



**BENEFITS
GUIDE**

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Welcome to Your Benefits

Our most important asset is our people. That's why Northside ISD offers a comprehensive benefits program to meet all your needs. Review this guide to learn about all the benefits you are offered and determine which benefits are best for you and your family. You will find many resources outlined in this guide available during enrollment and throughout the year to help you make the most of your benefits plans and answer your questions. The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. Northside ISD's health care benefit year begins January 1st and ends December 31st. You may also enroll or change your benefits during the annual Open Enrollment: October 2 – 27, 2023.

You must make your elections during the specified enrollment window, or you will not have coverage. You may not enroll again until the next Open Enrollment period unless you experience a qualifying life event. To have coverage, you must confirm your benefit choices through bswift by the deadline.

About this Guide

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 <https://nisd.net/employees/departement/human-resources/documents/2024-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.
- Additional questions can be answered by carrier customer service representatives. Phone numbers, plan numbers, and website details can be found under the Benefits Directory.

Contacts & Resources



Find more details about the benefits offered to you by contacting your insurance carrier or logging in to bswift at <http://nisd.bswift.com>. Register on the insurance carrier websites to access plan information, including your ID cards, coverages, claims, network providers, and more. Search for the carrier apps on Google Play™ or the App Store® to access your benefits information anytime, anywhere from your mobile device.

BENEFIT	CARRIER	GROUP #	PHONE	WEBSITE/EMAIL
Medical	UnitedHealthcare	906022	844-554-9709	www.myUHC.com
HSA	Optum Bank	NISD	800-791-9361	www.optumbank.com
FSA	Proficient Benefit Solutions	NISD	210-659-8100	www.ProficientBenefits.com
Dental	Humana	408761	800-233-4013	www.humana.com
Vision	VSP	40156361	800-877-7195	www.vsp.com
Life and AD&D	The Standard	758947	800-378-4668	www.standard.com
Short- & Long-Term Disability	The Standard	758947	800-378-4668	www.standard.com
Critical Illness, Accident, & Hospital Indemnity	The Standard	758947	800-378-4668	www.standard.com
Cancer, Whole Life & Pet Insurance	MetLife	Refer to plan document	800-438-6388	www.mybenefits.metlife.com
EAP	UnitedHealthcare	906022	844-554-9709	www.myUHC.com
Legal Support	LegalEASE	NISD	800-248-9000	www.legaleaseplan.com/northside-isd
Financial Health & Coaching	Foundation 99	NISD	888-599-4245	www.foundation99.org
Grief Counseling	LOLA	NISD	888-488-5652	www.lossoflifeadvocates.com
Retirement System	Teacher Retirement System (TRS)	NISD	800-223-8778	www.trs.texas.gov
Voluntary Retirement Savings Plans	HUB International Group (formerly Trusted Capital Group)	NISD	800-943-9179	www.tcgservices.com/enroll

BENEFITS DEPARTMENT DIRECTORY

Benefits Main Number	210-397-8620	
Leticia Ramirez	Director of Benefits	210-397-7888
Rita Petersen	Wellness & Financial Coordinator	210-397-7583
Magda Trevino	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
UHC On-Site Representative	210-397-8789	
OTHER CONTACT INFORMATION		
210-398-8803 LOA'S (fax) 210-398-8802 Benefits (fax)	employee.benefits@nisd.net	5615 Grissom Rd. San Antonio, TX 78238

Eligibility & Enrollment



All regular full-time Northside ISD employees working at least 20 hours per week are eligible for benefits. As a new hire, you are eligible for benefits on your date of hire. You may also enroll each fall during annual Open Enrollment for a January 1st effective date.

Who Can Enroll

You may enroll the following dependents in our group benefit plans:

- Your legal spouse or domestic partner
- Your natural, adopted, or stepchildren living with you, or children whom you have legal guardianship, up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

When You Can Enroll

You can enroll in benefits during the following times:

- Within 30 days of your date of hire
- The annual Open Enrollment period for a January 1st effective date

If you fail to enroll within your new hire eligibility or the Open Enrollment period, you will not be able to elect benefits again until the next annual enrollment period, and you will not have coverage.

Making Changes to Your Benefits

Outside of your initial new hire or the Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of the most common events include:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your or your spouse's work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for coverage
- Receipt of a Qualified Medical Child Support Order (QMCSO)

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.

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.

Termination of Coverage

Benefits coverage is terminated as follows:

- Coverage terminates on the latter of the last day of the month in which the employee works for NISD or the last day of the month in which they receive their final pay from NISD.
- When a covered dependent reaches age 26, their coverage will terminate on the last day of the month following their date of birth.



Medical Benefits



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. HDHP participants are eligible to open a Health Savings Account to set aside pre-tax dollars to pay for their deductible and other out-of-pocket healthcare costs. Continue reviewing this guide for more information on tax-advantaged savings accounts that can help you save on healthcare expenses.

All plans offer preventive care visits covered at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage if needed. Although out-of-network coverage is available, using in-network providers will save you money. You can find UnitedHealthcare network providers online at www.myUHC.com and search the ChoicePlus network.

Prescription Drugs



When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage. If you regularly take the same medications, a mail-order program may allow you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line.

Check with your pharmacy to determine if any special programs are available. Discuss lower-cost alternatives with your physician and check the insurance company's website for a complete drug list at www.myUHC.com.

Medical Plan Tools & Resources

UnitedHealthcare Website



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. For enrolled members, www.myUHC.com is the secure member website where you can check your coverages and claims, locate network providers, access health programs, manage your prescriptions, print or request an ID card, and more. To get started, log on to www.myUHC.com and complete the registration process.

UnitedHealthcare App

The UnitedHealthcare mobile app can help you stay organized and in control of your health anytime, anywhere. Log in from your mobile device to access your account. Search your mobile device's app store to download.

Virtual Visits

See and talk to a doctor from a mobile device or computer without an appointment, 24/7. Most visits take 10-15 minutes, and virtual visits are a part of your health benefits. Telemedicine doctors can diagnose and treat many non-emergency medical conditions and provide services such as writing a prescription if needed. Common conditions treated with virtual care include allergies, cough, fever, headaches, sinus problems, skin rashes, pink eye, bladder infections, and more. To get started, visit www.myuhc.com or download the app.

Traditional Health Plan Options

IN-NETWORK	PPO 2000 CHOICE PLUS YOU PAY	PRIMARY ADVANTAGE 3000 EPO YOU PAY	HMO 2000 NEXUS ACO YOU PAY
Deductible (first dollar cost for covered in-network services)			
Individual / Family	\$2,000/\$4,000	\$3,000/\$6,000	Tier 1 - \$2,000/\$4,000 Tier 2 - \$2,000/\$4,000
Coinsurance (after you reach your deductible)			
Plan pays	80%	80%	Tier 1 - 80% Tier 2 - 50%
Out-of-Pocket Maximum (includes deductibles, copays, prescription costs, and coinsurance)			
Individual / Family	\$7,350/\$14,700	\$7,350/\$14,700	Tier 1 - \$7,350/\$14,700 Tier 2 - \$7,350/\$14,700
Referrals			
Referrals Required	No	No	Yes
Plan Features			
Preventive Care	100%	100%	100%
Primary Care Visits	In-Network \$30 copay/\$0 copay for children under 19	\$0 copay	Tier 1 - \$30 copay/\$0 copay for children under 19 Tier 2 - 50% after deductible
Virtual Visits	\$25 copay	\$0 copay	\$25 copay
Specialist Visits	In-Network \$45 copay/\$30 copay Premium Designated	\$100 copay	Tier 1 - \$45 copay Tier 2 - 50% after deductible
Urgent Care	\$45 copay	\$50 copay	\$45 copay
Emergency Room	\$200 copay, then plan pays 80%	\$250 copay, then plan pays 80% after deductible	\$200 copay, then plan pays 80%
Inpatient Hospital	In-Network \$250 per admission, then plan pays 80% after deductible	80% after deductible	Tier 1 - \$250 per admission, then plan pays 80% after deductible Tier 2 - \$500 per admission, then plan pays 50% after deductible
Minor diagnostic Lab, X-ray, and other office services	No Charge	80% after deductible	80% after deductible
Other Services Coinsurance	80%	80%	Tier 1 - 80% Tier 2 - 50%
Prescription Benefits			
Rx Deductible	\$0	Tier 3&4 must meet individual \$250 Rx deductible	\$0
Retail (30-day supply)	\$15/\$35/\$70	\$5/\$50/\$100	\$15/\$25/\$70
Mail Order (90-day supply)	2.5x retail copay	2.5x retail copay	2.5x retail copay
Employee Contributions (per paycheck cost for coverage)			
Employee Only	Monthly \$266.71 Bi-Weekly \$133.36	Monthly \$109.50 Bi-Weekly \$54.75	Monthly \$73.65 Bi-Weekly \$36.83
Employee + Spouse	Monthly \$900.32 Bi-Weekly \$450.16	Monthly \$505.17 Bi-Weekly \$252.59	Monthly \$436.66 Bi-Weekly \$218.33
Employee + Child(ren)	Monthly \$683.79 Bi-Weekly \$341.90	Monthly \$363.47 Bi-Weekly \$181.74	Monthly \$301.42 Bi-Weekly \$150.71
Employee + Family	Monthly \$1,038.55 Bi-Weekly \$519.28	Monthly \$593.18 Bi-Weekly \$296.59	Monthly \$510.95 Bi-Weekly \$255.48

In-network services are only shown above. Refer to the plan documents for the full plan description and out-of-network coverage details. This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.

High Deductible Health Plan (HDHP) Options

IN-NETWORK	HDHP 4000 CHOICE PLUS <i>YOU PAY</i>	HDHP 4000 CHOICE <i>YOU PAY</i>	HDHP 4000 NEXUS ACO <i>YOU PAY</i>
Deductible (first dollar cost for covered in-network services)			
Individual / Family	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
Coinsurance (after you reach your deductible)			
Plan pays	80%	80%	Tier 1 - 80% Tier 2 - 50%
Out-of-Pocket Maximum (includes deductibles, copays, prescription costs, and coinsurance)			
Individual / Family	\$6,650/\$13,300	\$6,650/\$13,300	\$6,650/\$13,300
Referrals			
Referrals Required	No	No	Yes
Plan Features			
Preventive Care	100%	100%	100%
Primary Care Visits	80% after deductible	80% after deductible	Tier 1 - 80% after deductible Tier 2 - 50% after deductible
Virtual Visits	80% after deductible	80% after deductible	80% after deductible
Specialist Visits	80% after deductible	80% after deductible	Tier 1 - 80% after deductible Tier 2 - 50% after deductible
Urgent Care	80% after deductible	80% after deductible	80% after deductible
Emergency Room	80% after deductible	80% after deductible	80% after deductible
Inpatient Hospital	80% after deductible	80% after deductible	Tier 1 - 80% after deductible Tier 2 - \$500 per admission, then plan pays 50% after deductible
Minor diagnostic Lab, X-ray, and other office services	80% after deductible	80% after deductible	80% after deductible
Other Services Coinsurance	80% after deductible	80% after deductible	Tier 1 - 80% after deductible Tier 2 - 50% after deductible
Prescription Benefits			
Rx Deductible	Combined with medical	Combined with medical	Combined with medical
Retail (30-day supply)	100% after deductible	100% after deductible	100% after deductible
Mail Order (90-day supply)	100% after deductible	100% after deductible	100% after deductible
Employee Contributions (per paycheck cost for coverage)			
Employee Only	Monthly \$80.94 Bi-Weekly \$40.47	Monthly \$49.07 Bi-Weekly \$24.54	Monthly \$0.00 Bi-Weekly \$0.00
Employee + Spouse	Monthly \$337.99 Bi-Weekly \$169.00	Monthly \$266.38 Bi-Weekly \$133.19	Monthly \$182.59 Bi-Weekly \$91.30
Employee + Child(ren)	Monthly \$186.45 Bi-Weekly \$93.23	Monthly \$132.68 Bi-Weekly \$66.34	Monthly \$80.52 Bi-Weekly \$40.26
Employee + Family	Monthly \$433.36 Bi-Weekly \$216.68	Monthly \$352.86 Bi-Weekly \$176.43	Monthly \$251.71 Bi-Weekly \$125.86

In-network services are only shown above. Refer to the plan documents for the full plan description and out-of-network coverage details. This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.

Where to Go for Care



If you need
PRESCRIPTION MEDICATIONS

Choose generic medications whenever possible to keep your medications costs lower



If you to
SEE A DOCTOR

Remember, the bigger the building, the bigger the bill. Where you go makes a big difference



If you need
AFTER HOURS CARE

For after hours care or non-life-threatening emergencies, visit a convenience care clinic or an urgent care center.



If you need
OUTPATIENT IMAGING

Visit an outpatient imaging center versus the hospital to save money when you need a CT or MRI.

	COST	APPOINTMENT NEEDED?	WAIT TIME	SEVERITY	CONDITIONS TREATED
Nurseline	NO COST	No			Minor health concerns such as cold and flu symptoms, allergies, sinus and ear infections, family health questions, rashes or skin conditions, minor burns and vaccinations.
Virtual Visit		No			
Convenience Care Clinic		No			
Primary Care Physician		Yes			Routine or preventive care, track medications and get refills, or get a referral to see a specialist
Urgency Care		No			Nausea and diarrhea, headaches, minor cuts and broken bones, back and joint pain.
Emergency Room		No			Trouble breathing, heart attack and stroke, sudden illness and serious accidents, and severe bleeding

Health Savings Account

When you enroll in a High Deductible Health Plan (HDHP), you are eligible to open a Health Savings Account (HSA) through Optum Bank to put pre-tax money aside for qualified healthcare expenses. Because your contributions are deducted pre-tax, you can save up to an estimated 25% on out-of-pocket costs.

To participate, you must meet the following requirements:

- Be enrolled in a qualified HDHP
- Not be covered by any other non-HSA qualified health plan
- Not be enrolled in Medicare
- Not eligible to be claimed as a dependent on someone else's taxes
- Not enrolled in a Health Care FSA while actively contributing to an HSA

The amount you determine to be deducted is automatically deposited into your account. Unused funds carry over from year to year and can build over time. If you leave your job, you can take the account and all the funds in it.

Contribution Limits

The 2024 IRS contribution limits are as follows:

- Individual coverage: \$4,150
- Family coverage: \$8,300

Eligible individuals aged 55 and older may contribute an additional \$1,000 annually. You have until the following year's tax filing deadline to contribute in the current plan year.

Eligible Expenses

Use your HSA funds to pay for healthcare items such as copays, prescriptions, home care, medical supplies and equipment, and other out-of-pocket expenses your insurance may not cover. You may also use these funds for dental and vision expenses, counseling, chiropractic care, physical therapy, certain OTC medications, and more. Visit [irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502) to see a complete list of IRS-qualified expenses.

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



Find it
Online
Here

<https://flimp.live/utqxm06hl>



Flexible Spending Accounts

Northside ISD offers Flexible Spending Accounts (FSAs) through Proficient Benefit Solutions. FSAs help you pay for eligible medical, dental, vision, and dependent care out-of-pocket costs by allowing you to set aside pre-tax contributions. Health Care FSA funds are available to use as of January 1st, even money you have not contributed yet. Dependent Care funds are only available as you contribute.

Employees enrolled in the HDHP + HSA may not participate in a Health Care FSA. All employees are eligible for a Dependent Care FSA.

How It Works

The amount you determine to have deducted from each paycheck is automatically deposited into your account(s). You cannot mix funds from one account to another, and you must re-enroll each year to continue funding the account(s). You may only incur expenses during the plan year you are enrolled. Unused health care amounts over \$550, and all unused dependent care funds will be forfeited, so estimate wisely.

Contribution Limits

You are responsible for monitoring the amounts deposited into your accounts not to exceed the maximum annual limits.

For 2024, the FSA contribution limits are as follows:

- Health Care FSA: \$3,050
- Dependent Care FSA: \$5,000 per household (\$2,500 if married, filing separately)

Eligible Expenses

Use your Health Care FSA funds to pay for out-of-pocket medical, dental, hearing, and vision expenses such as copays, prescriptions, supplies, appliances, and some OTC items. Visit [irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502) to see a complete list of IRS-qualified healthcare expenses.

Use Dependent Care FSA funds to pay for qualified daycare expenses for children aged 12 and younger and a spouse or an adult dependent incapable of self-care. Eligible expenses include daycare, preschool, summer day camp, elder care, and in-home aids. Visit [irs.gov/publications/p503](https://www.irs.gov/publications/p503) to see a complete list of IRS-qualified dependent care expenses.

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



Find it
Online
Here

<https://flimp.live/5vs58rpz4>



Dental



Northside ISD offers dental coverage through Humana. To find an in-network provider, go to finder.humana.com and search PPO/Traditional Preferred for DPPO providers and HS205 DHMO for DHMO providers. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

TRADITIONAL PLUS - PPO

Description

Flexible plans with low deductibles and the ability to see any dentist. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Deductible	Low	High	Platinum
Individual	\$50	\$50	\$75
Family	\$150	\$150	\$225
Calendar Year Maximum	Low	High	Platinum
	\$1,250	\$2,000	\$4,000

Coinsurance Amount

Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontic Services	50%

Orthodontic Maximum	Low	High	Platinum
	\$1,000	\$1,500	\$1,500
	Child only	Child/Adult	Child/Adult

Other Benefits

- Extended annual maximum on preventive, basic, and major
- Periodontic and endodontic services covered under major
- Three routine cleanings, exams, and x-rays per year covered under preventive
- Four periodontal cleanings per year covered under preventive
- Implants covered as major service

HS205 – DHMO IN-NETWORK ONLY

Description (ADA Code)	Co-Pay
Preventive Services	
Office Visit (D9430)	\$0
Prophylaxis - Cleaning (D1110)	\$0
Fluoride Application (D1206)	\$0
Basic Services	
Periodontal Scaling and Root Planning, Per Quadrant (D4341)	\$55
Amalgam Fillings, One Surface, Anterior (D2140)	\$5
Surgical Extraction, Erupted Tooth (D7210)	\$40
Major Services	
Root Canal - Endodontic Therapy, molar (D3330)	\$250
Crown (D2750)	\$270
Orthodontic Services	
Orthodontic Treatment (D8070) Children	\$1,900
Orthodontic Treatment (D8090) Adults	\$1,900
Other Benefits	

- No Waiting Periods
- No Claims to File
- No Annual Maximums

EMPLOYEE COST

	Low	High	Platinum	DHMO
Employee	Monthly \$27.97 Bi-Weekly \$13.99	Monthly \$31.65 Bi-Weekly \$15.83	Monthly \$38.81 Bi-Weekly \$19.41	Monthly \$10.18 Bi-Weekly \$5.09
Employee & Spouse	Monthly \$51.52 Bi-Weekly \$25.76	Monthly \$58.34 Bi-Weekly \$29.17	Monthly \$70.42 Bi-Weekly \$35.21	Monthly \$20.34 Bi-Weekly \$10.17
Employee & Child(ren)	Monthly \$50.72 Bi-Weekly \$25.36	Monthly \$57.41 Bi-Weekly \$28.71	Monthly \$71.55 Bi-Weekly \$35.78	Monthly \$22.89 Bi-Weekly \$11.45
Family	Monthly \$78.38 Bi-Weekly \$39.19	Monthly \$88.74 Bi-Weekly \$44.37	Monthly \$108.84 Bi-Weekly \$54.42	Monthly \$34.07 Bi-Weekly \$17.04

* Benefits shown are for in-network services only. See your summary of benefits for coverage details.

Vision



Northside ISD offers vision coverage through VSP on the VSP Enhanced Advantage network. The vision plan allows you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and file a claim for reimbursement.

To find in-network providers, visit www.vsp.com and enter your search criteria. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

	IN-NETWORK <i>YOU PAY</i>	OUT-OF-NETWORK
Copays		
Eye Exam	\$20 copay	\$45
Materials Copay	\$0 copay	N/A
Plan Features		
Lenses		
Single Vision	Covered in full	\$50
Bifocal	Covered in full	\$60
Trifocal	Covered in full	\$80
Lenticular	Covered in full	\$100
Featured Frame Brand Allowance <small>(frames and contacts allowed in the same year)</small>	\$190 allowance, 20% off overage	\$85
Visionworks Frame Allowance <small>(frames and contacts allowed in the same year)</small>	\$190 allowance, 20% off overage	
Frame Retail Allowance <small>(frames and contacts allowed in the same year)</small>	\$140 allowance, 20% off overage	
Walmart/Sam's Club Frame Allowance <small>(frames and contacts allowed in the same year)</small>	\$140 allowance, 20% off overage	
Costco Frame Allowance	\$75 allowance	
Elective Contact Lens Materials	\$140 allowance	\$100
Contact Lens Exam <small>(Fitting, Evaluation & Follow-up)</small>	\$0 copay	
Necessary Contacts <small>(Fitting & Evaluation and Materials)</small>	Covered in Full after copay	\$250
Employee Contributions		
Employee Only	Monthly \$6.39 / Bi-Weekly \$3.20	
Employee + Spouse	Monthly \$12.80 / Bi-Weekly \$6.40	
Employee + Child(ren)	Monthly \$15.98 / Bi-Weekly \$7.99	
Employee + Family	Monthly \$18.46 / Bi-Weekly \$9.23	

Can get contact lenses and frame in the same year.

Basic Employee Life Insurance and AD&D



Northside ISD provides eligible employees with Basic Life and AD&D insurance through The Standard and pays for the full cost of coverage

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: \$50,000 (no imputed income (tax liability) to employee) OR \$80,000 (\$50,000 tax free / \$30,000 imputed income based on IRS age rate tables)

Ensuring your beneficiary designation is correct at enrollment and throughout the year is essential. Log in to bswift or contact your assigned benefits specialist to update your information at any time during the year.

Supplemental Voluntary Life

Northside ISD employees can supplement their company-paid Basic Life insurance by purchasing additional coverage through The Standard. In addition, you may purchase coverage for a spouse and child(ren) after electing coverage for yourself.

The Guarantee Issue (GI) amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. If you elect an amount above the GI limit or wish to increase your benefit amount at a future date, the coverage amount over the GI level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. For full details, refer to the Certificate of Coverage.

You may purchase the following amounts for yourself and your dependents. **Refer to bswift to calculate your coverage cost.**

NEW Whole Life

Whole life insurance is life insurance you own, even when you change jobs or retire. Purchasing whole life insurance, may be a great supplement to your employer-offered plan because it protects your loved ones for your entire life, not just while you're working. Permanent coverage enabling you to take it with you when you change jobs or retire.

Enroll for up to \$1,000,000 of coverage without answering any medical questions. (If enrolling after this initial offer the guaranteed issue amount is subject to Evidence of Insurability). A maximum of \$5M with EOI

Provides protection during working years and in retirement.

Accelerated Death Benefit for Chronic Illness rider pays 5% per month (up to a maximum of 80%) of your Life Insurance proceeds (with the balance payable upon final claim).

- Accelerated Death Benefit for Terminal Illness rider pays up to 80% of the death benefit amount (with the balance payable upon final claim).
- Coverage Spouse/domestic partner and dependent children
- Up to \$25k for spouse and \$10k for child(ren)

Refer to bswift to calculate your coverage cost.

Supplemental Life & AD&D

EMPLOYEE	SPOUSE	CHILD
Choice of 1-5X Annual Earnings, in increments of 0.5, to a maximum of \$1,500,000 Guarantee Issue: \$300,000	Increments of \$5,000, \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, to a maximum of \$50,000 Guarantee Issue: \$50,000	Live Birth and older: \$5,000 or \$10,000 Guarantee Issue: All amounts
PRODUCT	RATE	RATE MODE
Supplemental Employee Life	\$0.220	Per \$1000
Supplemental Employee AD&D	\$0.016	Per \$1000
Spouse Life	\$0.404	Per \$1000, elective
Spouse AD&D	\$0.019	Per \$1000, elective
Child Life	\$1.420	Per Member, elective
	\$2.850	
Child AD&D	\$0.014	Per Member, elective
	\$0.028	

VOLUNTARY LIFE PREMIUM CALCULATION

Enter desired coverage amount	\$ _____
Enter weekly premium amount from table	\$ _____
Multiply premium amount by 52	\$ _____
Divide by your appropriate pay periods (12 or 26)	\$ _____

Worksite Benefits



Northside ISD offers employees the option to purchase supplemental worksite benefits voluntarily provided through The Standard.

In addition, you have the option to cover your spouse and child(ren) after electing coverage for yourself. The premiums for elected benefits are deducted from your paycheck. Your cost for coverage can be calculated when making your benefit elections on bswift.

NEW Voluntary Hospital Indemnity

A hospital admission can result in significant financial hardship. You may have a large deductible to meet in addition to other hospital-related charges for surgery, anesthesia, radiology, and more. A Hospital Indemnity policy provides a lump sum cash benefit paid directly to you to help offset those expenses not covered by your major medical insurance. Reimbursement increases with the number of days you are hospitalized. Refer to the Certificate of Coverage for more information about pre-existing condition limitations, covered services, and other limitations and exclusions.

Wellness Benefit
 A \$50 annual Health Screening Benefit is included in both **Voluntary Hospital and Accident** premiums for each covered member for a variety of preventative health measures.

EMPLOYEE COST

Employee	Monthly \$9.54 / Bi-Weekly \$4.77
Employee and Spouse	Monthly \$16.32 / Bi-Weekly \$8.16
Employee and Child(ren)	Monthly \$13.87 / Bi-Weekly \$6.94
Employee and Family	Monthly \$24.40 / Bi-Weekly \$12.20

Voluntary Accident

Where most medical plans only pay a portion of the bills, Accident insurance can help pick up where other insurance leaves off. This policy provides a cash benefit to cover expenses if you or a covered dependent experience an eligible event.

Employees can choose between two plans to receive reimbursement for covered services, including:

- Hospital/ICU admission
- Emergency transportation and care
- Fractures, burns, lacerations, and more

EMPLOYEE COST

	SELECT	ENHANCED
Employee	Monthly \$4.96 / Bi-Weekly \$2.48	Monthly \$7.36 / Bi-Weekly \$3.68
Employee and Spouse	Monthly \$9.78 / Bi-Weekly \$4.89	Monthly \$14.97 / Bi-Weekly \$7.49
Employee and Child(ren)	Monthly \$10.15 / Bi-Weekly \$5.08	Monthly \$15.21 / Bi-Weekly \$7.61
Employee and Family	Monthly \$12.74 / Bi-Weekly \$6.37	Monthly \$18.87 / Bi-Weekly \$9.44

Voluntary Critical Illness



Critical Illness insurance pays a lump sum cash benefit when you or a covered family member is diagnosed with a serious illness, such as a heart attack, stroke, major organ failure, or cancer. You may use this benefit in any way you choose to pay for expenses that are not medical but have occurred due to the diagnosis, such as lost wages, family care, rehabilitation, or transportation. The plan may also offer a health screening benefit. Benefits are paid to you regardless of any additional coverage you may have.

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.

EMPLOYEE	SPOUSE	CHILD
<p>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.</p>	<p>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.</p>	<p>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.</p>

ANNUAL RATE PER \$1,000

PREMIER - PLAN 4		
AGE BAND	NON-TOBACCO	TOBACCO
18-29	\$3.36	\$3.48
30-39	\$4.80	\$5.64
40-49	\$9.36	\$13.56
50-59	\$18.36	\$32.16
60-69	\$32.52	\$65.52
70+	\$86.76	\$152.88

To convert annual rates to deductions, multiply by units of coverage, divide by the number of deductions per year and round to the nearest penny.

NEW

Disability Insurance



Whether you are disabled and unable to work due to an accident or illness, Northside ISD offers both Short and Long-Term Disability benefits options through The Standard. Disability is insurance for your paycheck should you become disabled due to an off-the-job injury or illness. This coverage will provide a percentage of your salary once you satisfy the waiting period. Refer to the Plan Summaries for details.

NEW! Voluntary Short-Term Disability

Northside ISD offers Short-Term Disability (STD) insurance. After a 7-day waiting period, the benefit would pay 60% of your monthly pre-disability earnings to a maximum of \$1,500 per week.

RATE: PER \$100 OF BENEFIT

AGE (AS OF JANUARY 1)	RATE
0-24	\$9.02
25-29	\$9.02
30-34	\$9.60
35-39	\$5.45
40-44	\$3.43
45-49	\$3.48
50-54	\$3.67
55-59	\$4.67
60-64	\$5.93
65-69	\$5.93
70-99	\$5.93

NEW! Voluntary Long-Term Disability

Northside ISD offers employees the option to purchase Long-Term Disability (LTD) in addition to company-paid Short-Term Disability. After a 180-day waiting period, the benefit would pay 60% of your monthly pre-disability earnings to a maximum of \$15,000 per month until you no longer meet the definition of disability or reach the Social Security Normal Retirement Age (SSNRA).

RATE: PER \$100 OF BENEFIT

AGE (AS OF JANUARY 1)	RATE
0-24	\$0.127
25-29	\$0.188
30-34	\$0.360
35-39	\$0.605
40-44	\$0.710
45-49	\$0.710
50-54	\$0.710
55-59	\$0.853
60-64	\$1.373
65-69	\$1.504
70-99	\$1.777

Your cost for coverage can be calculated on bswift when you make your benefit elections.

Disability Insurance

STD PREMIUM CALCULATION

Divide annual salary by 52	_____
Multiply by 60% (If this number is greater than \$1,500, enter \$1,500) = max weekly benefit	_____
Divide by 10	_____
Multiply by your age banded rates	_____
Multiply by 12 (months)	_____
Divide by your appropriate pay periods (12 or 26)	_____

LTD PREMIUM CALCULATION

Divide annual salary by 12 (If this number is greater than \$15,000, enter \$15,000) = max monthly benefit	_____
Divide by 100	_____
Multiply by your age banded rate	_____
Multiply by 12 (months)	_____
Divide by your appropriate pay periods (12 or 26)	_____

DISABILITY	SHORT-TERM	LONG-TERM
Waiting Period	7 days Accident/Sickness	180 days
Percentage of Salary Replaced	60% of weekly earnings	60% of monthly earnings
Maximum Benefit	\$1,500/week	\$15,000
Benefits Payable	Up to 25 weeks	End of disability or normal Social Security retirement age

This is meant to be a brief summary only. For full plan details refer to the SPD.



NEW

Pet Insurance



A MetLife Pet Insurance plan helps cover the costs when unexpected accidents or illnesses occur, so nothing gets in the way of caring for your pet when they need it most.

- Flexible insurance plans that can cover the entire pet family with no breed exclusions
- Freedom to visit any U.S. veterinarian and reimbursement up to 90% of the cost of services
- Family plans covering multiple cats and dogs on one policy
- 24/7 access to Telehealth Concierge Services for immediate assistance
- Coverage of previously covered pre-existing conditions when switching providers
- Essential Needs
- Cancer, diabetes
- Hip dysplasia
- Sophisticated Care
- Laser Therapy
- Holistic Care

Contact MetLife for a pet quote.

Cancer



A benefit that can help reduce financial strain on you and your family. Employees receive a payout upon a verified cancer diagnosis.

- Choose from 3 plan options: \$10,000, \$20,000 & \$30,000. Guaranteed Issue
- For invasive cancers, covers 100%
- For early-stage non-invasive cancers, covers 25%
- For skin cancer, covers 5%, but not less than \$250.
- 100% recurrence benefit for invasive and non-invasive cancers
- All benefits are portable to support your employees' long-term health and wellness – with the same benefits as active employees.
- Second Option benefit if covered person receives a second option at an evaluation.
- Waiver of premium if disabled 90 days or more.

Wellness Benefit
 A \$100 annual Health Screening Benefit and a \$200 Mammogram Benefit is included the premiums for each covered member for a variety of preventative health measures.

COVERAGE AMOUNT	EMPLOYEE ONLY	EMPLOYEE + SPOUSE AND CHILD(REN)
\$10,000	Monthly \$9.40 / Bi-Weekly \$4.70	Monthly \$17.30 / Bi-Weekly \$8.65
\$20,000	Monthly \$18.80 / Bi-Weekly \$9.40	Monthly \$34.60 / Bi-Weekly \$17.30
\$30,000	Monthly \$28.20 / Bi-Weekly \$14.10	Monthly \$51.90 / Bi-Weekly \$25.95

Legal Assistance Plan



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

BASE PLAN	The FamilyADVISOR with LegalGUARD Gold + Plan (Paid in Full Divorce)	Monthly \$15.53 Bi-Weekly \$7.77
BUY-UP PLAN	The FamilyADVISOR with LegalGUARD Gold + Plan with Parent Plus Package	Monthly \$21.13 Bi-Weekly \$10.57

Legal Plan

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

LegalEASE benefits offer:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- Identity monitoring and additional benefits through Experian

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

- Home & residential
- Financial & consumerism
- Estate planning & wills
- Auto & traffic
- Family concerns
- General consultations

To view specific plan details, visit www.legaleaseplan.com/northside-isd.

Employee Assistance Program



All employees enrolled in medical are automatically provided access to UnitedHealthcare's Employee Assistance Program at no cost. The program is a confidential resource available 24/7/365 to help you deal with a variety of life stages and concerns, including:

- Depression, stress, and anxiety
- Relationship difficulties
- Financial and legal advice
- Family issues and parenting
- Child and elder care support
- Dealing with domestic violence
- Substance abuse and recovery
- Work-related issues
- Loss and grief
- Eating disorders

The program includes many resources including phone or video consultations with a licensed counselor. Call 844-554-9709 or visit www.myuhc.com for assistance or to learn more about the benefits offered to you.

Additional Benefits



Financial Health & Coaching Tools

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.

LOLA Grief Counseling



LOLA is a Confidential Resource to help NISD employees suffering through a life transition, major diagnosis or loss of a loved one.

Your NISD benefit provides 3 hours of consultative resources to assist with planning and execution of services.

Please consult your assigned Benefit Specialist for more details.



Retirement Plans

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.texas.gov.

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.

How to Enroll



Our benefits portal, bswift, enables you to make your benefit elections whenever and wherever it is most convenient. This site will guide you, step-by-step, through the enrollment process. For each benefit, you will be able to review your choices, if applicable, select your coverage level, and include any dependents you want to cover for that benefit.

Follow the steps below to log in and make your benefit elections:

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



Important Notices

A printed copy of the full versions of the below notices, along with the plan summaries, can be obtained from Human Resources or by logging in to bswift.

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice describes a group health plan's special enrollment rules, including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

COBRA – FIRST NOTICE OF COBRA RIGHTS

This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether their prescription drug coverage is at least as good as the Medicare Part D coverage.

MEDICAL PRE-TAX PREMIUMS PLAN

Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standard for reward or if it is medically inadvisable for you to attempt to achieve the standard for a reward under your employer's wellness program, please contact your employer's Human Resources representative to develop another way for you to qualify for the wellness program reward.

YOUR RIGHTS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance, and/or deductible.



The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors accurately are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.

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