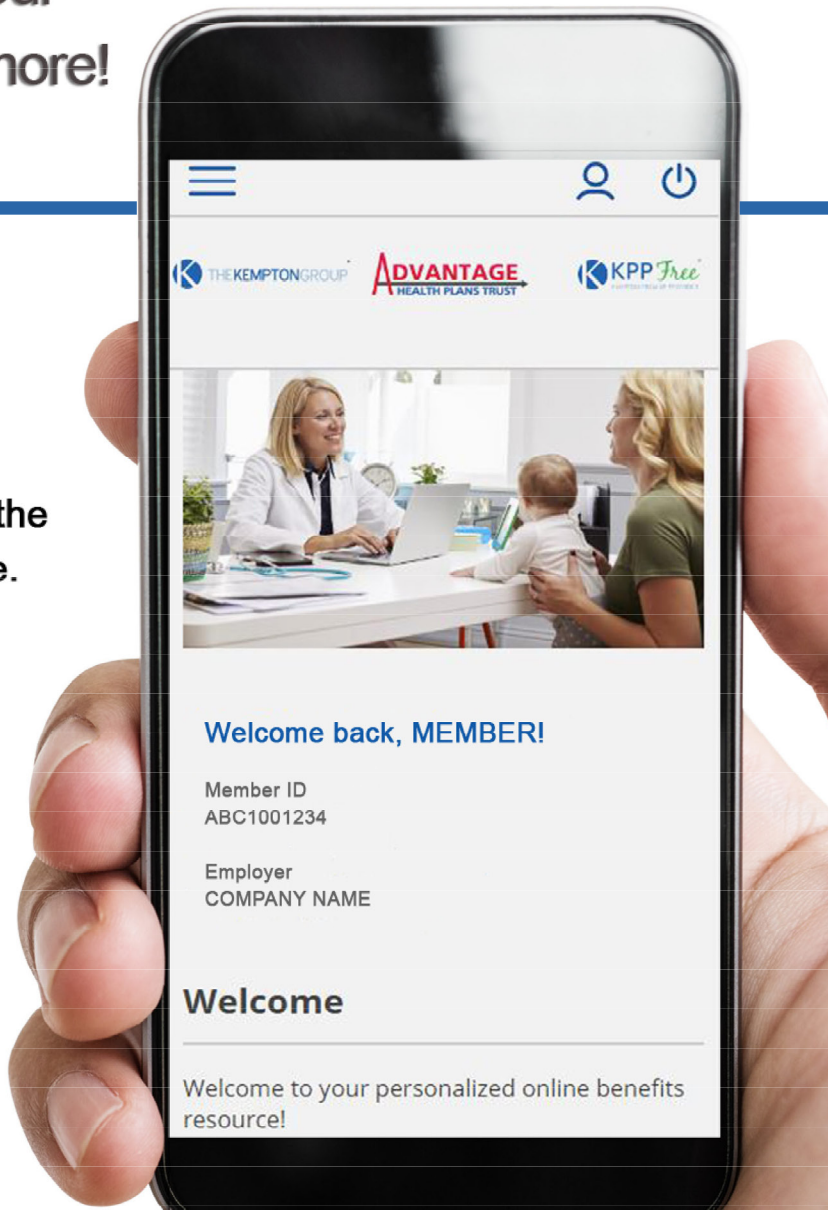
KEMPTONNOW

makes it easy to get details about your claims and benefits while on-the-go! View your ID card, check claims status, check your out-of-pocket amounts, and more!

KemptonNow is available at the Google Play & iOS App Store.

Download on the App Store

ANDROID APP ON Google play



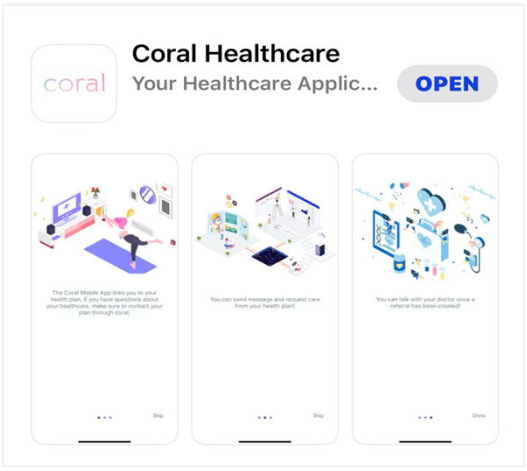
KPP*Free*™ is now at your fingertips with the Coral Healthcare mobile app!

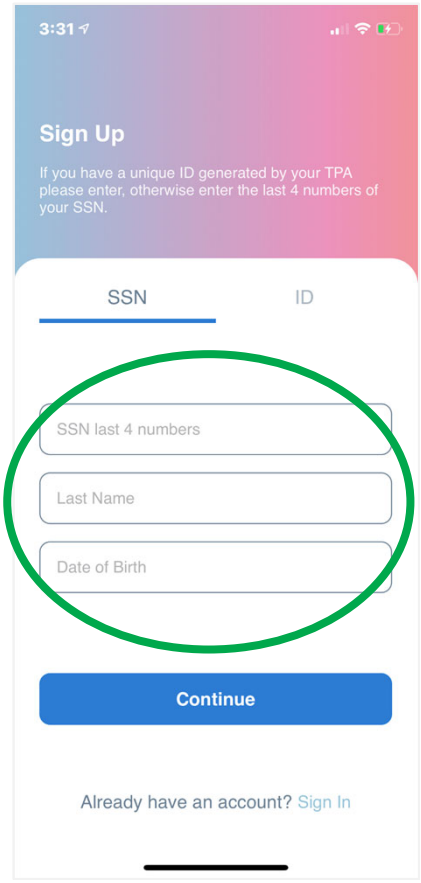
With the Coral Healthcare app, you can:

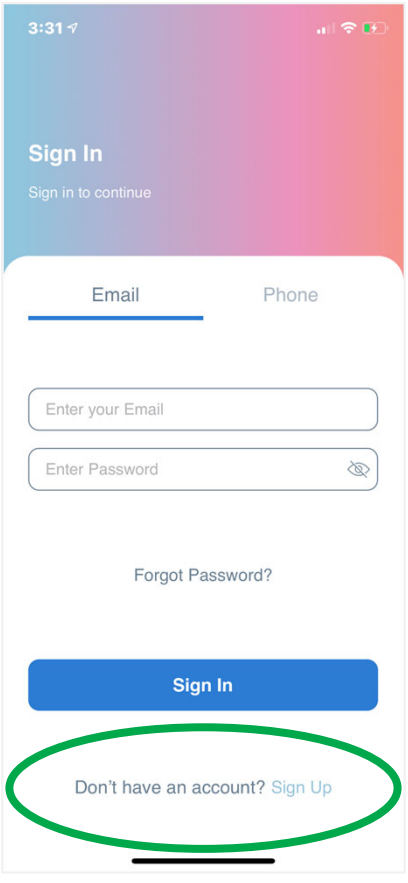
- View upcoming KPP*Free*™ appointments.
- Receive KPP*Free*™ Vouchers.
- Search KPP*Free*™ providers, facilities, and qualified procedures.
- Request assistance for an upcoming procedure or image thru the KPPFree program.

Instructions:

1. Search **Coral Healthcare** in the app store to download.
2. Select Sign Up.
3. Use your name, date of birth, and last 4 of your social to create your account. You can also create an account by using your member ID.
4. Once your account is created, start using the app!





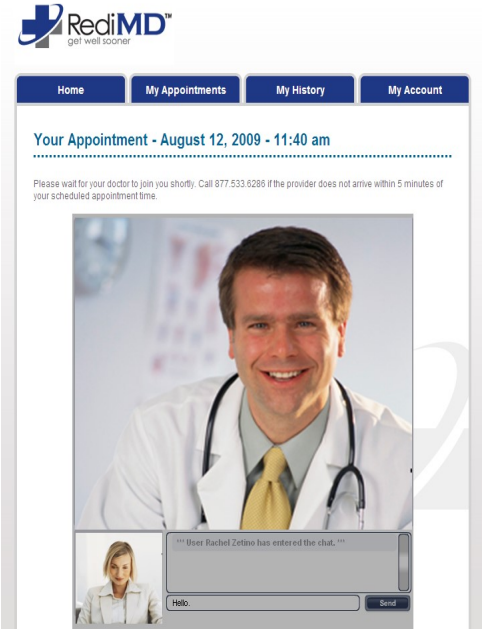


Have Questions?

Call us at (800) 324-9396

Medical Care Online

RediMD



RediMD gives you the option to have a regular doctor's visit online.

- ***Any time you need to see or speak with a doctor***
- ***We are "Always Open"***

RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.

RediMD service is available for you to use

- At work at our clinic workstation during working hours
- At your home during days, nights, and weekends for you and your family

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

Cold	*Cough*	*Flu*	*Sore Throat*
Allergies	*Skin Issues*	*Blood Pressure*	*Headaches*
Diabetes	*Sinus Infection*	*Stress Problems*	*Stomach Problems*

- RediMD is available for your dependents to use at home. Each dependent must register separately. Please contact RediMD if your dependent is not covered under your insurance policy to obtain a "code."

- A computer with internet connection and web camera, or a smart phone with internet connection and a skype account (free download from apps store) is required for all face-to-face visits.
- If you forget your password. RediMD uses the highest encryption possible. We will not send out passwords to unsecured emails for your protection. Please call the RediMD number below to have it reset.

For help, call RediMD at 866-989-CURE, option 3

RediMD™ get well sooner

RediMD visits available from work or home
8:00 am – 6:00 pm CT Mon-SAT
24/7 by phone call 281-633-0148.

MEDICAL SERVICES

TO USE REDIMD AS A FIRST-TIME USER

1 REGISTER.*

- Click "register"
- Select "register " or "First Time User"
- Enter code listed bottom of page and click "next"
- Follow registration directions, enter your e-mail and create a password
- Complete profiles and registration directions.

2 SCHEDULE.

- Make appointment
- Select provider, date, and time

3 CONSULT.

- Take vitals. Or put 1 in each box if vitals are not taken.
- Consult with your provider (see options below)

*Registration is a one-time process and can be done without having to schedule an appointment.

TO USE REDIMD AS A RETURN USER

1 LOG IN.

From any internet connected computer or smart phone .

- Log in at www.redimd.com
- Enter your e-mail and password

.

2 SCHEDULE.

- Make appointment
- Select provider, date, and time

3 CONSULT.

- Take vitals or put 1 in each box if vitals are not taken.
- Consult with your provider (see options below)

CONSULT WITH YOUR REDIMD PROVIDER

AT YOUR WORKPLACE or HOME Computer: To see a provider for your online consult

- Go to the RediMD clinic at your workplace or home computer for the online consult 10 minutes before your appointment time
- Have your photo ID available
- Go to www.redimd.com, log in to your account and go to your appointment (You can follow the hardcopy instructions located by the computer.)
- Take your blood pressure, pulse and temperature and enter your vital readings as prompted, and follow the directions, or put 1 in each box if vitals are not taken.
- The provider will appear at the appointment time to consult with you about the medical information you provided and give you a diagnosis and recommend treatment.

On a smart phone: To see the provider for your online consult

- Go to your smart phone app store and download skype (free). Set up an account.
- 10 minutes before your appointment time, go to www.redimd.com, log in to your account and go to your appointment
- Have your photo ID available.
- Put 1 in each box if the vitals: blood pressure, pulse, etc are not taken and follow the directions.
- Press the skype button and the provider will appear at the appointment time to consult with you about the medical information you provided and give you a diagnosis and recommend treatment.

BY PHONE: To speak with provider (Note: you must be an established patient with RediMD to consult by phone.)

- After hours when the clinic is closed or when a computer or smart phone is not available.
- Call our after hours line **281-633-0148.**

For help, call RediMD at 866-989-CURE, option 3

RediMD™ get well sooner

Code to register = **sanfelipe** (regular plan)

Virtual Medicine Program

RediMD

Save with a FSA

PROFICIENT™ BENEFIT SOLUTIONS

What if you could save 30% on your healthcare expenses?

Health FSA

No matter what health plan option you choose, chances are you and your family will incur out-of-pocket costs this plan year – in the form of deductibles, copays, coinsurance, etc. Health FSA dollars can be used to pay for these expenses for you, your spouse and children (up to the age of 27). You can choose to contribute up to the maximum of $ 2,850.00 per plan year and it is all tax-sheltered dollars. The best part is – up to $ 570 rolls over to the new plan year if you don't use it. And because the Health FSA is pre-funded, your entire annual election is available for use on the first day of your plan year.

Helpful Tips:

- **Know your coverage.** Every health plan will have out-of-pocket costs in the form of deductibles, copays, and coinsurance.
- **Consider your budget and financial goals.** Ensure your contributions fit into your overall personal finances. Ask yourself how many office visits, prescriptions, specialists, labs, and other procedures you or your family is likely to need.
- **Factor in major purchases.** Look up average costs for any major planned treatments or procedures.
- **Look back at prior years.** Your prior year spending may give you a hint as to how much you are likely to spend this year.

It's time to make those decisions again:

- Regardless of which health insurance plan you choose, you are likely to incur out-of-pocket costs. An FSA allows you to stretch your healthcare dollars an average of 30% by using pre-tax funds.
- Put the 'right' amount of money into your account. Consider your financial goals, your likely spending needs, and your budget constraints.

Dependent Care FSA

The most you can set aside is $ 5,000 single or married and filing jointly or $2,500 if married and filing separately. The person whose expenses you are claiming must be

- your qualifying child under the age of 13, who shares the same residence with you; or
- your spouse or qualifying child or qualifying relative who is physically or mentally unable to care for him/herself who shares the same residence with you and has income less than the Federal exemption amount.

You must make a new election each year!

PROFICIENT™
BENEFIT SOLUTIONS

Manage your account on-the-go!

PROFICIENT™
connect

Register Today!

Visit www.proficientbenefits.com
Click on *Login*
Select *Proficient Connect*
Click on *Register*

- **Step One**- Complete the registration form
  - Choose a username & password
  - Enter your demographic information
  - Use Employer ID: SASSFDR when prompted for Registration ID
  - Your Employee ID is your SSN without dashes or spaces
- **Step Two**- Select 4 security questions
- **Step Three**- Confirm email address
- **Step Four**- Review and confirm registration information and security questions. *You may want to print your security questions for future reference.*

Features

A single digital experience – optimal viewing experience across all browsers and devices, including touchscreens

Personalized content – resources and messages are tailored to your individual preferences and account settings

Full account details at your fingertips – intuitive online access to plan details, account balances, and transaction history (including prior years)

Self-service convenience – check balances, submit claims and receipt documentation, pay bills, manage investments, and more

Comprehensive decision support tools – educational and interactive tools to help you make critical spending and saving decisions throughout the plan year

Communication when you need it – manage your preferences, with access to more than 25 alerts to keep you connected to your account

Value-add services and offers – to help you get the most value from your healthcare dollars

FSA ACCOUNTS

The Proficient Connect mobile app provides ultimate convenience and 24/7 access directly from your tablet or mobile device.

Register Today!

Download and open the Proficient Connect app

Click on *Register*

- **Step One**- Complete the registration form
  - Select a username
  - Create and confirm password
  - Use Employer ID: SASSFDR when prompted for Registration ID
  - Your Employee ID is your SSN without dashes or spaces
- **Step Two**- Select 4 security questions
- **Step Three**- Confirm email address
- **Step Four**- Review and confirm registration information and security questions.

Note: If your device uses touch or face recognition access technology , you can choose to enable them to access Proficient Connect Mobile(Touch ID and Face ID for Apple devices, or Fingerprint Access for Android devices). These options can be changed and disabled at any time via the 'Settings' screen.

Features

Ask Emma – the industry's first voice-activated intelligent assistant that provides answers to questions you may have about your benefit account

Access accounts – check balances, view transaction history, and more

Manage claims – submit new claims, upload receipts, and check claims status

Eligibility Scanner – check the eligibility of an item

Access cards – manage card details, access your PIN, and initiate card replacement for lost or stolen cards

Receive alerts – view important account messages

Update your profile – update personal information, including your email and mobile phone

Dental

MetLife

MetLife gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in the MetLife PDP Plus Network. The following is a brief summary of the major plan provisions.

Dependent Age Limits: To age 26 | **Waiting Periods:** None

Benefit	Dental Plan	
	In-Network	Out-of-Network
Deductible (aggregate) Period Waived for	**$50 Individual / $150 Family** Calendar Year Preventive	
Annual Maximum (applies to A, B, C services)	$1,000 per person	
Reimbursement	Negotiated Fee Schedule	90th R&C
Type A - Preventative Services Oral Examinations (once/6 months) Cleanings (once/6 months) Sealants (to age 15, 1/ molar in lifetime) Bitewing X-Rays (to age 19, twice/1 year) Fluoride (to age 16, once/1 year) Space Maintainers (to age 15, 1/ lifetime) Lab & Other Tests	100%	100%
Type B - Basic Services Amalgam Fillings (1 replacement/surface in 24 months) X-Rays (once/5 years) Oral Surgery (simple extractions) Periodontics Non Surgical (once/quadrant, 24 months) General Anesthesia Recementations (once/12 months) Harmful Habits Appliances	80%	80%
Type C - Major Services Surgical Extractions Crown Buildups/Post Core (1/tooth in 84 months) Implants (1/tooth position in 84 months) Bridges & Dentures Crown, Denture, and Bridge Repair (once/12 months) Crowns, Inlays, Onlays (once/84 months) Periodontal Surgery (once/quadrant, 36 months)	50%	50%
Orthodontia	50% Lifetime Maximum: $1,000 per person	

Dental Plan Deductions	
Coverage Tier	Monthly
Employee Only	$27.33
Employee + Spouse	$56.16
Employee + Child(ren)	$63.61
Family	$92.78

MetLife

www.metlife.com/mybenefits

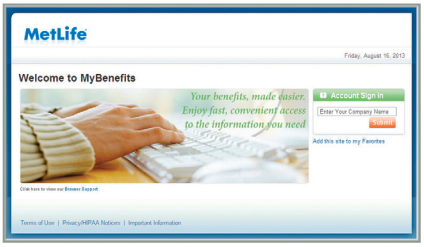
How to Register on MyBenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLife-delivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information. MetLife is able to deliver services that empower you to manage your benefits. As a first time user, you will need to register on MyBenefits. To register, follow the steps outlined below.

Registration Process for MyBenefits

Provide Your Group Name

Access MyBenefits at www.metlife.com/mybenefits and enter your group name and click **'Submit.'**

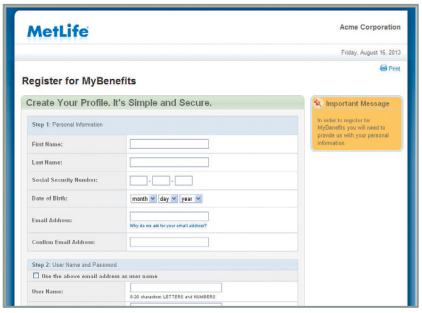


The Login Screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on **'Register Now'** and perform the one-time registration process. Going forward, you will be able to log-in directly.

Step 1: Enter Personal Information

Enter your first and last name, identifying data and e-mail address.



Step 2: Create a User Name and Password

Then you will need to create a unique user name and password for future access to MyBenefits.

The User Name and Password requirements may vary by company setup. General setup includes a User Name between 8-20 characters, containing at least one letter and one number, and a password between 6-20 characters, containing at least one letter and one number.

Step 3: Security Verification Questions

Now, you will need to choose and answer three identity verification questions to be utilized in the event you forget your password.

Step 4: Terms of Use

Finally, you will be asked to read and agree to the website's Terms of Use.

Step 5: Process Complete

Now you will be brought to the "Thank You" page.

Lastly, a confirmation of your registration will be sent to the email address you provided during registration.

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

Vision

Eyetopia

Your vision health is an important part of complete wellness. Eyetopia is pleased to provide you with two vision benefits each eligibility period. By coordinating your coverage with your health insurance wellness eye exam, you have the opportunity to maximize your Eyetopia benefits.

Dependent Age Limits: To age 26 | **Waiting Periods:** None

Benefit	Vision Plan - 180/300H (once every calendar year)
Benefit One (choose either one of the following 2 options every 12 months) Refractive Exam- One refraction or one Routine Vision Exam Medical co-pays or any material or service of an equal or lesser value	 $5 copay[1] $65 allowance
Benefit Two (choose only one of the following Vision Correction Options) Eyetopia Vision Care Provides you with three (3) options for correcting your vision	
Lenses and/or frame [2,3] Single Vision Bifocal Trifocal PAL lenses (include a Basic anti-Reflective Coat - covered 100%)	 copay not applicable copay not applicable copay not applicable $120 allowance
Frames The member may select any frame on display, allowance will be applied toward the frame selected. The member pays any amount exceeding the allowance.	$180 allowance
Contact Lenses Elective[6] Medically Necessary[7]	 $300 allowance to be applied towards lenses, fitting fee, and any other charges $250 evaluation allowance and $400 contact lens allowance
Refractive Surgery Option[6] (You may select refractive surgery instead of spectacles or contact lenses during each plan period) LASIK, ASA, ICL or RLE	In-Network: $500 per eye allowance Out-of-Network: $150 per eye allowance

1 The co-pay must be paid to the Participating Provider at the time of service.
2 Special Lens Materials: The member may select special lens materials (transition, ultra light, premium PALs, etc.) provided they pay any amount exceeding the participating provider's U&C fees for the covered lenses.
3 Non-covered items: Any items not specifically mentioned above, including but not exclusive to rush service, service agreements, special lens materials, oversize and other extras are paid for by the patient at the time of service. Standard Progressive Lenses are defined as any brand of PAL offered by the Participating Provider with a retail value of $120.00 or less.
4 If the contact lens exam or "fitting" is performed and the patient decides against getting contact lenses, the patient is responsible for the cost of the contact lens fitting fee.
5 Total maximum benefit allowance is $650.00. The Participating Provider must pre-authorize medical necessity.
6 If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.
7 Total maximum benefit allowance is $650.00. The Participating Provider must pre-authorize medical necessity.

Vision Plan Monthly Deductions	
Coverage Tier	Vision Plan - 180/300H
Employee Only	$20.00
Employee + One	$39.00
Family	$54.00

Vision

Eyetopia

Dependent Age Limits: To age 26 | **Waiting Periods:** None

Benefit	Vision Plan - 120/145 (once every calendar year)
Benefit One[2] (choose either one of the following 2 options every 12 months) Refractive Exam- One refraction or one Routine Vision Exam Medical co-pays or any material or service of an equal or lesser value	 $10 copay[1] $45 allowance
Benefit Two (choose only one of the following Vision Correction Options) Eyetopia Vision Care Provides you with three (3) options for correcting your vision	
Lenses and/or frame [3] Single Vision[4] Bifocal[4] Trifocal[4] PAL lenses[4]	 $20 copay[1] $20 copay[1] $20 copay[1] $120 allowance
Frames The member may select any frame on display, allowance will be applied toward the frame selected. The member pays any amount exceeding the allowance.	$120 allowance
Contact Lenses Elective [6] Medically Necessary[7]	 $145 allowance after $20 co-pay to be applied toward lenses, fitting fee, and any other charges $145 evaluation allowance and $400 contact lens allowance
Refractive Surgery Option[7] (You may select refractive surgery instead of spectacles or contact lenses during each plan period) LASIK, ASA, ICL or RLE	 In-Network: $350 per eye allowance Out-of-Network: $75 per eye allowance

Vision Plan Monthly Deductions Coverage Tier	Vision Plan - 120/145
Employee Only	$8.00
Employee + One	$15.00
Family	$22.00

1 The co-pay must be paid to the Participating Provider at the time of service.
2 When Health Insurance Carriers offer an annual wellness eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, a $10.00 co-pay is still required to exercise these other options.
3 Special Lens Materials and Non-covered Items: Transition, ultra light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.
4 Standard Progressive Lenses are defined as any brand of PAL offered by the Participating Provider with up to a $120.00 retail value.
5 If the contact lens exam or "fitting" is performed and the patient decides against getting contact lenses, the patient is responsible for the cost of the contact lens fitting fee.
6 If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.
7 The Participating Provider must pre-authorize medical necessity.
8 This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses.

Basic Term Life and AD&D

The Standard

San Felipe Del Rio CISD provides Basic Life and Accidental Death & Dismemberment (AD&D) to all active full-time employees working 30 hours per week. **Employees receive $10,000 of Basic Life and AD&D Benefits.**

Benefits Payable	
	Employee Benefits
Age Reduction	To 50% at age 70

Voluntary Term Life and AD&D

The Standard

Benefits Payable			
	Employee Benefits	Spouse Benefits	Child Benefits
Benefit Amount	Each year at annual enrollment the employee can increase in increments of $10k with no EOI not to exceed GI of $200k.	Each year at annual enrollment the employee can increase in increments of $5k with no EOI not to exceed GI of $50k.	For eligible children 14 days to 26 years (26 if full time student), you may choose to purchase benefits of $5,000 or $10,000 to $10,000 Coverage includes from live birth through age 25
Guarantee	Up to $200,000	Up to $50,000	Up to $10,000
Age Reduction	To 50% at age 70	To 50% at age 70	N/A

Universal Life

Trustmark

Trustmark's fully-portable Universal Life solutions address differing employee needs for permanent life insurance and peace of mind for a lifetime. These are available for employees and their spouses and their children in face amounts from $5,000 up to $300,000. The options include the industry's most comprehensive Living Benefits package.

- **Universal LifeEvents®** - LifeEvents pays a higher death benefit during the working years when expenses are high and families need maximum protection. At age 70, when financial needs are typically lower, the death benefit reduces to one third. However, higher Living Benefits do not reduce — they continue through retirement to match the greater need for Long Term Care (LTC).
- **Terminal Illness Benefit** - Accelerates 75% of death benefit amount when life expectancy is 24 months or less, as compared with 50% and 6- or 12-month life expectancies commonly seen in the industry.
- **Accelerated Death Benefit for Critical Care (Built-In)** - Designed to accelerate Death Benefit at 4% per month for up to 25 months to pay for long-term care in an assisted living or long-term care facility, or home health care and/or adult day care.
- **EZ Value Plan (Employee Built-In Opt Out)** - Inflation-fighting options for employees and spouses. Guaranteed increases to both living and death benefits without underwriting. Employees and spouses through age 60: additional premium of $1 per week on each of the first 10 anniversaries.

Please speak to a licensed Benefits Counselor for personalized rates and more information regarding this benefit at 855-731-4452.

Accident Insurance

Guardian

You do everything you can to keep your family safe, but accidents do happen. It's comforting to know you have help to manage the medical costs associated with accidental injuries, both on- and off-the-job. Accident Insurance provides you with additional coverage to help cover medical expenses and living costs when you get hurt unexpectedly. In addition, Accident Insurance provides a wellness benefit of **$50** per insured person per calendar year.

Benefit	Accident Plan	
	Plan 1	Plan 2
Accidental Death Benefit Employee Spouse Children	 $25,000 $12,500 $5,000	 $60,000 $20,000 $10,000
Common Carrier	200% of AD&D	200% of AD&D
Ambulance: Ground **Ambulance: Air**	$150 $1,000	$200 $1,500
Appliance	$125	$125
Lacerations	Up to $400	Up to $500
Second and Third Degree Burns	Up to $12,000	Up to $12,000
Therapy Services (up to 10 days)	$25 per day	$35 per day
Concussion	$75	$100
Dislocation	Up to $4,400	Up to $4,800
Emergency Dental Work	$300/Crown, $75/Extraction	$400/Crown, $100/Extraction
Epidural Pain Management (2 times per accident)	$100	$100
Coma	$10,000	$12,500
Eye Injury	$300	$300
Fractures	Up to $5,500	Up to $6,000
Surgery	Up to $1,250	Up to $1,500
Initial Physician's office/Urgent Care Facility Treatment	$75	$100
Hospital Admission	$1,000	$1,250
Hospital Confinement (per day up to 1yr)	$225 per day	$250 per day
Hospital ICU Admission	$2,000	$2,500
Hospital ICU Confinement (up to 15 days)	$450 per day	$500 per day

Accident Plan Deductions	Plan 1	Plan 2
Coverage Tier	Monthly	Monthly
Employee Only	$17.78	$20.16
Employee + Spouse	$28.64	$31.78
Employee + Child(ren)	$29.57	$32.41
Family	$40.43	$44.03

Critical Illness Insurance

Guardian

You have responsibilities - to yourself and to your family. Critical Illness Insurance protects you and your family in the event of a serious illness or other medical condition with coverage that is portable (meaning you can take it with you if you leave!)

Payments are made directly to the employee and can be applied to claims, household bills, or other expenses as needed.

Benefit	Critical Illness
Coverage Amounts	
Employee (Guaranteed Issue - $20,000)[1] Spouse (Guaranteed Issue - $10,000)[1] Child (All child amounts are guaranteed)[2]	$5,000 to $20,000 $5,000 to $10,000 25% of employee amount
Benefit Reductions	50% at age 70
Benefit	
Heart Attack Stroke Heart Failure Organ Failure Kidney Failure Coma ALS (Lou Gehrig's Disease) Loss of Speech, Sight, or Hearing Severe Burns	100%
Coronary Arteriosclerosis Addison's Disease Huntington's Disease	30%
Wellness Benefit (Provides a per year benefit for completing certain routine wellness screenings or procedures)	
Employee Spouse Child	$50 $50 $50
Pre-Existing Condition Limitation	3-month look-back period, 6 months treatment-free /12 months after

1 Less than age 70
2 Dependent Age Limits - 0 days to 26 years (26 if full time student)

Child cost is included with employee election.

Critical Illness Plan Monthly Deductions - Employee							
Benefit Amounts		<30	30-39	40-49	50-59	60-69	70+
Non-Tobacco	$10,000	$3.24	$4.80	$8.20	$14.76	$24.20	$52.02
	$20,000	$6.48	$9.60	$16.40	$29.52	$48.40	$104.04
Tobacco	$10,000	$4.20	$6.72	$13.10	$23.32	$39.92	$85.84
	$20,000	$8.40	$13.44	$26.20	$46.64	$79.84	$171.68
Benefit Amount Up To 50% of Employee Amount to a Maximum of $10,000 - Spouse							
Benefit Amounts		<30	30-39	40-49	50-59	60-69	70+
Non-Tobacco	$5,000	$1.62	$2.40	$4.10	$7.38	$12.10	$26.01
	$10,000	$3.24	$4.80	$8.20	$14.76	$24.20	$52.02
Tobacco	$5,000	$2.10	$3.36	$6.55	$11.66	$19.96	$42.92
	$10,000	$4.20	$6.72	$13.10	$23.32	$39.92	$85.84

Cancer Insurance

Guardian

While most people can appreciate the importance of having health and disability insurance, the costs of cancer can go well beyond what they cover. Cancer insurance is an affordable way to provide additional funds to help cover out-of pocket expenses.

The average out-of-pocket cost for patients with cancer is estimated to be $1,200 a month. Copays and deductibles, out-of-network and experimental treatments, home health care needs, and travel are just some of the costs a person could face if they are diagnosed with cancer. And that's on top of everyday bills such as groceries, utilities, car payments and others they need to keep up with.

Cancer insurance is an affordable way for you to address rising medical costs while strengthening your employee benefit package.

Cancer Plan Deductions	Plan 1	Plan 2
Coverage Tier	Monthly	Monthly
Employee Only	$23.81	$28.55
Employee + Spouse	$44.89	$53.72
Employee + Child(ren)	$26.60	$31.61
Family	$47.68	$56.78

Benefit	Cancer	
	Plan 1	Plan 2
Initial Diagnosis Benefit Employee Spouse Child	 $1,500 $1,500 $1,500	 $1,500 $1,500 $1,500
Benefit Waiting Period	30 days	30 days
Cancer Screening	$50; $50 follow-up screening	$50; $50 follow-up screening
Radiation Therapy or Chemotherapy	Up to a maximum of $15,000 per benefit year	
Pre-Existing Condition Limitation	3-month look-back period; 12-month exclusion period	
Air Ambulance (limit 2 trips per confinement)	$1,500 per trip	$2,000 per trip
Ambulance (limit 2 trips per hospital confinement)	$200 per trip	$250 per trip
Anesthesia	25% of surgery benefit	
Anti-Nausea	$50/day up to $150 per month	$50/day up to $250 per month
Attending Physician (limit 75 visits)	$25/day while hospital confined	
Blood/Plasma/Platelets (per year)	$100/day up to $5,000	$200/day up to $10,000
Bone Marrow/Stem Cell	Bone Marrow: $7,500 Stem Cell: $1,500 50% benefit for 2nd transplant $1,000 benefit if a donor	Bone Marrow: $10,000 Stem Cell: $2,500 50% benefit for 2nd transplant $1,500 benefit if a donor
Experimental Treatment	$100/day up to $1,000/month	$200/day up to $2,400/month
Extended Care Facility/Skilled Nursing Care	$100/day up to 90 days per year	$150/day up to 90 days per year
Hospital Confinement	$300/day first 30 days $600/day for 31st day thereafter	$400/day first 30 days $800/day for 31st day thereafter
ICU Confinement	$400/day for first 30 days; $600/day for 31st day thereafter per confinement	$600/day for first 30 days; $800/day for 31st day thereafter per confinement
Skin Cancer	Biopsy Only: $100 Reconstructive Surgery: $250 Excision of a skin cancer: $375 Excision of a skin cancer with flap or graft: $600	

Disability Insurance

The Standard

We understand the unique needs of those who work in education, and we have Long-Term Disability insurance to meet those requirements. The Standard's Long-Term Disability insurance can replace a portion of your salary if you become ill or injured and can't work. It can help you cover your expenses and protect your finances at a time when you're not getting a paycheck and have extra medical bills.

Employee Benefit: You may purchase a benefit in multiples of $100 units, starting at a minimum of $200, up to $7,500.

Maximum Monthly Benefit: The leesser of $7,500 or 66 2/3% of your predisability earnings rounded to the nearest $100.

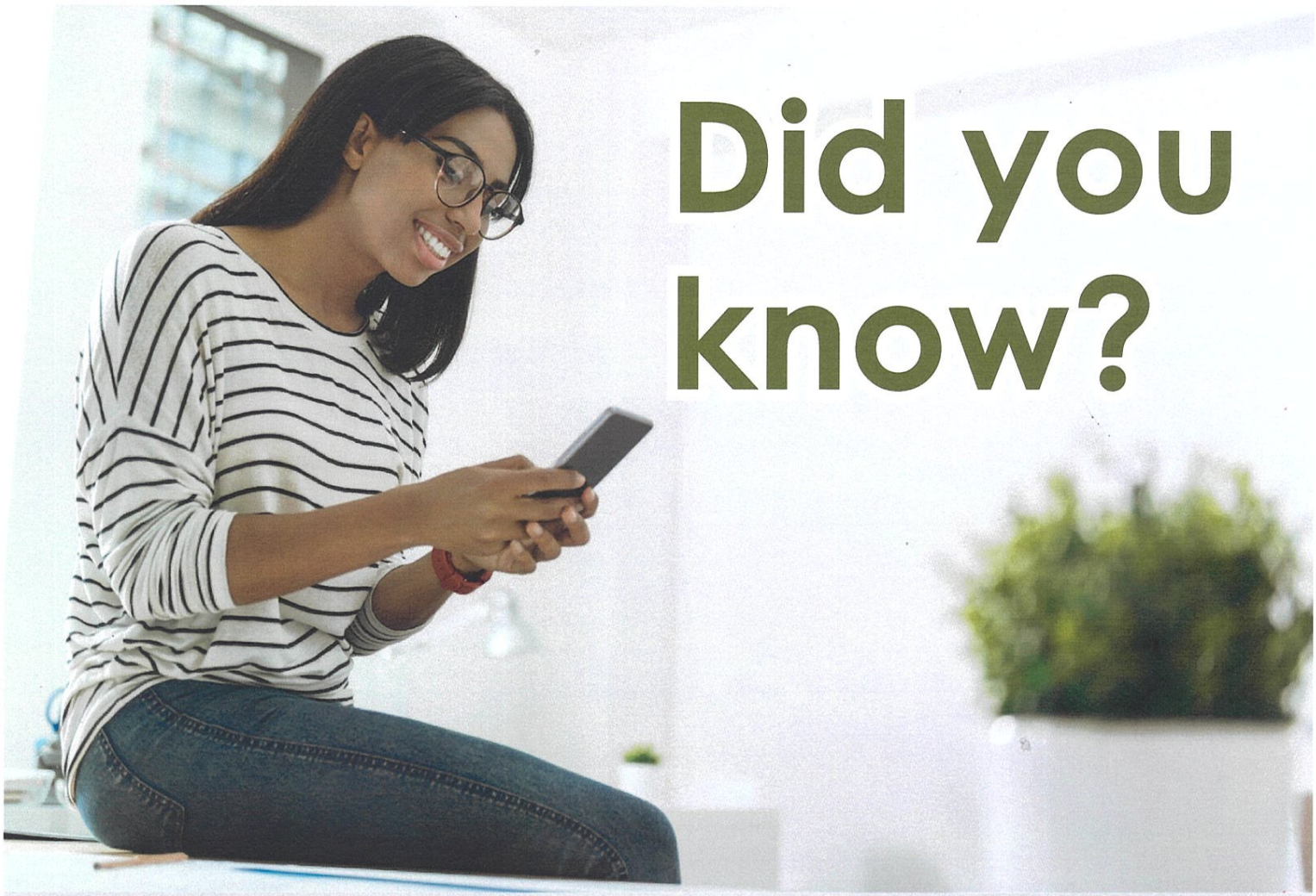
Definition of Disability: During the first 24 months, Standard will define disability as follows:

You are unable to perform the material and substantial duties of your regular occupation due to sickness or injury; you have a 20% or more loss of indexed monthly earnings due to the same sickness or injury; and, during the elimination period, you are unable to perform any of the material and substantial duties of your regular occupation.

After benefits have been paid for 24 months, you are disabled when Standard determines that, due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

Please speak to a licensed Benefits Counselor for personalized rates and more information regarding this benefit at 855-731-4452.



Did you know?

YOU CAN RECEIVE EAP COUNSELING IN-PERSON, OVER THE PHONE OR THROUGH VIDEO.

You've taken the first step. You've called your Employee Assistance Program (EAP) and are looking forward to starting counseling, but are unsure about the time commitment involved with meeting a counselor in-person.

We are all busy and taking time for ourselves often gets placed on the back burner. That is why your EAP offers video and structured telephonic counseling in addition to traditional in-person counseling. These telephonic and video counseling sessions can be scheduled at times that are convenient for you. Call from the privacy of your home or office and one of our helpful counselors will help you address issues that are making it difficult to manage at work or at home.

ADVANTAGES

- No drive time-- saves money on gas
- No time spent in a waiting room
- Participate in a counseling session from the comfort of your home, office, or even your car
- The quality of counseling is the same as face-to-face counseling according to the American Psychological Association

DEER OAKS EAP SERVICES

Employee Assistance Program

The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you, your dependents, and household members by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues in order to live happier, healthier, more balanced lives. From stress, addiction, and change management, to locating child care facilities, legal assistance, and financial challenges, our qualified professionals are here to help. These services are completely confidential and can be easily accessed 24/7, offering you around-the-clock assistance for all of life's challenges.

- Program Access: You may access the EAP by calling the toll-free Helpline number, using our iConnectYou App, or instant messaging with a work-life consultant through our online instant messaging system.
- Telephonic Assessments & Support: In-the-moment telephonic support and crisis intervention are available 24/7 along with intake and clinical assessments.
- Short-term Counseling: Counseling sessions with a qualified counselor to assist with issues such as stress, anxiety, grief, marital/family challenges, relationship issues, addiction, etc. Counseling is available via structured telephonic sessions, video, and in-person at local provider offices.
- Referrals & Community Resources: Our team provides referrals to local community resources, member health plans, support groups, legal resources, and child/elder care/daily living resources.
- Advantage Legal Assist: Free 30 minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms; and interactive online Simple Will preparation.
- Advantage Financial Assist: Unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction and financial planning; supporting educational materials available; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).
- Identity Theft Assistance: Free telephonic consultation with an Accredited Financial Counselor; information on steps that should be taken upon discovery of identity theft; referral to full-service credit recovery agencies; free credit monitoring service.
- Work-life Services: Our work-life consultants are available to assist you with a wide range of daily living resources such as locating pet sitters, event planners, home repair, tutors, travel planning, and moving services. Simply call the Helpline for resource and referral information.
- Child & Elder Care Referrals: Our child and elder care specialists can help you with your search for licensed child and elder care facilities in your area. They will discuss your needs, provide guidance, resources, and qualified referral packets. Searchable databases and other resources are also available on the Deer Oaks member website.
- Take the High Road Ride Reimbursement Program: Deer Oaks reimburses members for their cab, Lyft and Uber fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant, with a maximum reimbursement of $45.00 (excludes tips).

CONTACT US:
Toll-Free: (866) 327-2400
Website: www.deeroakseap.com
Email: eap@deeroaks.com

FEATURES INCLUDE:

- Initial Telephonic Consultation & Assessment by a Work/Life Consultant
- Answers to Questions about Work/Life Topics such as the difference between care options (e.g. day care centers vs. family day care homes) or how to evaluate providers
- Guidance on how to manage work, personal, and everyday issues
- List of referrals to providers in your area within 12 hours of the request
- Support for you, as well as those in your family/household

Enhanced Work/Life Resources

To help you make time for what matters most, you and your family have access to an Enhanced Work/Life Program provided through your EAP. This service offers telephonic assistance from a professional Work/Life Consultant to provide support, guidance and referrals for any work, personal, or everyday issue that's important to you.

Consultants are able to assist with nearly endless resources such as finding pet sitters, child and elder care facilities, tutors, home repair, veterinarians, and moving services. Below are a few of the topics for which we can provide resource and referral services:

Adoption Agencies
Adoptee Support Groups
Before & After School Care
In-Home Care
Nanny Agencies
Special Needs Child Care
International Study Programs
Child Development
Blended Families
Raising Teenagers
Tutors
Kindergarten Programs
Enrichment Programs
School District Profiles
2 and 4 Year Colleges
Continuing Education
Admissions Testing
Cancer Care Centers
Retirement Communities
Alzheimer's Support
Pet-sitters / Kennels
Apartment Locators
Volunteer Opportunities
Diet & Nutrition Programs
Chronic Condition Support Groups
Legal Aid Organizations
Mortgage Brokers

(866) 327-2400 • www.deeroakseap.com • eap@deeroaks.com

Advantage Legal Assist

Legal Services

- Free half-hour telephonic consultation with a plan attorney qualified to handle your issue
- Free half-hour in-person consultation with a plan attorney per separate issue
- Attorneys are available immediately for telephonic consultation; in-person consultations are scheduled
- Consultation consists of analysis of the situation and advice on how to proceed. There is no document review or creation during this free consultation
- If representation is required, members receive a 25% discount off hourly attorney fees
- Covered Issues: Family Law, Criminal, Bankruptcy, Adoption, Elder Care/Wills/ Trusts/ Estate Planning, Consumer Issues
- Excluded Issues: Employment as it relates to employees and family members, one's own business, class action lawsuits, taxes
- There is no limit to the number of times you can use the service for different issues
- Coverage available in all 50 states
- Telephonic attorneys cannot self-refer, so you are assured unbiased advice
- Unlimited online access to a wealth of educational legal resources, links, tools and forms including 105 legal forms and monthly webinars

Interactive Online Will Preparation *(located in the Legal & Financial Center)*

- Create a legally binding simple state-specific will at no cost through a step-by-step online "interview process"
- A simple will works well for most people with typical assets such as a house, a car, savings, and investments. But there are some situations in which you may need more than a simple will and should get expert advice or, at the least, investigate your options

Accessing Online Legal Services

- Login to the Deer Oaks website using your company's login and password
- Click on the "Legal & Financial Center" on the right-hand side of the screen to access the Online Will Preparation Service and other articles and tools

Deer Oaks EAP Services

Financial Services

- Free unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction and financial planning
- Counselors address issues via a toll-free information line, and follow up by mailing supporting educational materials; Excluded issues include tax Issues, counseling, advice or comparison of specific financial services or products
- Advisors are available without an appointment Monday through Friday or through pre-scheduled Saturday sessions
- All counselors are knowledgeable in a wide range of financial topics
- Advice is objective and pressure-free
- Unlimited access to a wealth of educational financial resources, links, tools, and forms (i.e. tax guides, financial calculators, etc.)

ID Recovery

- Telephonic consultation service to help you recover from, and minimize the impact of, a breach of your identity
- Provides victims a 30-minute consultation with an Identity Recovery Professional
- The professional will assess the situation, create an action plan, and provide consultation on implementing the plan
- Reduces time spent repairing compromised credit history
- Restores peace-of-mind, while helping undo the damage

Credit Karma: Free Credit Monitoring *(located in the Legal & Financial Center)*

- Free registration- no service level or payment plan required
- Receive free credit reports and notification of any changes involving your credit

Accessing Online Financial Services

- Login to the Deer Oaks website using your company's login and password
- Click on the "Legal & Financial Center" on the right-hand side of the screen to access the Credit Karma Service and other articles and tools

PERSONAL SERVICES

Instant Support

ICONNECTYOU: YOUR EAP ON THE GO

FEATURES:

- Access your EAP at the click of a button
- Calls, instant messaging (IM), short message service (SMS), video, and articles
- Answered 24 hours a day, 365 days a year
- Members can connect with experts instantly or make arrangements for a later appointment
- Accessible by iOS and Android devices
- Browse our self-help resources with a few swipes on the phone

iConnectYou is an app that instantly connects you with professionals for instant support and help finding resources for you and your family.

To access iConnectYou, download the app from the App Store (iPhone) or Google Play (Android) and register using the iCY passcode below. For additional information, you may access your EAP's website following the details listed below.

ICONNECTYOU PASSCODE: 33785
TOLL-FREE: 1-866-327-2400
WEBSITE: **www.deeroakseap.com**
USERNAME/PASSWORD: **sfdrcisd**

DEER OAKS EAP SERVICES

Certificate of Creditable Coverage

You should be provided with a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to COBRA, when COBRA coverage ceases, if you request it before you lose coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage from the plan, you may be subject to pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in other coverage if you are age 19 or older.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Privacy Practices is available for medical, dental, vision, and healthcare Flexible Spending Accounts from Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother of her newborn earlier than 48 hours (or 96 hours as applicable).In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

Mental Health Parity and Addiction Equity Act (MHPAEA)

The Mental Health Parity and Addiction Act of 2008 general requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more Information regarding the criteria for medical necessity determinations made under your employers plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (830) 778-4100.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

All stages of reconstruction of the breast on which the mastectomy was performed;

Surgery and reconstruction of the other breast to produce a symmetrical appearance;

Prostheses; and

Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those establishes for other benefits under the plan. If you would like more information on WHCRA benefits, contact HR at (830) 778-4100.

Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator at (830) 778-4100.

Legal Notices

An Important Notice from San Felipe Del Rio CISD About Your Prescription Drug Coverage and Medicare

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

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

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

San Felipe Del Rio CISD has determined that the prescription drug coverage offered by the San Felipe Del Rio CISD Welfare Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current San Felipe Del Rio CISD coverage will not be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage. If you do decide to join a Medicare drug plan and drop your current San Felipe Del Rio CISD coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with San Felipe Del Rio CISD and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Name of Entity/Sender: San Felipe Del Rio CISD
Contact--Position/Office: Rachel Garcia, Employee Benefits Coordinator
Address: 315 Griner Road
Phone Number: (830) 778-4100
Email: Rachel.garcia@sfdr-cisd.org

Patient Protection Rights under HealthCare Reform

HMO health plans require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, your HMO health plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your HMO health plan using the contact information provided in the Benefit Guide.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your HMO health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your HMO health plan using the contact information provided in the Benefit Guide.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Rachel Garcia rachel.garcia@sfdr-cisd.org

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The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)
San Felipe Del Rio CISD	74-1694073
5. Employer address	6. Employer phone number
315 Griner Rd.	830-778-4100

7. City	8. State	9. ZIP code
Del Rio	TX	78840

10. Who can we contact about employee health coverage at this job?	
Rachel Garcia	
11. Phone number (if different from above)	12. Email address
	rachel.garcia@sfdr-cisd.org

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Eligible employees working 30 hours or more per week.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Eligible spouses and eligible children up to age 26.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

SAN FELIPE DEL RIO CONSOLIDATED SCHOOL DISTRICT

2022 - 2023 SCHOOL CALENDAR

July 2022
4th of July / Holiday
(4-8) District Closed
(25-29) - New Teacher Orientation

August 2022
(1-4) - Staff Development
5 - Work Day
8 - First Day of School
8 - Beginning of 1st Six Weeks

September 2022
5 - Labor Day / Holiday
16 - End of 1st Six Weeks
19 - Beginning of 2nd Six Weeks

October 2022
10 - Indigenous Peoples' Day / Holiday
28 - End of 2nd Six Weeks
31 - Beginning of 3rd Six Weeks

November 2022
11 - Veterans Day / Holiday
(21-25) - Thanksgiving Break

December 2022
(6-16) - STAAR Assessment
16 - End of 3rd Six Weeks
(19-30) - Winter Break

January 2023
2 - Last Day of Winter Break / Holiday
3 - Teacher Work Day
4 - Beginning of 4th Six Weeks
16 - Martin Luther King Jr. Day / Holiday
16 - Make-Up Day / If Applicable

February 2023
10 - End of 4th Six Weeks
13 - Beginning of 5th Six Weeks
20 - Presidents' Day / Holiday

March 2023
(13-17) - Spring Break

April 2023
6 - End of 5th Six Weeks
(7-10) Easter Break
10 - Make-Up Day / If Applicable
11 - Beginning of 6th Six Weeks
(18-28) STAAR Assessment

May 2023
(2-12) - STAAR Assessment
18 - Last Day for Seniors
25 - End of 6th Six Weeks
25 - Last Day of School
26 - Graduation
26 - Teacher Work Day
29 - Memorial Day
31 - Beginning of HB3 / Summer School

June 2023
(20-30) - STAAR Assessment

July 2023
(3-7) - District Closed
4th of July / Holiday
12 - Last Day of HB3 / Summer School

July 2022

S	M	T	W	TH	F	S
					1	2
3	(4)	(5)	(6)	(7)	(8)	9
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17	18	19	20	21	22	23
24	~~25~~	~~26~~	~~27~~	~~28~~	~~29~~	30

August 2022

S	M	T	W	TH	F	S
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21	22	23	24	25	26	27
28	29	30	31			

September 2022

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October 2022

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23	24	25	26	27	28>>	29
30	<<31					

November 2022

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20	21	22	23	24	25	26
27	28	29	30			

December 2022

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25	26	27	28	29	30	31

January 2023

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29	30	31				

February 2023

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26	27	28				

March 2023

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26	27	28	29	30	31	

April 2023

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30						

May 2023

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14	15	16	17	^18^	19	20
21	22	23	24	25>	~~26~~	27
28	29	30	31			

June 2023

S	M	T	W	TH	F	S
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 2023

S	M	T	W	TH	F	S
						1
2	(3)	(4)	(5)	(6)	(7)	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Legend

District Closed	Staff Development
New Teacher Orientation	Student/Staff Holiday
First/Last Day of School	+ + Make Up Day
STAAR Testing	G Graduation
« » Beginning/End of Six Weeks	^ ^ Last day for Seniors
HB3 Extended Year	Teacher Work Day

	Students	Teachers
1st Six Weeks	29	34
2nd Six Weeks	29	29
3rd Six Weeks	29	30
4th Six Weeks	27	27
5th Six Weeks	33	33
6th Six Weeks	33	34
TOTAL	180	TOTAL 187
SENIORS	175	

Together We Are Better!

	Instructional Mins.	Excess Mins.:	Instructional Day:	Total Instructional Mins.
Irene Cardwell:	76355	755	7:55AM - 3:00PM	425
Elementary:	78300	2700	7:50AM-3:05PM	435
SFMMS/DRMS:	78300	2700	8:15AM-3:30PM	435
DRHS/DRFS/ECHS /Blended:	80100	4500	8:10AM-3:35PM	445
Seniors:	77875	2275	8:10AM-3:35PM	445

Irene Cardwell
8:00AM - 3:00PM
8/8 - 9/16/2022
420Mins x 29 Days = 12,180
7:55AM - 3:00PM
9/19/2022 - 5/25/2023
425Mins x 151 = 64,175 Mins

School Board Approved: March 28, 2022
Instructional Minutes Revised for Irene Cardwell: September 15, 2022

Contacts

If you have any questions regarding coverage options, contact the **Benefits Service Center** at **(855) 731-4452**.

Plan	Website	Contact
Medical - Kempton	www.kemptongroup.com	800-324-9396
FSA - Proficient Benefit Solutions	www.proficientbenefits.com	888-659-8151
Dental - MetLife	www.metlife.com	800-942-0854
Vision - Eyetopia	www.eyetopia.org	800-662-8264
Basic Term Life and AD&D - Standard Voluntary Term Life - Standard Disability - Standard	www.standard.com www.standard.com www.standard.com/yourchoice	855-731-4452
Accident - Guardian Critical Illness - Guardian Cancer - Guardian	www.guardianlife.com	855-731-4452
Universal Life - Trustmark	www.trustmark.com	855-731-4452
Professional Enrollment Concepts (PEC) Benefits Service Center		855-731-4452

Staff Member	Email	Phone
San Felipe Del Rio CISD Contact		
Rachel Garcia *Employee Benefits Coordinator*	Rachel.garcia@sfdr-cisd.org	830-778-4100
Brown & Brown/Alamo Insurance		
Lexy Young *Account Manager*	lexy.young@bbrown.com	210-524-7123

ALAMO INSURANCE GROUP
BROWN & BROWN, INC.

2023
EMPLOYEE BENEFIT GUIDE
SAN FELIPE DEL RIO CISD