SAISD

2021 EMPLOYEE BENEFITS

SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

BENEFIT CONTRACT INFORMATION

COMPANY	BENEFIT	PHONE	WEBSITE
AETNA	Concierge Line (Medical & Dental)	1-855-222-0613	www.aetna.com
	Critical Illness	1-888-772-9682	
	Hospital Indemnity	1-888-772-9682	
	Employee Assistance Program (EAP)	1-888-238-6232	www.resourcesforliving.com Username: SAISD Password: EAP
PCARx	Pharmacy	1-855-882-7499	info@pcarx.com
RediMD	Telemedicine	1-281-633-0148	www.redimd.com Code to register: SAISD
QPIC/HealthTexas	Same Day Appointments	1-210-572-8890	
PayFlex	HSA, FSA & Dependent Care	1-844-729-3539	www.payflexdirect.com
VSP	Vision	1-800-877-7195	www.vsp.com
SECURIAN	Accident Insurance	1-888-658-0193	www.securian.com/benefits
	Voluntary Life (Term Life Insurance)	1-866-365-2374	
UNUM	Disability	1-800-858-6843	
Teacher Retirement System (TRS)		1-800-223-8778	www.trs.texas.gov

HUMAN RESOURCES OFFICE OF EMPLOYEE BENEFITS, RISK MANAGEMENT & SAFETY

Director	Lorena Rios	210-554-8669	
Risk Manager		210-554-8540	
Administrative Secretary	Cris Mora	210-554-8669	Benefit changes, Eligibility, Life Ins claims
Occupational Health & Safety (OH&S) Specialists	Roy Laughlin	210-554-8544 rlaughlin1@saisd.net	Assigned by campus/dept
	Tywanda Walker	210-554-8545 twalker2@saisd.net	Assigned by campus/dept
	Evangelina Moran	210-554-8543 emoran1@saisd.net	Assigned by campus/dept
Front Desk Clerk	Belen Sanchez	210-554-8540 bsanchez4@saisd.net	Leave of Absence, Workers' Compensation, Safety & Retirement
Worker's Compensation/ Leave of Absence Specialist/Retirement	Maria Angie Perez	210-554-8667 mperez24@saisd.net	Leave of Absence Administration, Modified Duty, Unemployment Benefits
Leave of Absence Specialist (A-I)	Karla Delgado-Gomez	210-554-8617 kdelgadogomez1@saisd.net	Leave of Absence Processing (A-I)
Leave of Absence Specialist (J-Q)	Denise Martinez	210-554-8670 dmartinez26@saisd.net	Leave of Absence Processing (J-Q)
Leave of Absence Specialist (R-Z)	Lorraine Herrera	210-554-8668 lherrera6@saisd.net	Leave of Absence Processing (R-Z)
Benefits Department Clerk	Stephanie Pereida	210-554-8662 spereida2@saisd.net	NEO & Benefit Enrollments, Qualifying Events
Benefits Administrative Clerk	Paula Cantu	210-554-8664 pcantu1@saisd.net	NEO & Benefit Enrollments, Qualifying Events
Senior Benefit Specialist	Maria Cordova	210-554-8673 mcordova2@saisd.net	Health & Ancillary Benefits, Ancillary Benefit Billing Reconciliations, Qualifying Events
Senior Payroll Clerk HR	Hazel Givens	210-554-8665 hgivens@saisd.net	Eligibility, Benefits & Health Insurance Premium & Billing Reconciliation
Dedicated Aetna Representative	Sonja Rogers	210-554-8660 RogersS6@aetna.com	Wellness Coordinator
Aetna	Concierge Line	1-855-222-0613	Claims & Billing
Retirement Fax: 210-228-3196	Benefits eFax: 210-228-3170	Leave of Absence eFax: 210-228-3145	OH&S eFax: 210-228-3107

QUALIFYING EVENT

Each year during annual open enrollment, you elect your benefit coverage for the coming year. Once you have enrolled, you may not change your benefit coverage unless you have a "qualifying event" as listed below:

Change in family status such as:

- Marriage, divorce or legal separation
- Death of a spouse or dependent child
- Birth or adoption of a child, or change in custody of a child
- Loss of employment by employee, spouse or dependent and ineligibility of a dependent child (i.e. a child reached the age limit under the plan or is no longer eligible as a dependent
- Gained health insurance elsewhere

Change in your employment status causing a gain or loss of coverage for you and/or your dependents such as:

- Returning from an unpaid leave of absence (medical, dental and vision only)
- Reduction in work hours

Other changes resulting in a gain or loss of coverage for you and/or your dependents such as:

- Spouse and/or your dependent child enrolls in or makes changes to benefits ruing his/her open enrollment period
- Gain or loss of eligibility for Medicare/Medicaid for yourself, spouse or dependent child

Unless you experience one of these changes in family status, you may not drop your insurance for that benefit year. ***You must provide the appropriate documentation and complete a benefit change from within 30 days of the qualifying event change in order to make changes.*** *The change to your enrollment will take effect the date of the event.*

Modification of Benefits

SAISD reserves the right to eliminate or modify any of the benefits offered under its health plans. Such changes will also become effective for individuals enrolled under the continuation of coverage provision.

"COBRA" CONTINUATION OF GROUP HEALTH COVERAGE

SAISD offers the option to continue health coverage to the following individuals whose coverage would otherwise cease due to the qualifying events described:

1. An employee (and eligible dependents) whose employment status is either changed or terminated, either voluntary or involuntary, as long as the reason was not for gross misconduct.
2. A reduced hour employee (and eligible dependents) when the hours worked no longer meet the requirements of the Plan.
3. A surviving spouse (and eligible dependents) of an employee who dies while covered under the Plan.
4. A spouse (and eligible dependents) of an employee who is eligible for Medicare.
5. A divorced or legally separated spouse (and eligible dependents) of a covered employee.
6. A dependent child who no longer meets the eligibility requirements of the Plan.

Dependent Coverage Option

Coverage for eligible dependent(s) may be continued if such coverage would otherwise cease due to the events described above. If dependent coverage is desired, please indicate this when enrolling.

Dependents that were not covered on the day before the qualifying event described above are not eligible for continuation of coverage.

Enrollment Deadline

The option to continue coverage must be exercised within sixty (60) days from the date of the qualifying event. All qualifying individuals must complete and submit an application for continuation of health coverage within the sixty (60) day election period. Contact the Employee Benefits Department at (210) 554-8660 if you have any questions or have not received your COBRA election enrollment packet.

Cost of Continued Coverage

The cost of this continued coverage is paid entirely by the individual electing such coverage. Rates are established each year and are subject to change annually or when necessary due to a change in overall plan costs, benefit modification or legislative changes.

When Coverage Ends

Continued coverage will end on the earliest of the following:

- Maximum Period—Continued coverage for individuals described in 1 and 2 above may be elected for a maximum period of eighteen (18) months from the last day of benefit coverage. The maximum period of continued coverage for continued coverage for those individuals described in 3, 4, 5 and 6 above is thirty-six (36) months from the date of the qualifying event.
- Other Group Insurance or Medicare Eligibility—Continued coverage for any person ends when that person becomes covered under any other group health plan or becomes eligible for Medicare benefits. However, if the new coverage contains any exclusion or limitation with respect of any pre-existing condition of the beneficiary, then this coverage does not end the continuation coverage period.
- Failure to Make Required Payment—Continued coverage ends if required payment is not made when due. Coverage cancelled because of failure to make payment when due will not be reinstated for any reason.
- End of Plan—While SAISD does not presently intend to do so, SAISD reserves the right to terminate its health plans at any time, which would result in the termination of any continued coverage.

OVERVIEW OF BENEFIT OPTIONS

BENEFIT	COVERAGE OPTIONS AND/OR FURTHER INFORMATION	SEE PAGE:
Medical (if adding dependents; marriage certificates, birth certificates and social security cards will be required)	HDHP EPO PPO	7
Health Savings Account (HSA) Flexible Savings Account (FSA) Dependent Care	IRS Max: $3,600-$7,200 IRS Max: $2,750 IRS Max: $5,000	10
Hospital Indemnity	$1,000 option $1,500 option	11
Dental	PPO	12
Vision	Basic Enhanced	13
Term Life (Voluntary Life)	Supplemental Employee Dependent Spouse Dependent Child	14
Disability	Max Benefit: 66 2/3% of salary	15
Accident	Level 1-4	16
Critical Illness	$5,000-$30,000	17
TCG 403/457		18
Reporting on Injuries		19
Safety Matters		20
Employee Assistance Program (EAP)		21
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San Antonio ISD - 2021 Benefits and Employee Contributions

	HDHP ACO		EPO ACO		PPO ACO/OON		
Network Access	**Baptist**	*All other Aetna*	**Baptist**	*All other Aetna*	**Baptist**	*All other Aetna*	Out of Network
Calendar Year Deductible							
Individual	$3,200	$5,000	$2,000	$4,200	$1,000	$2,500	$3,000
Family	$5,700	$10,000	$4,000	$8,400	$2,000	$5,000	$6,000
Coinsurance Percentage	Plan pays 85% You pay 15%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 90% You pay 10%	Plan pays 70% You pay 30%	Plan pays 60% You pay 40%
Out-of-Pocket Maximum							
Individual (includes deductible)	$5,500	$6,850	$4,500	$7,900	$2,500	$6,500	$8,900
Family (includes family deductible)	$11,000	$13,700	$9,000	$15,800	$5,000	$13,000	$17,800
Physician Office Visits							
Primary Care	15% after Deductible	40% after Deductible	$10 Copay $0 Copay (thru age 18)	$25 Copay $0 Copay (thru age 18)	$10 Copay $0 Copay (thru age 18)	$25 Copay $0 Copay (thru age 18)	40% after Deductible
Specialist Care			$45 Copay	$60 Copay	$45 Copay	$55 Copay	
Wellness Visit Preventive Care	100%	40% after Deductible	100%	40% after Deductible	100%	100%	40% after Deductible
Urgent Care	15% after Deductible	40% after Deductible	$40 Copay	40% after Deductible	$40 Copay	$40 Copay	40% after Deductible
Emergency Room Visit	15% after Deductible	40% after Deductible	$250 Copay (hospital setting) $500 Copay (free standing ER)		$250 Copay (hospital setting) $500 Copay (free standing ER)		
Hospital Inpatient	15% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible	10% after Deductible	30% after Deductible	40% after Deductible
Hospital Outpatient	15% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible	10% after Deductible	30% after Deductible	40% after Deductible
Pharmacy Benefits - PCA RX							
Pharmacy: PCA RX **855-882-7499** **info@pcarx.com**	30 & 90 day retail supply (Out of Network- Not Covered)		30 & 90 day retail supply (Out of Network- Not Covered)		30 & 90 day retail supply (Out of Network- Not Covered)		
30 days Supply @ Retail	$0 Generic @ HEB 20% after Deductible		$0 Generic @ HEB $10 / $25 / $50 all other pharmacies		$0 Generic @ HEB $10 / $25 / $50 all other pharmacies		
90 days Supply @ Retail	20% after Deductible		$20 / $50 / $100		$20 / $50 / $100		
90 days Supply Mail Order	$0 Generic @ 4URX email: info@4urx.com		$0 Generic @ 4URX email: info@4urx.com		$0 Generic @ 4URX email: info@4urx.com		
Specialty	50% up to $100		50% up to $100		50% up to $100		
Monthly Employee Contributions							
	2020	2021	2020	2021	2020	2021	
	EE Mo. Contributions		EE Mo. Contributions		EE Mo. Contributions		
Employee Only	$32.00	$32.70	$68.00	$69.50	$225.65	$230.61	
Employee+Spouse	$253.79	$259.37	$350.46	$358.17	$670.45	$685.20	
Employee+Child(ren)	$137.33	$140.35	$237.31	$242.53	$497.18	$508.12	
Employee+Family	$673.07	$687.88	$724.32	$740.26	$1,318.66	$1,347.67	

IMPORTANT: *For illustrative purposes only; review plan document for full details.*

Welcome to PCA Rx!

Effective January 1, 2021 – You will have a new pharmacy benefit manager and will receive new medical ID cards!

PCA Rx POWERED BY ONEARK

SAISD SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

NEW RX & PHARMACY FEATURES:

1

FREE GENERIC MEDICATIONS!

$0 COPAY for 30 day supply Generics at any HEB Pharmacy!

H-E-B PhaRxmacy

2

Specialty Prescriptions:
The Advocacy Team will be reaching out to any individuals using a specialty RX on the plan in early December. Our goal is to ensure there is no disruption in delivery for when this plan goes into effect on January 1st.

3

Full Concierge Pharmacy Advocacy Team:

ALWAYS PREPARED TO ANSWER YOUR QUESTIONS

- ✓ Rx Home Delivery
- ✓ Pharmacy Needs
- ✓ Benefits
- ✓ Plan Design
- ✓ Formulary
- ✓ Coverage
- ✓ Services
- ✓ Network

855-882-7499
info@pcarx.com
www.pcarx.com

4

Concierge Pharmacy / Mail Order Rx through 4URx!

Offering a new enhanced benefit:
$0 COPAY for 90 day Generics through Mail Order!

4URx

Transfer your prescriptions to home delivery:

- Call 888-708-4879
- Fax 223-207-0450
- Email info@4urx.com

Questions? – The Office of Employee Benefits 210-554-8660
-- Aetna Concierge Team 855-222-0613

2021 Prescription Information

PCA RX
POWERED BY ONEARK

H-E-B PhaRxmacy

$0 copay for 30 day Generics

1. South Flores Market H-E-B
   516 S FLORES STREET
   SAN ANTONIO, TX 78204-1217
2. Nogalitos H-E-B
   1601 NOGALITOS
   SAN ANTONIO, TX 78204-2427
3. Commerce and Rosillo H-E-B
   108 N ROSILLO
   SAN ANTONIO, TX 78207-3706
4. New Braunfels and Houston H-E-B
   415 N. NEW BRAUNFELS
   SAN ANTONIO, TX 78202-3050
5. El Mercado H-E-B
   2130 CULEBRA
   SAN ANTONIO, TX 78228-6308
6. Las Palmas H-E-B
   721 CASTROVILLE RD
   SAN ANTONIO, TX 78237-3134

7. McCreless Market H-E-B plus!
   4100 SOUTH NEW BRAUNFELS
   SAN ANTONIO, TX 78223-1717
8. Olmos Park H-E-B
   300 OLMOS DRIVE
   SAN ANTONIO, TX 78212-1958
9. Deco District H-E-B
   2118 FREDERICKSBURG RD
   SAN ANTONIO, TX 78201-4407
10. Military and Pleasanton H-E-B
    735 SW MILITARY
    SAN ANTONIO, TX 78221-1642
11. Zarzamora and Military H-E-B plus!
    6818 SOUTH ZARZAMORA
    SAN ANTONIO, TX 78224-1136
12. W. W. White H-E-B
    1015 S.W.W. WHITE ROAD
    SAN ANTONIO, TX 78220-2530
13. Lincoln Heights Market H-E-B
    999 EAST BASSE ROAD
    SAN ANTONIO, TX 78209-1804
14. San Pedro and Oblate H-E-B
    6839 SAN PEDRO
    SAN ANTONIO, TX 78216-7202
15. Military and Goliad H-E-B
    3323 SE MILITARY DR.
    SAN ANTONIO, TX 78223-3814
16. Austin Highway H-E-B
    1520 AUSTIN HWY
    SAN ANTONIO, TX 78218-6039
17. Oak Park H-E-B
    1955 NACOGDOCHES
    SAN ANTONIO, TX 78209-2217
18. West Ave and Jackson Keller H-E-B
    6000 WEST AVENUE
    SAN ANTONIO, TX 78213-2714
19. Marketplace H-E-B
    5601 BANDERA ROAD
    SAN ANTONIO, TX 78238-1986
20. H-E-B Pharmacy at the MARC
    8300 FLOYD CURL DR.STE 105
    SAN ANTONIO, TX 78229-3931

Create better solutions. Create healthier outcomes.

pcarx.com 855-882-7499 info@pcarx.com

PAYFLEX HEALTH SAVINGS ACCOUNT

2021 IRS Annual Maximum Contributions:

Individual Coverage	**$3,600**
Family Coverage	**$7,200**

- If you are enrolled in a Qualified High– Deductible Heath Plan (HDHP), you may establish a tax-exempt Health Savings Account with your own funds.
- A Health Savings Account can be used to pay for eligible medical expenses, deductibles, co-insurance, prescriptions, vision, and dental care.
- Balances roll over from year to year and the amount is portable. You cannot contribute to Health Savings Account if you are enrolled in another non-qualified medical plan through your spouse/partner's employer or Medicare through the Hospital Indemnity plan.
- Employee not to exceed the IRS Annual Maximum listed below. Only funds in your account are available for the reimbursement. If you are 55 or older, you can contribute an extra $1,000 a year.
- Employee contribution only.
- Effective Date: 1-1-21

PAYFLEX FLEXIBLE SAVINGS ACCOUNT

2021 IRS Annual Maximum Contribution: $2,750*
***2021 Contribution amounts subject to government approval in Nov/Dec 2020.**

A Flexible Spending Account (FSA) allows you to set aside dollars on a pre-tax basis to pay for eligible medical, dental, vision, and some over-the-counter expenses.

- Such expenses may include co-pays, coinsurance, deductibles, dental & vision expenses, and prescriptions.
- Plan runs by calendar year and all eligible claims must be "incurred" during plan/calendar year.
- Funds must be used by the end of the calendar year or you will lose your accumulated funds.
- No deduction November 1st - December 31st

PAYFLEX DEPENDENT CARE SAVINGS ACCOUNT

2021 Annual Maximum Contribution: $5,000

- A Dependent Care Spending Account allows you to set aside dollars on a pre-tax basis to pay for eligible child and adult care expenses.
- Such expenses may include: Day care, Before and After School Care, Preschool and Nursery School, and Summer Day Camp.
- Funds are for your dependent(s) age 13 or younger. Funds may also be used for a spouse or dependent incapable of self-care.
- Funds must be used by the end of the calendar year or you will lose your accumulated funds.

AETNA HOSPITAL INDEMNITY

This provides benefits if you or a covered dependent are *admitted* to the hospital as an inpatient.

Benefits are provided for Inpatient Hospital Stays ("Stays") only. A Stay is a period during which you become an inpatient. Inpatient means that you are confined to a hospital room due to your sickness or injury for 24 or more consecutive hours. Confinement to include a hospital, non-hospital residential facility, hospice facility, skilled nursing facility or rehabilitation facility; and are charged for room, board, and general nursing services. A Stay does not include time in the hospital because of custodial or personal needs that do not require medical skills or training. A Stay specifically excludes time in the hospital for observation or in the emergency room unless this leads to a stay.

Lump - sum benefit

- $1,000 or $1,500 for the initial day of one covered inpatient hospital stay, when stay begins during the plan year; plus

Daily benefit

- $100 per day for covered inpatient hospital stays
- Additional $100 per day for Intensive Care Unit (ICU)for up to 30 days of an inpatient hospital stay

Eligibility Options	Plan $1,000	Plan $1,500
Employee Only	$14.33	$18.91
Employee & Child(ren)	$22.93	$30.25
Employee & Spouse	$30.09	$39.70
Employee & Family	$35.82	$47.62

This plan has a pre-existing condition exclusion. If you have a medical condition before enrolling, you must wait a certain period of time before the plan will provide coverage for that condition. Pregnancies are considered pre-existing if conceived date is prior to the start date of coverage.

Your oral health is important. SAISD offers an Aetna PPO that covers your preventative services at 100%.

Coverage Type	**In-Network**	**Out-of-Network**
Preventive Services—Cleanings, X-rays and Oral Examinations	100%	100%
Basic Services—Fillings, Routine Extractions, Oral Surgery, Periodontics, Endodontics (Root Canals)	80% after you meet the Annual Deductible	80% after you meet the Annual Deductible
Major Services—Bridges, Crowns, Implants, Inlays and Dentures	50% after you meet the Annual Deductible	50% after you meet the Annual Deductible
Deductible	**In-Network**	**Out-of-Network**
Individual	$50	$50
Family	$150	$150
ANNUAL MAXIMUM BENEFIT		
Per Person	$1,500	$1,500
ORTHODONTIA LIFETIME BENEFIT		
Per Person	50% after you meet the $50 lifetime deductible Lifetime Maximum: $1500 after deductible *Coverage for children to age 20	

Eligibility Options	**Premium**
Employee Only	$5.00
Employee & Spouse	$33.45
Employee & Child(ren)	$42.97
Employee & Family	$57.73

Eligibility Option	Base	Enhanced
Employee Only	$4.59	$8.63
Employee & Spouse	$8.27	$15.53
Employee & Child(ren)	$8.44	$15.87
Employee & Family	$12.78	$24.01

Basic Plan

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
	YOUR COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	• Focuses on your eyes and overall wellness	$10	Every calendar year
PRESCRIPTION GLASSES		$25	See frame and lenses
FRAME	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% savings on the amount over your allowance • $70 Walmart® frame allowance	Included in Prescription Glasses	Every other calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	• Standard progressive lenses • Scratch-resistant coating • Premium progressive lenses • Custom progressive lenses	$0 $0 $95 - $105 $150 - $175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $25	Every calendar year
DIABETIC EYECARE PLUS PROGRAM	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	$20	As needed
EXTRA SAVINGS	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			

Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Enhanced Plan

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
	YOUR COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	• Focuses on your eyes and overall wellness	$10	Every calendar year
PRESCRIPTION GLASSES		$25	See frame and lenses
FRAME	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% savings on the amount over your allowance • $70 Walmart® frame allowance	Included in Prescription Glasses	Every calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	• Standard progressive lenses • Polycarbonate lenses • Scratch-resistant coating • Premium progressive lenses • Custom progressive lenses	$0 $0 $0 $95 - $105 $150 - $175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $25	Every calendar year
DIABETIC EYECARE PLUS PROGRAM	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	$20	As needed
EXTRA SAVINGS	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			

Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

San Antonio Independent School District pays for a $25,000 life insurance for eligible employees. You may elect additional Supplemental Life and Accidental Death & Dismemberment (AD&D) coverage for yourself and your dependents.

Basic Coverage (automatically enrolled)		
Basic term life and AD&D	$25,000	Includes matching AD&D Benefit
Optional Coverages		
Supplemental term life & AD&D	$5,000 increments	Maximum coverage: $300.000 or 3X base salary, whichever is less
Dependent Spouse term life and AD&D	$2,500. $10,000, $20,000, $30,000, $40,000 or $50,000	Includes matching AD&D Benefit
Dependent child term life and AD&D	$2,500, $5,000 or $10,000	Cannot exceed 100% of the coverage for which an employee is currently enrolled Children are eligible from live birth to the end of the month in which the child reaches age 26

Additional life and AD&D—employee and dependent spouse

Your age	Rate per $1,000
Under 25	$0.059
25 - 29	$0.068
30 - 34	$0.086
35 - 39	$0.096
40 - 44	$0.114
45 - 49	$0.189
50 - 54	$0.226
55 - 59	$0.412
60 - 64	$0.626
65 - 69	$1.175
70 & over	$1.928

Child Term Life (one premium provides coverage for all eligible children)

$2,500	$0.193 per
$5,000	$0.385 per
$10,000	$0.770 per

- Evidence of Insurability is required for new coverage
- Spouse's premium based on employee age bracket and evidence of insurability up to $50,000
- No double coverage is allowed for (SAISD) employees
- Beginning at age 70, Basic Supplemental and Dependent Spouse Term Life and AD&D coverage reduces to a percentage of the amount in effect to 45% at age 70, to 35% at age 75 and to 25% at age 80.
- No Evidence of Insurability required for Child Term Life up to $10,000

Disability insurance provides income replacement benefits for you in the event you are unable to work due to a non-work-related accident or sickness.

Eligibility: All active full-time employees working 20 hours per week or more.

- Disability Insurance can offer an affordable way for employees to *protect their lifestyles and the people who depend upon them.*
- Employees can choose from a Benefit Amount and Waiting Period that they feel best matches their financial needs.
  - Employees can *choose their Monthly Benefit Amount* in $100 increments, from $200 to $8,000 (not to exceed 66 2/3% of monthly earnings).
  - Employees can *choose from among six accident/sickness Benefit Waiting Periods* (injury/sickness of 0/3, 14/14, 30/30, 60/60, 90/90 or 180/180). A benefit waiting period is the amount of time in which an employee must be continuously disabled before you are eligible for benefits.
- Calculated by Calendar Days

Plan A: Your duration of benefits is based on the following table:

Age at Disability	Maximum Duration of Benefits
Less than Age 62	To Social Security Normal
Age 62	60 Months
Age 63	48 Months
Age 64	42 Months
Age 65	36 Months
Age 66	30 Months
Age 67	24 Months
Age 68	18 Months
Age 69 or older	12 Months

Plan B Injury: Your duration of benefits is based on the following table:

Age at Disability	Maximum Duration of Benefits
Less than age 60	To age 65, but not less than 5 years
Age 60-64	5 years
Age 65-69	To age 70, but less than 1 year
Age 70 and over	1 year

Plan B Sickness (3 Year): Your duration of benefits is based on the following table:

Age at Disability	Maximum Duration of Benefits
Less than age 67	3 years
Age 67 through 68	To age 70, but not less than 1 year
Age 69 and over	1 year

This plan has a **pre-existing condition exclusion**. If you have a medical condition before enrolling, you must wait a certain period of time before the plan will provide coverage for that condition. Pregnancies are considered pre-existing if conceive date is prior to the start date of coverage.

SECURIAN ACCIDENT INSURANCE (GROUP VOLUNTARY)

Accident Insurance (Group Voluntary) provides a cash payment directly to you to help pay out-of-pocket and uncovered expenses in the event of a non-work related accident.

Covered Benefit Categories:

- Injuries (may include burns, dislocations, lacerations, fractures)
- Emergency Care (may include ambulance service, emergency room treatment, emergency dental)
- Hospital Care (may include hospital stay, diagnostic testing)
- Surgery (may include knee cartilage, ruptured disc, tendon, ligament or rotator cuff)
- Follow-up Care (may include adaptive home or vehicle, appliances, rehabilitative therapy)
- Support Care (may include adult companion lodging)
- Accidental Death & Dismemberment
- Benefits for non-work-related accident/injury

Enrollment Information:

- Available to employees who work 20+ hours per week.
- Employees may elect one of the 4 levels offered.
- Employee must elect coverage in order to elect spouse and/or children coverage.
- Spouse and child coverage elections match the Employee coverage election.
- Spouse and child benefit amounts match the amounts available to the Employee with the exception of AD&D
- All coverage guaranteed

Eligibility Options	Level 1	Level 2	Level 3	Level 4
Employee Only	$2.24	$3.87	$6.33	$8.39
Employee & Spouse	$4.81	$8.30	$13.59	$18.08
Employee & Child (ren)	$6.37	$10.89	$17.97	$23.96
Employee & Family	$9.89	$16.95	$27.95	$37.27

Aetna's critical illness plan provides cash benefits to help cover out-of-pocket costs that come with a covered critical illness such as cancer, heart attack, stroke or major organ failure.

Alzheimer's Disease	**Lupus**
Benign Brain Tumor	**Major Organ Failure**
Cancer	**Multiple Sclerosis**
Coma	**Muscular Dystrophy**
Coronary Artery Condition	**Paralysis**
End-Stage Renal Failure	**Parkinson's Disease**
Heart Attack	**Stroke**
Loss of Sight and/or Hearing	**Third-Degree Burns**
Loss of Speech	

Health Screening Benefit:

Receive a $100 payment if you participate in one of the following Health Screenings. This benefit applies to all covered dependents.

Lipoprotein Profile	Bone marrow screening	Cancer antigen (ovarian)
Fasting blood glucose test	Child &Adult immunizations	Pap smears
Digital rectal exams	HPV vaccine	Cytologic screening
Carotid doppler ultrasound	Hemoccult stool analysis	Thin Prep pap test
EKG, ECG, ECHO, CXR, DEXA	Colonoscopy	Skin cancer screening
Virtual Colonoscopy	Cancer antigen test (breast)	Serum Protein Test
Prostate specific test	Mammography	Thermography
Flexible sigmoidoscopy	Breast ultrasound	Carcinoembryonic antigen

Eligibility:

The employee is actively working at least 20 hours a week.

Eligible dependents include: Legal spouse, domestic partner, children under age 26 provided they meet the definition of dependent child as defined by the IRS.

Retirees are not considered actively at work and therefore not eligible for this plan.

TCG 403B & 457 PLANS

Features	457(b) Governmental Plans Pre-tax, Post-tax, and ROTH	403(b) Plans Pre-tax, Post-tax
Contribution Limits & Coordination of Contribution limits	* $19,500 maximum contribution plus catch-up options * 457 limits no longer reduced by 403(b) contributions	* $19,500 maximum contribution plus catch-up options * 403(b) limits no longer reduced by 457 contributions
Early Withdrawal Penalty Tax	No - (normal income tax only)	10% early withdrawal federal penalty tax may apply under age 59 1/2, plus normal income tax
Employer Control	Employer responsible for administration	Employer responsible for administration
Eligibility Rules	No discrimination rule apply - employer defines and limits eligibility	Discrimination rules apply - deferral available to all eligible employees (contributing >$2000/ year)
Age 50 Catch-Up Option	Total of $6,000 for all 457 plans of same employer (not available if special catch-up option used)	Total of $6,000 for all retirement plans of sam employer (other than 457), even if special catch-up option used
Special Catch-Up Option (If Permitted By Plan)	Three years prior to normal retirement age allows that lesser of: * Two times current year's normal contribution limit; or * Underutilized limits from past years	Fifteen years of service option increase limit by the lesser of: * $3,000 * $15,000 less additional limit used in past years; or * Excess of $5,000 times years of service less past elective deferrals
Purchase Transfer to SRS Service	Available	Available
Distribution Restrictions	Funds cannot be distributed until: * Age 70 1/2; * Severance from Employment; * Disability; * Death; or * Unforseeable emergency	Funds cannot be distributed until: * Age 59 1/2; * Severence from employment; * Disability; * Death; or * Financial Hardship
Portability of Plan Funds After Qualifying Event (Plan Restrictions May Apply)	Funds may be rolled over to: * Another 457(b) Governmental * 493(b) TSA * IRA (Traditional, SEP) * 401(a) Plan (Pension, Profit Sharing, 401(k), STRS)	Funds may be rolled over to: * Another 403(b) * 457(b) Governmental * IRA (Traditional, SEP) * 401(a) Plan (Pension, Profit Sharing, 401(k), STRS)
Financial Need Distribution (Hardship/ Unforseeable Emergency Withdrawls)	Contribution and earnings may be distributed to the extent required for an unforseeable emergency beyond control of participant, such as: * Medical Care; * Casualty loss; or * Payments needed to prevent eviction from foreclosure on home	Contributions (but not earnings) may be distributed to extent required for a financial hardship even if forseeable and voluntary, such as: * Medical care; * Payments needed to prevent eviction from or foreclosure on home; * Payment of tuition; or * Purchase of a home
Loans (no payroll deduction available)	Permitted, with loans from all qualified plans limited to the lesser of: * $50,000; or * One half of vested benefits (or $10,000, if greater)	Permitted with loans from all qualified plans limited to the lesser of: * $50,000; or * One half of vested benefits (or $10,000, if greater)
Required Minimum Distributions	RMD rules apply at age 70 1/2 or later, severance from service, and also after death	RMD rules apply at age 70 1/2 or later, severance from service and also after death

TCG Administrators: 900 S. Capital of Texas Highways, Suite 350, Austin, Texas 78746- 800-943-9179

Patrick Lowe- 210-419-0304 / plowe@tcgservices.com

WORK RELATED INJURY PROCEDURES

- All work-related injuries/incidents should be reported to the campus secretary or department supervisor on the date of the incident by the end of the business day. The employee must complete and submit to the campus secretary or department supervisor a "Report of Accident" form. If the "Report of Accident" form cannot be completed on the date of the incident, it should be completed within 24 hours. The completed form must be timely faxed to the office of Employee Benefits, Risk Management & Safety in Human Resources (HR) at 228-3107
- The "Report of Accident" form can be requested from the office of Employee Benefits, Risk Management & Safety in HR by calling 554-8540, or from the District's website under Administrative Procedures, section "Forms". The "Report of Accident" (Form D14-A) can be duplicated.
- Contact the office of Employee Benefits, Risk Management & Safety in HR immediately if an employee requires, or is requesting medical attention so that we can coordinate medical treatment (non-emergency). In the event of a life-threatening emergency or a serious injury call 911, the SAISD Police Department, and then the office of Employee Benefits, Risk Management & Safety in HR (in that order) so that the incident can be timely reported to the worker's compensation Third Party Administrator to ensure that benefits are not delayed.

LEAVE OF ABSENCE PROCEDURES

- When an employee is absent from work more than five (5) consecutive workdays because of a personal illness or illness in the immediate family, the employee must timely report the absent to his/her immediate supervisor and submit medical certification to the office of Employee Benefits, Risk Management & Safety in HR. (Please refer to Board Policy DEC (Legal), DEC (Local), and Administrative Procedure D-7).
- Failure to report absences or time away from work, in a timely manner, could adversely affect employee benefits, opportunities for benefit continuation, employment status with the district and is in violation of the leave policy.
- The office of Employee Benefits, Risk Management & Safety in HR will coordinate leave of absence procedures with the employee and immediate supervisor. We will also coordinate, with the respective campus/department and Human Resources, a return to work placement (full or modified duty) when the employee is released to return to work.

MODIFIED DUTY (MD) PROGRAM

The office of Employee Benefits, Risk Management & Safety in HR administrators the Modified Duty Program and is responsible for ensuring employees are compliant with the following program requirements:

1. All employees must obtain clearance from the office of Employee Benefits, Risk Management & Safety in HR before returning to work (full duty or modified duty).
2. Medical certification will be carefully reviewed to determine if the employee is eligible for a modified duty assignment.
3. The campus/department will be timely notified of the employee's need for a modified duty assignment to determine if the limitations can be temporarily accommodated before clearing the employee back to work.
4. A Bona-Fide offer of Employment will be provided to the employee, for signature, confirming and accepting the terms and conditions of the modified duty assignment.
5. The modified duty assignment cannot exceed 30 working days and the employee will not be eligible for another modified duty assignment until after 6 months following the last modified duty assignment.

There is no substitute for YOU!

Life Threatening Emergencies

If an employee is involved in a life threatening emergency, campus staff/secretaries have been instructed to:

- Call 911 then call SAISD Police Department
- Notify Employee Benefits, Risk Management and Safety
- If possible, get the name of the Hospital where the employee will be taken.

Slips, Trips & Falls

- No standing on chairs
- Recognize hazards... wet floors, papers, electrical and computer wiring, uneven surfaces, clutter
- Good Housekeeping
- Proper Footwear
- Stay focused—no texting down the stairs

Reports of Accident—ROA (Non-Life Threatening)

- Report Accident to Administration or Supervisor within 24 hour.
- Contact School Secretary for ROA (D-14) and complete ALL information (Review for accuracy and completion before submitting).
- The Secretary will fax the ROA to Employee Benefits, Risk Management & Safety Department immediately.
- A Safety Specialist will contact you immediately upon receiving the Report.
- Inform the Safety Specialist at the time of contact if you are seeking medical care.

Prevent Back Injuries

Use proper lift procedures

- Take a balanced stance, feet shoulder-width apart.
- Bend at the knees and keep back as straight as possible—get as close as you can to the object.
- Take a firm hold of the object.
- Lift gradually using your legs, keep load close to you, keep back and neck straight.
- Once standing, change directions by pointing your feet and turn your whole body.
- Avoid twisting at your waist
- To put load down, use these guidelines in reverse.

Other

- Secure purses, wallets, cell phones, money, medication and other personal belongings.
- Keep keys & ID badge on your person at all times
- Lock you computer screen when not using
- Protect student information when other students are around.
- Keep your room locked when not in use.
- Know your role in an emergency.

Office of Employee Benefits, Risk Management & Safety

210-554-8540

Aetna Employee Assistance Program

Aetna Resources for Living is sponsored by SAISD and is available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home. Services are confidential and available 24 hours a day, 7 days a week. Call us at 1-888-238-6232.

Counseling & Relationship Support

- Up to 3 counseling sessions per year with licensed network professionals at no cost to you
- Sessions available face to face, by phone or tele video
- Support, consultation and resources for a range of issues such as work/life balance, relationship issues, depression, alcohol/ substance abuse, stress and more.

Web-based Resources

- A customized website which offers tools & resources on behavioral health and worklife balance topics.
- Discount Center with discounts on brand-name products and services, including computers, electronics, theme parks, movie tickets, local attractions, travel, gifts, apparel, jewelry, fitness centers and more

Legal Services

- 1/2 hour free consultation with a participating attorney for each new legal topic (each plan year) related to:
  - General, family, criminal law
  - Elder law and estate planning
  - Divorce
  - Wills and other document preparation
  - Real estate transactions
  - Mediation services
- A discount of 25% off of the fees for services beyond the initial consultation.
- Services must be related to the employee/ eligible household members; employment law is excluded.

Financial Services

- 1/2 hour free telephone consultation for each new financial topic (each plan year) related to:
  - Budgeting
  - Retirement or other financial planning
  - Mortgages and refinancing
  - Credit and Debt issues
  - College funding
  - Tax & IRS questions and preparation
- A discount of 25% off tax preparation services
- Services must be for financial matters related to the employee and eligible household members

Worklife Balance Services

- Consultation, information, and assistance with locating resources such as: childcare, adoption, caregiver support, special needs, school & financial aid research, household services, etc
- Care kits related to prenatal, child care or adult care

Other Services

- Identity theft Services—one hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration.
- Services include a free emergency kit for victims

MEDICARE NOTICES

Important Notice from San Antonio Independent School District About Your Prescription Drug Coverage and Medicare

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

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

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

2. San Antonio Independent School District has determined that the prescription drug coverage offered by our plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pay and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

If you decide to join a Medicare drug plan, your current San Antonio Independent School District coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current San Antonio Independent School District coverage, be aware that you and your dependents will not be able to get this coverage back unless you re-enroll in the next open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with San Antonio Independent School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed at the end of this notice for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through San Antonio Independent School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

1. Visit **www. Medicare.gov**
2. Call you State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
3. Call 1-800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

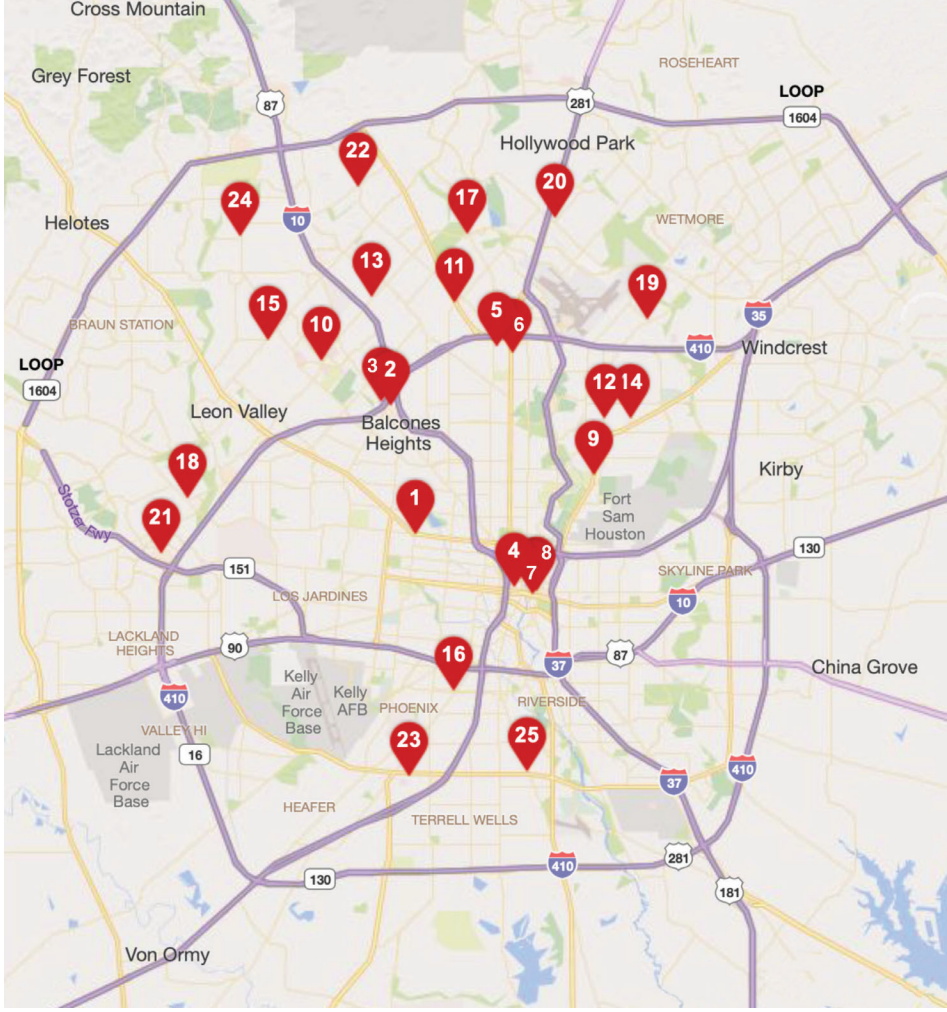
If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call the at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty). For questions contact: Lorena Rios / 210-554-8660 / lrios5@saisd.net / 141 Lavaca Street, San Antonio, TX 78210

CVS pharmacy

Conveniently located throughout San Antonio for your flu shots and pharmacy needs.

1. 2018 Culebra Rd.
   San Antonio, TX 78228
2. 4522 Fredericksburg Rd.
   Balcones Heights, TX 78201
   INSIDE TARGET STORE
3. 4730 Fredericksburg Rd.
   San Antonio, TX 78229
4. 343 W. Houston St., Suite 106
   San Antonio, TX 78205
5. 746 NW Loop 410
   San Antonio, TX 78216
   INSIDE TARGET STORE
6. 7202 San Pedro Ave.
   San Antonio, TX 78216
7. 300 E. Commerce St.
   San Antonio, TX 78205
8. 211 Losoya St.
   San Antonio, TX 78205
9. 4600 Broadway St.
   Alamo Heights, TX 78209
10. 4805 Medical Dr.
    San Antonio, TX 78229
11. 6915 West Avenue
    Castle Hills, TX 78213
    MinuteClinic®
12. 6470 N. New Braunfels Ave.
    San Antonio, TX 78209
13. 10225 Wurzbach Rd.
    San Antonio, TX 78230
14. 1223 Austin Hwy.
    San Antonio, TX 78209
    INSIDE TARGET STORE
15. 8602 Huebner Rd.
    San Antonio, TX 78240
16. 2801 Nogalitos Rd.
    San Antonio, TX 78225
17. 919 Wurzbach Pkwy.
    San Antonio, TX 78231
18. 7603 Culebra
    San Antonio, TX 78251
    MinuteClinic®
19. 3027 Nacogdoches Rd.
    San Antonio, TX 78217
20. 13700 San Pedro Ave.
    San Antonio, TX 78232
    INSIDE TARGET STORE
21. 8223 State Hwy 151
    San Antonio, TX 78245
    INSIDE TARGET STORE
22. 4100 De Zavala Rd.
    San Antonio, TX 78249
23. 2810 S.W. Military Dr.
    San Antonio, TX 78224
    INSIDE TARGET STORE
24. 6538 De Zavala Rd.
    San Antonio, TX 78249
25. 103 S.W. Military Dr.
    San Antonio, TX 78225



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ONLINE VISITS

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QUALIFIED DOCTORS

All of our primary care, specialty care and occupational medicine doctors are board certified local doctors

ONLINE APPOINTMENT

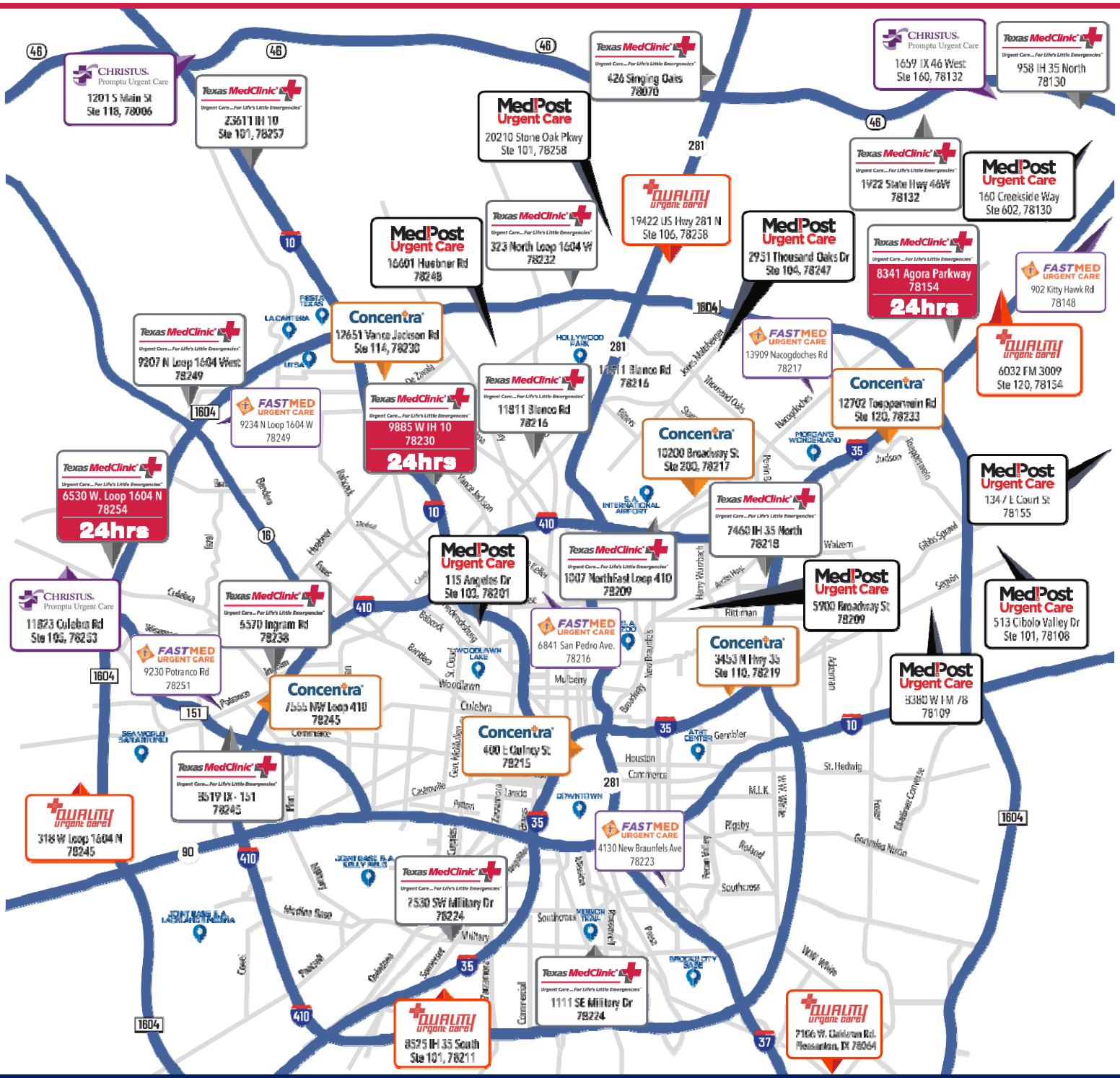
Choose a convenient date and time or simply select the next available medical provider. Sign on for your appointment and experience a live audio/video visit with your provider.

Any time you need to see or speak with a doctor – we are Always Open!

QPIC Urgent Care Centers

Where to go before the ER!

Urgent Care Centers are quicker and more affordable than an ER, and more than likely down the street from you. Many offer online check-in and show wait times!



For more information go to
qpicsa.com

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A healthcare partnership between
HEALTH TEXAS
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Passionate people. Compassionate care.

NOTES

SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
514 W. Quincy Street, San Antonio, Texas 78212
210.554.8660 • www.saisd.net/benefits