



2023 Employee Benefits Guide

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The information contained in this guide is intended as a broad overview of benefits. The actual benefits paid will be determined solely by the carrier based on the carrier's 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 W-2 Form (Wage & Tax Statement) and a 1095-C Form (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 2022 tax statements electronically via Employee Self Service. Please consider going green by logging into the NISD Munis Employee Self Service and choosing **ELECTRONIC DELIVERY** as your delivery preference.

2023 BENEFITS ENROLLMENT

OPEN ENROLLMENT: OCTOBER 3RD – OCTOBER 21ST

EMPLOYEE BENEFITS

Welcome to the 2023 Benefits enrollment guide! This guide was created to serve as an introduction to the different benefit options offered by Northside ISD. Take the opportunity to learn more about some of the benefits we offer and see if any of them would be suitable for you.



What's New for 2023?

- ✓ Medical & Dental Insurance: Slight Increase
- ✓ Legal Insurance: Offering Elderly Care
- ✓ Benefits App is no longer available
- ✓ New ID cards will no longer be sent out if your coverages do not change

HOW TO ENROLL

Go to: <http://nisd.bswift.com>

Username: NISD# and your six-digit employee ID number.

For example, an employee whose ID number is e012345 would use NISD#012345 as their username. If your employee number has less than 6 digits, please add zeroes at the beginning.

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

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 more details about each benefit:

- ✓ Go to the NISD Benefits intranet page at <http://nisd.net/employees/department/human-resources/documents/benefit-plans> and review plan brochures and plan documents.
- ✓ Visit an enrollment fair and talk to the carrier representatives to get more details about their plans and benefits. See page 25 for a list of enrollment fair dates, times, and locations.
- ✓ Additional questions can be answered by carrier customer service representatives. Phone numbers, plan numbers, and website details can be found on page 24 under the Benefits Directory.

IMPORTANT: You must make your 2023 benefit selections during the Open Enrollment period: October 3rd - October 21st. If you do **not** log into the enrollment system and submit your benefit elections before enrollment closes, you will be passively re-enrolled in your current or comparable benefits for 2023, with exception to any FSA/HSA benefits.

NEW EMPLOYEES

2023 EMPLOYEE BENEFITS

- As a new employee the enrollment period is limited, so it is important to gain an understanding of benefits offered by Northside ISD quickly. The benefits guide offers a summary of options offered to help you in the decision making process.

ENROLLMENT DEADLINES

- **NEW EMPLOYEES:** You must log in to the enrollment system and make your benefit elections within **30 days** from your date of hire. If you do not elect benefits, you will be passively enrolled in \$50,000 basic life insurance, with no other benefits. Please note: You will not be able to access the benefits enrollment system until your date of hire.

EFFECTIVE DATE

- New Employees: If you enroll in benefits they are effective as of your date of hire.
- Elections made during open enrollment will become effective January 1st of the following plan year.

CHANGING YOUR BENEFITS

- Once benefit elections are made, changes will not be permitted until the next open enrollment period unless you have a qualifying life event. Life event requests, along with supporting documentation must be submitted within **30 days** of a life event. Qualifying life events include marriage, divorce, birth, adoption or an involuntary loss of other coverage.

PAYROLL DEDUCTION DISCLAIMER

- When enrollment is completed, multiple benefit premiums will be deducted on the first paycheck from which benefits are deducted. The number of deductions (double or triple) is dependent on when online enrollment is completed.
- Bi-weekly Child Nutrition and Transportation employees not scheduled to work over the summer will make additional benefit contributions to cover premiums through September. The additional benefits deductions will begin in December and end in June.

HOW TO ENROLL

- Go To: <http://nisd.bswiff.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 login username. If your employee number has less than 6 digits, please include the leading zeros.
- **Password:** Last four digits of your social security number. *Note: Passwords are reset at Open Enrollment each year to the last four digits of your Social Security Number.*

HEALTH INSURANCE 101:

Things to Know Before You Get Started

NISD offers employees a choice of two plan types, a Traditional Plan and a High Deductible Health Plan (HDHP). Each plan type has three options to access the UnitedHealthcare Network. There are many things to consider when making your 2023 medical plan choice. We have 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, or plan coverage details, please contact United Healthcare and review the plan documents available on the NISD intranet Benefits page.

BASIC INSURANCE TERMS

Copay	Fixed amount paid by a patient for a covered service or prescription.
Deductible	Amount you pay for covered health care service before your insurance plans to pay.
Coinsurance	Percentage of cost of a covered health care.
Out of Pocket Maximum	A limit on the amount of money you have to pay for covered health care services in a plan year. Out-of-pocket limit includes all of your copayments, deductibles, and coinsurance payments.
PCP	Primary Care Physician



What can you expect from UnitedHealthcare? All Plans Include:

- ✓ One Nationwide Network for all plans
- ✓ Dedicated Customer Care
- ✓ Onsite Service Consultant and Wellness Health Coaches
- ✓ In-Network Preventive Care covered 100%
- ✓ Simply Engaged wellness incentive program, receive up to \$200 per covered employee & spouse.

DID YOU KNOW?

United Healthcare created a pre-member website dedicated to NISD employees.

<http://www.whyuhc.com/nisd>

- Search the network
- Find a doctor
- Compare plan side by side
- View plan details
- Learn about prescription benefits



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 Nexus ACO
"In-Network" benefits	✓	✓	✓	✓	✓	✓
Non-emergency "out-of-network benefits"	✓			✓		
Primary Care Physician (PCP) required			✓			✓
Referral required to see a specialist			✓			✓
Predictability of copays for doctor visits	✓	✓	✓			
Manage health care dollars in a Health Savings Account				✓	✓	✓



Are you interested in a plan with lower payroll deductions and paying out of pocket for all initial costs for medical/pharmacy services until a deductible is met?

If YES, consider a High Deductible Health Plan. (HDHP 4000 Choice Plus, HDHP 4000 Choice, HDHP 4000 NexusACO).
Tip: These plans work best when combined with an HSA account. See HSA section of this benefit guide for details.

If NO, consider a Traditional Plan. (PPO 2000 Choice Plus, Primary Advantage 3000 EPO, HMO 2000 NexusACO)

*In-Network Preventive services paid at 100% for all medical plans

Are you willing to use UnitedHealthcare's in-network providers for all your medical services?

If YES, consider Primary Advantage 3000 EPO, HMO 2000 NexusACO, HDHP 4000 Choice or HDHP 4000 NexusACO.

If NO, consider PPO 2000 Choice Plus or HDHP 4000 Choice Plus.

*Emergency Room services are covered for all plans regardless of In-Network/Out-of-Network services.

Are you interested in picking a PCP to manage your medical care while requiring a referral when you need to see a specialist? (Note: Referrals not required for OB/GYN and Mental Health)

If YES, consider the HMO 2000 NexusACO or HDHP 4000 NexusACO.
Tip: You will receive the highest benefit when using a NexusACO Tier 1 provider. Access the UHC pre-member website: www.whyuhc.com/nisd to check your provider's tier status or to select a Tier 1 PCP.

If NO, consider one of the other plan options.

I want to stay within UnitedHealthcare's network but I don't want to worry about getting referrals to see specialists. Which plan would work for me?

You may want to consider the Primary Advantage 3000 EPO or HDHP 4000 Choice.
Tip: The Primary Advantage 3000 EPO has a \$100 copay for specialist's office visits.

How can I find out if my doctors are in the UnitedHealthcare network?

If you are currently not enrolled or looking to switch plans, visit: whyuhc.com/nisd and click on "Search the Network" link for the plan you are thinking of selecting. If you are enrolled, log in to your account on myuhc.com and click "Find a Doctor".

How do I find out if my prescription is covered?

Access the UHC pre-member website: whyuhc.com/nisd to learn about covered medications.

TRADITIONAL HEALTH PLAN OPTIONS

United Healthcare 1(844)554-9709

PPO 2000 Choice Plus		Primary Advantage 3000 EPO	HMO 2000 NEXUS ACO		
Benefit Summary	In-Network	Out-of-Network	In-Network	In-Network Tier 1	In-Network Tier 2
Deductible • Individual • Family	\$2,000 \$4,000	\$5,000 \$15,000	\$3,000 \$6,000	\$2,000 \$4,000	\$2,000 \$4,000
Out-of-Pocket Max • Individual • Family	\$7,350 \$14,700	\$11,000 \$33,000	\$7,350 \$14,700	\$7,350 \$14,700	\$7,350 \$14,700
Referrals Required	No	No	No	Yes	Yes
Doctor Visits • Preventative Care	100%	60% after out-of-network deductible	100%	100%	100%
• Primary Care	\$30 copay \$0 copay for children under age 19	60% after out-of-network deductible	\$0 copay	\$30 copay \$0 copay for children under age 19	50% after deductible
• Specialist	\$45 Copay \$30 copay Premium Designated	60% after out-of-network deductible	\$100 copay	\$45 copay	50% after deductible
Minor diagnostic lab, x-rays, & other office services	No Charge	60% after out-of-network deductible	80% after deductible	80% after deductible	80% after deductible
Virtual Visit	\$25 copay	N / A	\$0 copay	\$25 copay	\$25 copay
Urgent Care Clinic	\$45 copay	60% after out-of-network deductible	\$50 copay	\$45 copay	\$45 copay
Hospital • Emergency Room	\$200 copay, then plan pays 80%	\$200 copay, then plan pays 80%	\$250 copay, then plan pays 80% after deductible	\$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 out-of-network deductible	80% after deductible	\$250 per admission, then plan pays 80% after deductible	\$500 per admission, then plan pays 50% after deductible
Other Services Coinsurance	80%	60%	80%	80%	50%
Prescription Drugs • Retail	Copay \$15/\$35/\$70	Copay \$15/\$35/\$70	Copay \$5/\$50/\$100*/\$250 *Tier 3 & 4 must meet individual \$250 RX deductible	Copay \$15/\$35/\$70	Copay \$15/\$35/\$70
• Mail Order	2.5 x retail copay	2.5 x retail copay	2.5 x retail copay	2.5 x retail copay	2.5 x retail copay

MONTHLY	Cost	PPO 2000 Choice Plus	Primary Advantage 3000 EPO	HMO 2000 NexusACO
	Employee Only	\$266.71	\$109.50	\$73.65
	Employee & Spouse	\$900.32	\$505.17	\$436.66
	Employee & Child(ren)	\$683.79	\$363.47	\$301.42
	Employee & Family	\$1,038.55	\$593.18	\$510.95

BI-WEEKLY*	Cost	PPO 2000 Choice Plus	Primary Advantage 3000 EPO	HMO 2000 NexusACO
	Employee Only	\$133.36	\$54.75	\$36.83
	Employee & Spouse	\$450.16	\$252.59	\$218.33
	Employee & Child(ren)	\$341.90	\$181.74	\$150.71
	Employee & Family	\$519.28	\$296.59	\$255.48

*Deductions will vary for Child Nutrition & Transportation employees due to advanced deductions to cover summer premiums in advance.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) OPTIONS

United Healthcare 1 (844)554-9709

HDHP 4000 Choice Plus			HDHP 4000 Choice	HDHP 4000 NEXUS ACO	
Benefit Summary	In-Network	Out-of-Network	In-Network	In-Network Tier 1	In-Network Tier 2
Deductible					
• Individual	\$4,000	\$8,000	\$4,000	\$4,000	\$4,000
• Family	\$8,000	\$16,000	\$8,000	\$8,000	\$8,000
Out-of-Pocket Max					
• Individual	\$6,650	\$10,000	\$6,650	\$6,650	\$6,650
• Family	\$13,300	\$20,000	\$13,300	\$13,300	\$13,300
Referrals Required	No	No	No	Yes	Yes
Doctor Visits					
• Preventative Care	100%	50% after out-of-network deductible	100%	100%	100%
• Primary Care	80% after deductible	50% after out-of-network deductible	80% after deductible	80% after deductible	50% after deductible
• Specialist	80% after deductible	50% after out-of-network deductible	80% after deductible	80% after deductible	50% after deductible
Minor diagnostic lab, x-rays, & other office services	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Virtual Visit	80% after deductible	50% after out-of-network deductible	80% after deductible	80% after deductible	80% after deductible
Urgent Care Clinic	80% after deductible	50% after out-of-network deductible	80% after deductible	80% after deductible	80% after deductible
Hospital					
• Emergency Room	80% after deductible	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	80% after deductible	\$500 per admission, then plan pays 50% after deductible
Other Services	80% after deductible	50% after deductible	80% after deductible	80% after deductible	50% after deductible
Coinurance					
Prescription Drugs					
• Retail	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
• Mail Order	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible

MONTHLY	Cost	HDHP 4000 Choice Plus	HDHP 4000 Choice	HDHP 4000 NexusACO
	Employee Only	\$80.94	\$49.07	\$25.80
	Employee & Spouse	\$337.99	\$266.38	\$182.59
	Employee & Child(ren)	\$186.45	\$132.68	\$80.52
	Employee & Family	\$433.36	\$352.86	\$251.71

BI-WEEKLY*	Cost	HDHP 4000 Choice Plus	HDHP 4000 Choice	HDHP 4000 NexusACO
	Employee Only	\$40.47	\$24.54	\$12.90
	Employee & Spouse	\$169.00	\$133.19	\$91.30
	Employee & Child(ren)	\$93.23	\$66.34	\$40.26
	Employee & Family	\$216.68	\$176.43	\$125.86

*Deductions will vary for Child Nutrition & Transportation employees due to advanced deductions to cover summer premiums in advance.

MEDICAL PLAN COMPARISON

Employee Only Coverage

HOW WILL MY PLAN WORK FOR ME?

Use the chart below to compare how your plan will work for you using the following scenario. Scenario 1: This is Employee Only coverage with the member having a combination of medical services and receiving prescription drugs totaling \$2,094.

	PPO 2000 Choice Plus	Primary Advantage 3000 EPO	HMO 2000 NexusACO	HDHP 4000 Choice Plus	HDHP 4000 Choice	HDHP 4000 Nexus ACO
Annual Employee Only Premium	\$3,200.52	\$1,314.00	\$883.80	\$971.28	\$588.84	\$309.60
4 Primary Office Visits \$80/Visit	\$30 Copay X 4 Visits=\$120	\$0 Copay X4 = \$0	\$30 Copay X 4 Visits=\$120	\$80 X 4 Visits = \$320 Towards Deductible	\$80 X 4 Visits = \$320 Towards Deductible	\$80 X 4 Visits = \$320 Towards Deductible
2 Specialist Office Visits \$162/Visit	\$45 Copay X 2 Visits = \$90	\$100 Copay X 2 Visits = \$200	\$45 Copay X 2 Visits = \$90	\$162 X 2 Visits = \$324 Towards Deductible	\$162 X 2 Visits = \$324 Towards Deductible	\$162 X 2 Visits = \$324 Towards Deductible
1 Urgent Care Visit @ \$250/Visit	\$45 Copay	\$50 Copay	\$45 Copay	\$250 Towards Deductible	\$250 Towards Deductible	\$250 Towards Deductible
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	\$100 X 12 (1 Per Month) = \$1,200 Towards Deductible	\$100 X 12 (1 Per Month) = \$1,200 Towards Deductible	\$100 X 12 (1 Per Month) = \$1,200 Towards Deductible
Total Out-of- Pocket Paid by employee	\$120 + \$90 + \$45 + \$420 = \$675	\$0 + \$200 + \$50+ \$600 = \$850	\$120 + \$90 + \$45 + \$420 = \$675	\$320 + \$324 + \$250 + \$1,200 = \$2,094 Towards Deductible	\$320 + \$324 + \$250 + \$1,200 = \$2,094 Towards Deductible	\$320 + \$324 + \$250 + \$1,200 = \$2,094 Towards Deductible
Total Employee Cost (Premium + Out-of- Pocket)	Premium: \$3,200.52 + Total Out-of- Pocket: \$675 = \$3,785.52	Premium: \$1,314.00 + Total Out-of- Pocket: \$850 = \$2,164.00	Premium: \$883.80 + Total Out-of- Pocket: \$675 = \$1,558.80	Premium: \$971.28 + Total Out-of- Pocket: \$2,094 = \$3,065.28	Premium: \$588.84+ Total Out-of-Pocket: \$2,094 = \$2,682.84	Premium: \$309.60 + Total Out-of- Pocket: \$2,094 = \$2,403.60

MEDICAL PLAN COMPARISON

Family Coverage

HOW WILL MY PLAN WORK FOR ME?

Use the chart below to compare how your plan will work for you using the following scenario. Scenario 2: This is Family coverage with members having a combination of medical services and receiving prescription drugs totaling \$2,498.

	PPO 2000 Choice Plus	Primary Advantage 3000 EPO	HMO 2000 NexusACO	HDHP 4000 Choice Plus	HDHP 4000 Choice	HDHP 4000 Nexus ACO
Annual Family Premium	\$12,462.60	\$7,118.16	\$6,131.40	\$5,200.32	\$4,234.32	\$3,020.52
5 Primary Office Visits \$80/Visit	\$30 Copay X 5 Visits=\$150	\$0 Copay X 5 = \$0	\$30 Copay X 5 Visits=\$150	\$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/Visit	\$45 Copay X 4 Visits = \$180	\$100 Copay X 4 Visits = \$400	\$45 Copay X 4 Visits = \$180	\$162 X 4 Visits = \$648 Towards Deductible	\$162 X 4 Visits = \$648 Towards Deductible	\$162 X 4 Visits = \$648 Towards Deductible
1 Urgent Care Visit @ \$250/Visit	\$45 Copay	\$50 Copay	\$45 Copay	\$250 Towards Deductible	\$250 Towards Deductible	\$250 Towards Deductible
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	\$100 X 12 (1 Per Month) = \$1,200 Towards Deductible	\$100 X 12 (1 Per Month) = \$1,200 Towards Deductible	\$100 X 12 (1 Per Month) = \$1,200 Towards Deductible
Total Out-of-Pocket Paid by employee	\$150 + \$180 + \$45 + \$420 = \$795	\$0 + \$400 + \$50 + \$600 = \$1,050	\$150 + \$180 + \$45 + \$420 = \$795	\$400 + \$648 + \$250 + \$1,200 = \$2,498 Towards Deductible	\$400 + \$648 + \$250 + \$1,200 = \$2,498 Towards Deductible	\$400 + \$648 + \$250 + \$1,200 = \$2,498 Towards Deductible
Total Employee Cost (Premium + Out-of-Pocket)	Premium: \$12,462.60 + Total Out-of-Pocket: \$795 = \$13,257.60	Premium: \$7,118.16 + Total Out-of-Pocket: \$1,050 = \$8,168.16	Premium: \$6,131.40 + Total Out-of-Pocket: \$795 = \$6,926.40	Premium: \$5,200.32 + Total Out-of-Pocket: \$2,498 = \$7,698.32	Premium: \$4,234.32 + Total Out-of-Pocket: \$2,498 = \$6,732.32	Premium: \$3,020.52 + Total Out-of-Pocket: \$2,498 = \$5,518.52

HEALTH SAVINGS ACCOUNT (HSA)

Optum Bank 1(800)791-9361

HIGH DEDUCTIBLE HEALTH PLANS (HDHP): COULD THEY BE A PERFECT MATCH FOR YOU?

Enrolling in one of the High Deductible Health Plans offered by NISD could result in a lower payroll deduction and more take home pay. If you are enrolled in a qualifying high-deductible health plan (HDHP), your HSA can help you and your family plan, save, and pay for health care.

HDHP 4000
CHOICE PLUS

HDHP 4000
CHOICE

HDHP 4000
NEXUS ACO

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.

HSA's let you set aside money to pay for medical expenses throughout your lifetime.

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 to save through convenient payroll deductions on a before-tax basis.

Health Savings Accounts are designed to work with HDHP plans. The money you save in an HSA is payroll deducted and grows tax-free until the funds are used. Access to your account is available by phone or any internet-connected device on myuhc.com. Best of all, HSA balances are never forfeited and are portable if you leave or retire from NISD. You make the decision when to use funds for qualified medical expenses or to save and invest fund balances as an additional retirement.



2023
Maximum
Contribution
Limits

- Individual - \$3,850
 - Family - \$7,750
- Catch-Up Contribution: \$1,000 for age 55 or older

IMPORTANT FSA INFORMATION: You **MUST** renew your HAS & FSA election every year. Failure to do so will cause automatic cancellation of your account.

SECTION 125 CAFETERIA PLAN

Proficient Benefit Solutions (210)659-8100



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. Your spendable income increases because your deductions are made on a pre-tax basis.

Increase your Spendable Income There are 4 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.) This means that you reduce your taxable income, and by doing so your take home pay increases.

Health (FSA) Flexible Spending Account:

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

Dependent Care Flexible Spending Account:

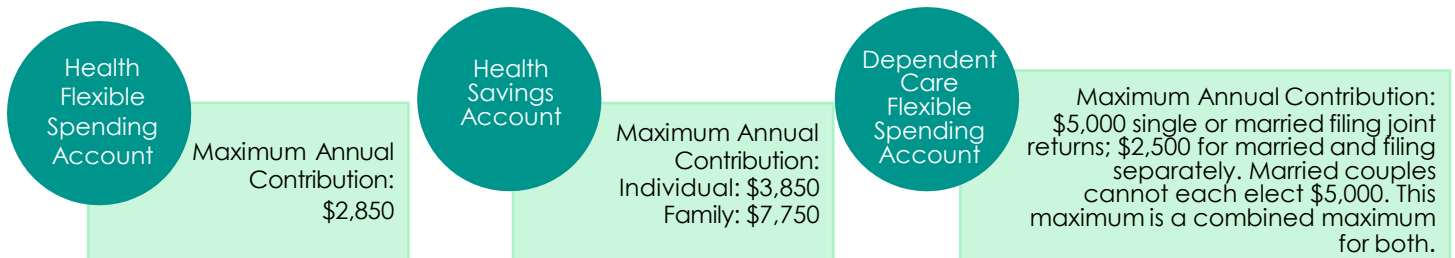
Allows an individual to have pre-tax deductions to pay for dependent care expenses. Most people use this account for reimbursement of child daycare expenses but it can be used for reimbursement of adult daycare expenses as long as the adult satisfies the IRS definition of a Tax Dependent.

Health Savings Account:

If you are enrolled in HDHP 4000 Choice Plus, HDHP 4000 Choice or HDHP 4000 Nexus ACO 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 Office for details.

HOW THE PLAN WORKS

All NISD benefit-eligible employees are enrolled in premium tax sheltering. When completing your online 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.



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.

IMPORTANT

Use-or-Lose Rule

You can roll over up to \$570 at the end of the plan year. Any unclaimed amounts over \$570 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. Forfeitures can be avoided by planning carefully and only setting aside money for predictable costs.

Deadline for Filing Claims

You must claim reimbursements within **90 days** of the end of the plan year, December 31st, or within 90 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.

IMPORTANT FSA INFORMATION: You **MUST** renew your HSA & FSA election every year. Failure to do so will cause automatic cancellation of your account.

FSA (Health Flexible Savings Account) or HSA (Health Savings Account) Is One Right for You?

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: 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.

FSA/HSA Comparison	FSA	HSA
Maximum Annual Contribution	2023: Up to \$2,850 per plan year	2023: Employee Only: \$3,850 Family: \$7,750 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 Part, 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 Medicare 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 \$570	Yes, no exclusions and no time limits
COBRA Continuation	Based on a balance at termination	No

IMPORTANT FSA INFORMATION: You **MUST** renew your HSA & FSA election every year. Failure to do so will cause automatic cancellation of your account.

LIFE INSURANCE

The Standard 1 (800)378-4668 / (210)545-6030

EMPLOYEE BASIC LIFE INSURANCE

Northside ISD provides all benefit-eligible employees with Term Life and Accidental Death and Dismemberment (AD&D) insurance. Your amount of coverage depends on whether you elect to participate in one of the District's medical plans.

BASIC LIFE INSURANCE	
Medical Plan	Employees participating in a NISD medical plan: \$5,000 basic life insurance at no additional cost
No Medical Plan	Employees NOT participating in a NISD Medical Plan, have a choice of: 1) \$50,000 (no imputed income (tax liability) to employee) OR 2) \$80,000 (\$50,000 tax free / \$30,000 imputed income based on IRS age rate tables)

EMPLOYEE SUPPLEMENTAL & SPOUSE/CHILD VOLUNTARY LIFE INSURANCE

Employees may purchase additional life insurance for themselves, their spouses and children.

EMPLOYEE SUPPLEMENTAL AND SPOUSE/CHILD VOLUNTARY LIFE INSURANCE	
Employee	Up to 5 times your annual salary.
Spouse	Choice of \$5,000, \$10,000, \$20,000, \$30,000, \$40,000 or \$50,000 not to exceed 100% of employee coverage amount.
Child(ren)	Choice of \$5,000 or \$10,000 not to exceed 100% of employee coverage amount.

Guarantee Issue:

During Open Enrollment 2023, newly eligible entrants have the opportunity to enroll for coverage up to the maximum 5 times salary multiple or \$300,000 for you, \$30,000 for your spouse, and \$10,000 for your child(ren) without a health questionnaire. Employees may request one times their salary multiple up to the \$300,000 Guarantee Issue limit if coverage was previously declined, or to add to existing coverage levels. Employees can also elect to add spouses and children for one level increase at the same time. All new requests that exceed the \$300,000 limit require an Evidence of Insurability (EOI) form to be completed and returned to The Standard. Coverage becomes effective on January 1, 2023 or Standard's approval date for EOI requests.

Rates:

Employee Supplemental Life	\$0.181 per \$1,000 of Coverage
Employee AD&D	\$0.012 per \$1,000 of Coverage
Spouse Voluntary Life and AD&D	\$0.423 per \$1,000 of Coverage
Child Voluntary Life and AD&D	\$1.568 per \$5,000 of Coverage

Cost:

Cost of coverage varies based on salary and other factors, see enrollment system for personalized rates. Current life volume and costs will stay the same unless you make a change.

**Deductions will vary for Child Nutrition and Transportation employees due to advanced deductions to cover summer premiums in advance.*

DENTAL INSURANCE

Delta Dental: PPO 1(800)521-2651 / DHMO 1(800)422-4234

Choose from four Dental options – Three PPOs and a DHMO – that best first the needs of you and your family.

	LOW	HIGH	PLATINUM	DHMO DELTACARE
Deductible:				
• Individual	\$50	\$50	\$75	N/A
• Family	\$150	\$150	\$225	
Annual Maximum Benefit Per Person <i>Diagnostic & Preventive do not apply to maximum</i>	\$1,250	\$2,000	\$4,000	N/A
Diagnostic/Preventive Services: Exams, cleanings, x-rays, and sealants	100% no deductible	100% no deductible	100% no deductible	\$0 to \$10 copay <i>*see schedule of benefits</i>
Basic Services: Space maintainers & appliances for children thru age 14, emergency care for pain relief, non-surgical extractions, fillings	80% after deductible	80% after deductible	80% after deductible	\$0 to \$150 copay <i>*see schedule of benefits</i>
Waiting Period For Major AND Ortho Services	12 months	12 months	12 months	N/A
Major Services: Crowns, inlays, onlays, bridges, dentures, implants, oral surgery, periodontics (gum treatment), endodontics (root canals)	50% after deductible	50% after deductible	50% after deductible	\$0 to \$415 copay <i>*see schedule of benefits</i>
Orthodontic Benefits	50% children only	50%	50%	\$1,150 to \$2,100 copay <i>*see schedule of benefits</i>
Orthodontic Lifetime Maximum	\$1,000	\$1,500	\$1,500	N/A

MONTHLY	Cost	Low	High	Platinum	DHMO DeltaCare
	Employee Only	\$27.97	\$31.65	\$38.81	\$12.06
	Employee & Spouse	\$51.52	\$58.34	\$70.42	\$21.00
	Employee & Child(ren)	\$50.72	\$57.41	\$71.55	\$22.83
	Employee & Family	\$78.38	\$88.74	\$108.84	\$30.41

BI-WEEKLY*	Cost	Low	High	Platinum	DHMO DeltaCare
	Employee Only	\$13.99	\$15.83	\$19.41	\$6.03
	Employee & Spouse	\$25.76	\$29.17	\$35.21	\$10.50
	Employee & Child(ren)	\$25.36	\$28.71	\$35.78	\$11.42
	Employee & Family	\$39.19	\$44.37	\$54.42	\$15.21

- Delta Dental does not give waiting period credit for prior coverage under a non-Delta plan
- Delta Dental PPO participants can move between Delta Dental PPO plans and time enrolled will apply to waiting period.

**Deductions will vary for Child Nutrition and Transportation employees due to advanced deductions to cover summer premiums in advance.*

VISION INSURANCE

Davis Vision 1(877)923-2847

Healthy and clear vision is an important part of your overall health and quality of life.

IN-NETWORK BENEFITS	VISION PLAN
Eye Examination	Once per calendar year, covered in full after \$10 copay
Eyeglasses	
Spectacle Lenses	Once per calendar year, covered in full. For standard single-vision, lined bifocal, or trifocal lenses after \$10 copay
Frames	Once per calendar year, covered in full 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 Lenses	
Contact Lens Evaluation, Fitting and Follow Up	Once per calendar year Davis Vision's Collection Contacts: Covered in full Non-Collection Contacts: 15% discount
Contact Lenses <i>(in lieu of eyeglasses)</i>	Once per calendar year Collection Contacts: Covered in full Non-Collection Contacts: \$120 retail allowance toward provider supplied contact lenses plus 15% off balance
Out of Network Reimbursement Schedule	Eye Examination up to \$45 Frame up to \$85 Spectacle Lenses (per pair) 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 & Coatings	
Scratch-Resistant Coating	No Cost
Polycarbonate Lenses	No Cost
Standard Anti-Reflective	\$35.00
Standard Progressives	\$50.00
Plastic Photosensitive	\$65.00

MONTHLY	Vision Plan	Cost
	Employee Only	\$6.53
	Employee & Spouse	\$13.07
	Employee & Child(ren)	\$16.32
	Employee & Family	\$17.99

BI-WEEKLY*	Vision Plan	Cost
	Employee Only	\$3.27
	Employee & Spouse	\$6.54
	Employee & Child(ren)	\$8.16
	Employee & Family	\$9.00

**Deductions will vary for Child Nutrition and Transportation employees due to advanced deductions to cover summer premiums in advance.*

DISABILITY INSURANCE

THE HARTFORD 1(866)547-9124

Your medical plan helps you pay for doctor and hospital bills. Disability coverage provides partial income replacement in the event you become disabled and cannot work. 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.

Long Term Disability Insurance

- LTD Insurance provides income replacement benefits in the event that you are unable to work due to an accident or illness.

Monthly Benefit Amount

- You choose a monthly benefit amount in \$100 increments, from \$200 to \$10,000 (not to exceed 66 2/3% of your income).

Waiting Periods

- You choose the waiting period. A waiting period is the period of time for which you must be continuously disabled before you are eligible for benefits. Available waiting periods can begin as early as the first day of disability for an accident to the 180th day of disability for sickness.

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, it will end after 60 months of disability, after the elimination period is met.

Pre-Existing Exclusion

- There is a 3/12 pre-existing conditions clause. This is a look back period to see if you were treatment-free for a 3-month period prior to the effective date of your coverage. If you weren't treatment-free, the pre-existing condition is excluded from coverage if you're disabled within 12-months of first becoming insured. In addition, if during an annual enrollment period you apply for additional benefits or select a shorter elimination period, this plan will not cover the increase in your coverage if you have a pre-existing condition.

Cost

- Cost of coverage varies based on elimination period and level of coverage selected. See enrollment system for personalized rates.

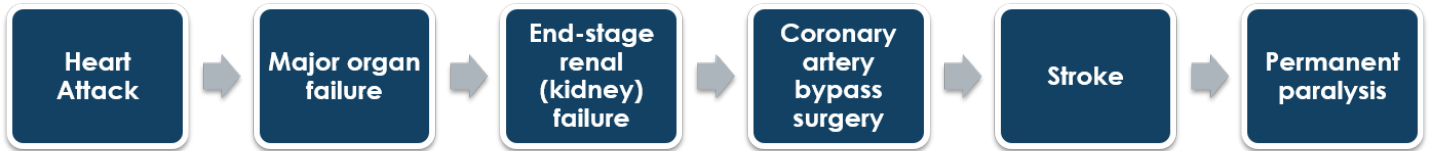
**Deductions will vary for Child Nutrition and Transportation employees due to advanced deductions to cover summer premiums in advance.*

CRITICAL ILLNESS INSURANCE

MetLife 1(800)438-6388

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 \$30,000 of coverage. Covered conditions include:



**There are some limitations and policy exclusions.*

Coverage Options:

Employee:

Choose from \$5,000 to \$30,000 in increments of \$5,000. You are not required to answer a health questionnaire even if you declined coverage previously. You have the opportunity to enroll or increase Critical Illness coverage for you, your spouse and child(ren) without a medical questionnaire. Current amounts in force will stay the same unless you make a change.



Spouse:

Spouse elections can be equal to or less than employee's coverage. In increments can be purchased as \$5,000, \$10,000 or \$15,000.



Child(ren):

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.



Enrollment Info:

Rates:

Cost of coverage varies based on level of coverage selected. See enrollment system for personalized rates



Wellness Benefit:

A \$50 annual Health Screening Benefit is included in the Critical Illness premium for each covered member for a variety of preventative health measures.



Pre-existing:

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.



**Deductions will vary for Child Nutrition and Transportation employees due to advanced deductions to cover summer premiums in advance.*

CANCER INSURANCE

ALLSTATE 1(800)521-3535

Cancer coverage provides cash benefits if you or a covered family member is diagnosed with cancer or multiple specified diseases. The benefit can help offset treatment costs or daily living expenses associated with unexpected medical diagnosis.

During Open Enrollment 2023, existing coverage remains the same unless you make a change.

Coverage Highlights

- Benefits are paid directly to you unless otherwise assigned
- Coverage available for you or your entire family
- You choose from 3 Plan options
- Waiver premium after 90 days of disability due to cancer for as long as your disability lasts (Employee only)
- Includes coverage for 29 Specified Diseases

Additional Benefits

- Cancer Initial Diagnosis
- \$100 Cancer Screening per calendar year
- Intensive Care Benefit pays a benefit for hospital confinement and ground/air ambulance services to an intensive-care unit.

Pre-Existing conditions

- Pre-existing: The plan does not pay benefits for an 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.

MONTHLY	Cost	Plan 1	Plan 2	Plan 3
	Employee Only	\$15.34	\$23.56	\$28.54
	Employee & Family	\$26.62	\$40.94	\$49.74

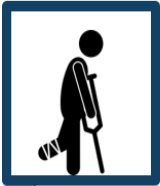
BI-WEEKLY*	Cost	Plan 1	Plan 2	Plan 3
	Employee Only	\$7.67	\$11.78	14.27
	Employee & Family	\$13.31	\$20.47	24.87

**Deductions will vary for Child Nutrition and Transportation employees due to advanced deductions to cover summer premiums in advance.*

ACCIDENT INSURANCE

MetLife 1(800)438-6388

Accident coverage provides benefits directly to you to use as you see fit. The benefit can help absorb extra expenses from an accident for deductibles, copays, medical transportation, childcare, and more.



Injuries: Fractures, dislocations, concussions, lacerations, eye injuries, 2nd and 3rd degree burns.



Medical Services & Treatments:

Ambulance, emergency care, therapy services, medical testing (including x-rays, MRIs, CT scans), medical appliances.



Hospitalization: Hospital admission, confinement and inpatient rehab after an accident.



Wellness Benefit: Covered employees, spouses and children can use the Health Screening Benefit and receive up to \$100 for getting an annual physical exam.



Additional Benefits: Accidental death, dismemberment, loss and paralysis, supplemental benefit for lodging

MONTHLY	Cost	Low	High
	Employee Only	\$4.59	\$6.84
	Employee & Spouse	\$9.06	\$13.93
	Employee & Child	\$9.40	\$14.15
	Employee & Family	\$11.81	\$17.55

BI-WEEKLY*	Cost	Low	High
	Employee Only	\$2.30	\$3.42
	Employee & Spouse	\$4.53	\$6.97
	Employee & Child	\$4.70	\$7.08
	Employee & Family	\$5.91	\$8.78

**Deductions will vary for Child Nutrition and Transportation employees due to advanced deductions to cover summer premiums in advance.*

LEGALEASE INSURANCE

LegalEase 1(800)248-9000







LegalEASE provides support and protection from legal matters when you need it most.

WHAT LEGALEASE BENEFITS OFFER:



The value of a LegalEASE benefits plan.

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

 <p>HOME & RESIDENTIAL Purchase, Sale, Refinancing of Primary Residence, Landlord/Tenant Dispute, Foreclosure</p>	 <p>AUTO & TRAFFIC Serious Traffic Matters (Resulting in Suspension or Revocation of License), License Suspension (Administrative Proceeding), Traffic Ticket Defense¹</p>
 <p>FINANCIAL & CONSUMER Debt Collection Defense, Bankruptcy (Chapter 7 or 13), Tax Audit, Document Preparation, Consumer Dispute, Small Claims Court, Savings Assistance</p>	 <p>FAMILY Separation, Divorce, Name Change, Guardianship/Conservatorship, Adoptions, Juvenile Court Proceedings, Prenuptial Agreement¹, Elder Law, Immigration Assistance</p>
 <p>ESTATE PLANNING & WILLS Will or Codicil, Complex Will, Living Will and/or Health Care Power of Attorney, Probate of Small Estate, Living Trust Document</p>	 <p>GENERAL Civil Litigation Defense, Initial Law Office Consultation, Review of Simple Documents, Mediation, Misdemeanor Defense, Identity Theft Assistance</p>

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

¹Flat Rate Fees or Discounted Rate

New Benefits added for this enrollment year, including 10 hours of miscellaneous coverage.

MONTHLY	LegalEASE + ID Monitoring			BI-WEEKLY*	LegalEASE + ID Monitoring	
	Employee & Family	\$15.53			Employee & Family	\$7.77
MONTHLY	LegalEASE + ID Monitoring			BI-WEEKLY*	LegalEASE + ID Monitoring	
	Employee & Family & Elder Care Option	\$21.02			Employee & Family & Elder Care Option	\$10.51

*Deductions will vary for Child Nutrition and Transportation employees due to advanced deductions to cover summer premiums in advance.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Hartford 1(800)964-3577

Life presents complex challenges. If the unexpected happens, you should have simple solutions to help cope with the stress and life changes that may result. That is why The Hartford's Ability Assist Counseling Services, offered by ComPsych, can play such an important role. Our straightforward approach takes the complexity out of benefits when life throws you a curve.

COMPASSIONATE SOLUTIONS FOR COMMON CHALLENGES

From everyday issues like job pressures, relationships and retirement planning to highly impactful issues such as grief, loss, or disability.

SERVICE FEATURES

The service includes up to three face-to-face emotional or work life counseling sessions per occurrence per year. This means that you and your family members will not have to share visits. You can each get counseling help for your own unique needs. Counseling for your legal, financial, medical, and benefit-related concerns is also available by phone.

READY WHEN YOU ARE.

The EAP is available 24 hours a day, 7 days a week, either by phone or online. If it is not convenient to call, you can find resources and self-help tools for your personal, family, and work-related concerns on the EAP website. You and your family, including spouse and dependents can access Ability Assist at any time.



For access over the phone, call toll free 1-800-96-HELPS (1-800-964-3577). Visit www.guidanceresources.com to access hundreds of personal health topics and resources for childcare, elder care, attorneys or financial planners. First time user: click on the Register tab, enter Organization Web ID: HLF902, then Company Name: ABIL to register and create your own profile.

FINANCIAL COACHING & FINANCIAL HEALTH TOOLS – MORE THAN (EAP)

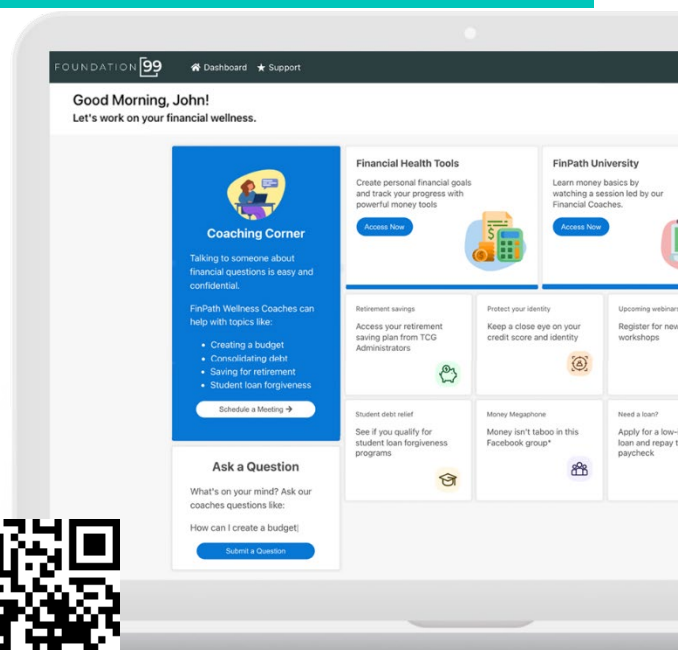
Foundation 99 – www.foundation99.org

If you've ever felt like you're living paycheck to paycheck or like your dollar can go farther, we have just the tools to make a difference.

And it's all available at no cost to you.

Foundation 99 is a 501(c)(3) nonprofit that works with Northside ISD employees to provide unlimited 1:1 confidential financial coaching and powerful online financial health tools. Meet big goals like buying a house, getting out of debt, planning for emergencies, and more!

Open your free account or book a coaching session at www.foundation99.org!



RETIREMENT BENEFITS

TEACHER RETIREMENT SYSTEM (TRS)

Your membership into TRS begins on your first day of eligible employment. Northside ISD 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.



Eligible employees will receive a retirement pension benefit based on age and years of service credit, as well as disability retirement benefits and death benefits from the beginning of your career in Texas public education.

Learn more: Teacher Retirement System 1-800-223-8778 or www.trs.state.tx.us

VOLUNTARY RETIREMENT SAVINGS PLAN

Depending on your desired retirement lifestyle, you may need anywhere from 60% to 100% of your current income to maintain your current standard of living. While your TRS pension is extremely valuable, keep in mind you likely won't receive 100% of your pre-retirement income.



This is why building additional savings through voluntary retirement plans is important to your financial health.

As an employee of Northside ISD, you are eligible to participate in 457(b) and 403(b) plans. Choosing to save for retirement allows you to save money in a pre-tax (Traditional) or after-tax (Roth) account. Contributions to the plan are salary-deducted from your paycheck and automatically deposited into your account. You may start and stop contributions at any time

457(B) SAVINGS PLAN

- Employer-sponsored plan with fiduciary oversight by TCG Advisors and a committee of Superintendents/CFO's.
- High-quality, low fee investment options
- No commissions
- No federal penalties to withdraw funds from account. Income tax still applies.
- Choose between target date funds, risk-based portfolios, or mutual funds.

403(B) SAVINGS PLAN

- Multi-vendor plan. You must research from a list of 50+ vendors and decide the best fit for you.
- Fees and investments vary per vendor. Commissions vary per vendor.
- 10% early withdrawal penalty (goes away at age 59 1/2 or age 55 if retired).
- Investment options vary by vendor, including fixed/variable annuities and mutual funds

THE BEST TIME TO START SAVING IS TODAY!

Even a \$25 contribution per paycheck can mean a big difference down the road.

Enroll in a new plan today at www.tcgservices.com/enroll

If you need assistance, book a one-on-one meeting at www.tcgservices.com/enroll



QUALIFYING LIFE EVENTS

Once you elect your benefits as a new hire or during annual enrollment (October) you cannot change your benefits unless you have a qualifying life event. If you have a life event, you can only change your benefits within **30 days** from the date of that event. Life events include (loss/gain of other coverage, marriage, divorce, birth, death, etc.).



















Any requests for changes in insurance coverage due to a qualifying life event must be made in the online enrollment system. Documentation must be provided for proof of your life event and must also be received by the Benefits Office within **30 days** from the date of the event. Proper documentation of proof can be emailed to employee.benefits@nisd.net or faxed to (210) 398-8802.

FREQUENTLY ASKED QUESTIONS

- What document(s) must I provide for proof of my life event?** Below are some of the documents you will need for the most common qualifying life events. Please note, documents for proof of loss/gain of coverage must include the effective date, type of coverage and name(s) of covered individuals.
 - **Loss of other coverage:** Certificate of creditable coverage; COBRA Notice; Coverage termination letter; Benefits enrollment confirmation statement.
 - **Gain of other coverage:** Proof of new coverage including effective date, and all covered dependents.
 - **Marriage:** Marriage Certificate.
 - **Divorce:** Final Divorce Decree **OR** court ordered annulment.
 - **Birth/Adoption:** Birth certificate **OR** hospital birth facts; Adoption record **OR** placement for adoption.
 - **Turning age 26:** Proof of prior coverage.
- Who is eligible for dependent coverage?** We have restrictions for qualified dependent coverage under our benefits plans. To be eligible for coverage, your dependent must be one of the following:
 - **Spouse:** Your legally married spouse.
 - **Child(ren):** a child less than age 26. Children include: natural child(ren), stepchild(ren), legally adopted child(ren), child(ren) placed for adoption, and child(ren) who you are legally appointed as guardian or limited guardian (cannot be temporary guardian).
 - **Disabled Child(ren):** unmarried child who is mentally or physically (sustained before the age of 26) incapable of engaging in self-sustaining employment due to such incapacity, and claimed as a dependent on your IRS tax return.
 - **Grandchild(ren):** a dependent grandchild(ren) claimed as a dependent on your IRS tax return.
- Will a life event allow me to change my medical plan?** **No.** A qualifying life event would only allow for changes in coverage level but would not allow for a change in plan.
- Can I request a life event change after the 30 day deadline?** **No.** We are not able to process a life event request after the 30 day deadline. Your next opportunity to enroll or make changes to your benefits will be during Annual Enrollment in October; those elections will take effect January 1st of the following year.

**For more information on Qualifying Life Events, please refer to the Northside Employee Handbook.*

BENEFITS DIRECTORY

MEDICAL	DENTAL	VISION
<p>UHC Group # 906022  Customer Service: 1 (844)554-9709 NISD On-Site Representative: (210) 397-8789 www.myuhc.com</p>	<p>Delta Dental PPO Group# 19483  DHMO Group#: 79045 PPO 1(800)521-2651 DHMO 1(800)422-4234 www.deltadentalins.com</p>	<p>Davis Vision  Group# 3152 DavisVision™ 1 (877)923-2847 www.davisvision.com</p>
LIFE INSURANCE	DISABILITY	CANCER
<p>The Standard  Group# 758947 (210)545-6030 1(800)378-4668 www.standard.com</p>	<p>The Hartford  Group# 473701 1(866)547-9124 www.TheHartford.com</p>	<p>Allstate  Group# 96441 1(800)521-3535 www.allstatebenefits.com/mybenefits</p>
CRITICAL ILLNESS	ACCIDENT	LEGAL
<p>MetLife  1(800)438-6388 www.mybenefits.metlife.com</p>	<p>MetLife  Group# 216462 1(800)438-6388 www.mybenefits.metlife.com</p>	<p>LegalEase  Group# 6025572 1-800-248-9000 www.legaleaseplan.com/northside-isd</p>
FLEXIBLE SPENDING ACCOUNT	HEALTH SAVINGS ACCOUNT	EMPLOYEE ASSISTANCE PROGRAM
<p>Proficient Benefit Solutions  Group # NISD (210)659-8100 www.ProficientBenefits.com</p>	<p>Optum Bank  Group # NISD 1(800)791-9361 www.myuhc.com</p>	<p>The Hartford  1(800)964-3577 www.guidanceresources.com</p>
TRS PENSION	RETIREMENT ACCOUNTS	FINANCIAL WELLNESS
<p>Teacher Retirement System  1(800)223-8778 www.trs.state.tx.us</p>	<p>TCG, a HUB International Company  1(800)943-9179  www.myuhc.com</p>	<p>Foundation 99  1(888)599-4245 www.foundation99.org</p>




BENEFITS DEPARTMENT DIRECTORY

Benefits Main Number: (210) 397-8620

Leticia Ramirez	Director of Benefits	(210) 397-7888
Rita Petersen	Wellness Coordinator	(210) 397-7583
Mia Villarreal	Benefits Program Specialist (A-Cru)	(210) 397-7877
Dalia Acuña	Benefits Program Specialist (Cua – Han)	(210) 397-7805
Ruth Rodriguez	Benefits Program Specialist (Har -Mey)	(210) 397-7806
Carolina Arocha	Benefits Program Specialist (Mez – Run)	(210) 397-7807
Myra Ramirez	Benefits Program Specialist (Rus – Z)	(210) 397-7804
Rebecca Gonzalez	Benefits/Risk Management Technician	(210) 397-8620

UHC On-Site Representative: (210) 397-8789

OTHER CONTACT INFORMATION

 (210)398-8803 LOA'S (210)398-8802 Benefits	 employee.benefits@nisd.net	 5615 Grissom Rd. San Antonio, TX 78238
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2023 BENEFITS ENROLLMENT FAIR SCHEDULE

Date	Location	Time
10/3/2022	John Jay High School 7611 Marbach Road San Antonio, TX 78227	12 PM – 6 PM
10/4/2022	Brennan High School 2400 Cottonwood Way San Antonio, TX 78253	12 PM – 6 PM
10/5/2022	O'Connor High School 12221 Leslie Road Helotes, TX 78023	12 PM – 6 PM
10/6/2022	Marshall High School 8000 Lobos Ln San Antonio, TX 78240	12 PM – 6 PM
Date	Location	Time
10/10/2022	Northside Activity Center 7001 Culebra Road San Antonio, TX 78238	12 PM – 6 PM
10/11/2022	Northside Activity Center 7001 Culebra Road San Antonio, TX 78238	12 PM – 6 PM
10/12/2022	Northside Activity Center 7001 Culebra Road San Antonio, TX 78238	12 PM – 6 PM
10/13/2022	Northside Activity Center 7001 Culebra Road San Antonio, TX 78238	12 PM – 6 PM
Date	Location	Time
10/17/2022	Testing Annex 5647 Grissom Road San Antonio, TX 78238	12 PM – 6 PM
10/18/2022	Testing Annex 5647 Grissom Road San Antonio, TX 78238	12 PM – 6 PM
10/19/2022	Testing Annex 5647 Grissom Road San Antonio, TX 78238	12 PM – 6 PM
10/20/2022	Testing Annex 5647 Grissom Road San Antonio, TX 78238	12 PM – 6 PM

For the Safety of all NISD Employees:

Attendance to the Open Enrollment Sites will be limited to Employees and Spouses/Partners.
Schedule is subject to change based on COVID-19 Community Guidelines

ANNUAL NOTICES

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

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.

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.

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.