

2024-2025

Employee Benefits Guide

Burnet Consolidated ISD



BURNET
Consolidated ISD

CRAFTING *the* FUTURE

Spirit | Pride | Honor





**Let
Burnet
Consolidated
ISD help
protect
what is most
important to
you.**



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Looking for Plan Details?

Visit our benefits microsite:

<https://www.benefitsdetails.com/burnetcisd>



Hey There! Welcome.

Burnet Consolidated ISD has worked hard to put together a benefits package that will help you thrive and will support your financial stability.

Each year, Burnet Consolidated ISD strives to offer comprehensive and competitive benefit plans to our employees. In the employee benefit guide you will learn more about the benefits offered for the 2024-2025 plan year and how to use them to your benefit.

This Benefits Guidebook describes the highlights of Burnet Consolidated ISD benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this Guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents,

the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of Burnet Consolidated ISD benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Burnet Consolidated ISD.

This year's Open Enrollment will run from July 11th – August 12th . The benefits you elect during this period will be effective September 1, 2024 - August 31, 2025. Please review your Open Enrollment materials thoroughly before making your elections.

2 Ways to Enroll



Face-to-Face

In-person enrollment will be available on the following dates:

- August 1** - Central Office Boardroom
- August 6** - Burnet High School Library
- August 7** - Multiple Campuses
 - 9am - 10am - Shady Grove Elementary Cafeteria
 - 9am - 10am - RJ Richey Elementary Library
 - 10:30am - 11:30am - Betram Elementary Conference Room
 - 10:30am - 11:30am - Burnet Middle School Lab A505 (Uphill)



Self-Service

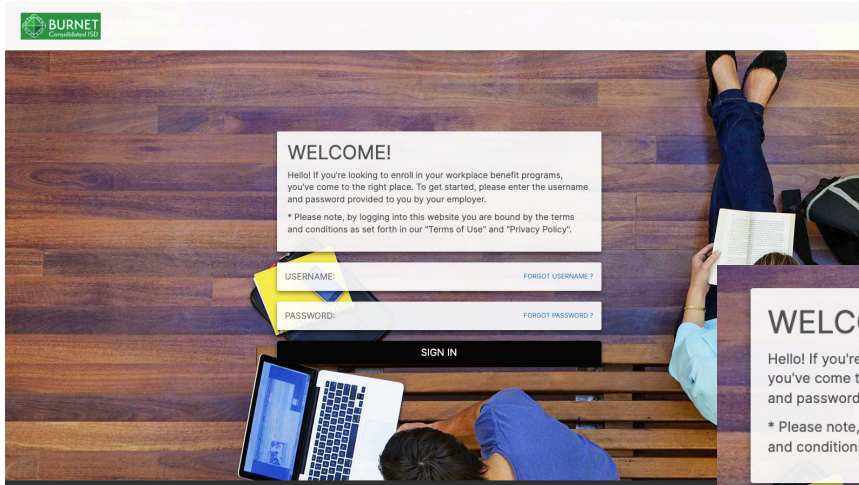
We also provide the exciting (and easy!) option of self-enrollment through bCEnroll by Wex. Follow the directions on page 6 to start your own open enrollment journey!

Have a Question? Contact Information

Benefit	Administrator/Group ID	Phone	Website
Medical	BCBSTX - TRS Medical (385003 / D044)	1-866-355-5999	www.trs.texas.gov bcbstx.com/trsactivecare
Telehealth	1800MD (1800MD244)	1.800.530.8666	www.1800md.com
HSA	HSA Bank (BUR459)	1-800-357-6246	www.hsabank.com
FSA & Dependent Care	NBS (NBS468432)	1-855-399-3035 service@nbsbenefits.com	https://www.nbsbenefits.com/
Dental	Unum (967239)	1-888-400-9304	www.unumdentalcare.com www.AlwaysAssist.com
Vision	Unum (967239)	1-855-652-8686	www.eyemedvisioncare.com/unum
Life & AD&D (Basic & Voluntary)	One America (00625149-0000-000)	1-800-553-5318	www.oneamerica.com/ oneamerica.com/file-a-claim/employee-benefits-disability
Employee Assistance Program	ComPsych - One America (WEB ID: ONEAMERICA3)	Call: 1-855-387-9727 TDD: 1-800-697-0353	Online: guidanceresources.com APP: GuidanceResources@ Now
Disability (Short-Term & Long-Term)	One America (G 00625149-0000-000)	1-855-517-6365	www.oneamerica.com
Term Life Insurance	Aflac (AGC0002923813)	1-800-433-3036	www.aflacgroupinsurance.com
Accident	Unum (967240)	1-800-635-5597	www.unum.com/employees www.unum.com/employees/file-a-claim
Hospital Indemnity	Unum (967242)		
Critical Illness	Unum (967241)		
Cancer	American Public Life (7896)	1-800-256-8606	www.ampublic.com
Medical Transport	MASA (B2BBURCISD)	1-800-643-9023	www.masamts.com
Identity Theft Protection	ID Watchdog (3580)	1-800-774-3772	www.idwatchdog.com
403B	Omni	1-877-544-6664	https://www.omni403b.com/

How to Self-Enroll

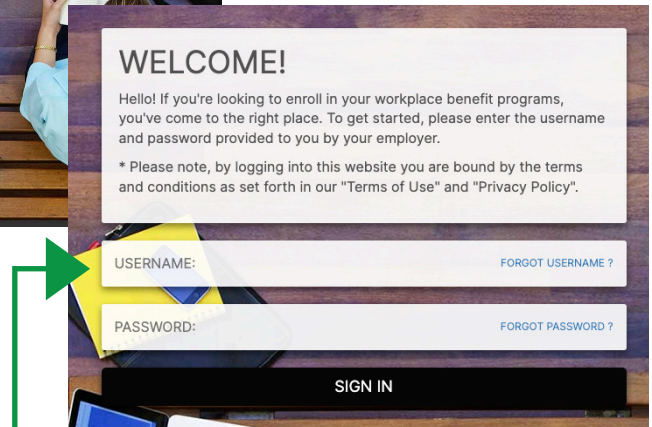
- 1 To log into bCEnroll, open your web browser and type enroll.benefitsconnect.net/burnetcisd in the top URL address bar.



- 2 At your home screen, you will see a **Username** and **Password** welcome box.

- 3 Your **Username** is the first six characters of your last name (if applicable), followed by the first letter of your first name, which is then followed by the last four digits of your Social Security Number.

- 4 Your initial **Password** is your Social Security Number (SSN). Once logged in, you will change your password. Your NEW password MUST meet the following requirements:
 - Be at least 10 characters in length
 - Contain at least one letter
 - Contain at least one special character
 - May NOT contain: &?#=#+\ /
 - May NOT contain spaces
 - Passwords are case sensitive



Example

Joe Smithson

SSN: 123456789

Username: smiths6789

Password: 123456789

- 5 Click **Sign In** to enter bCEnroll

Eligibility

Burnet Consolidated ISD encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare. The group insurance coverage described in this guidebook is available to all full-time employees who work a minimum of 15 hours or more per week and are at least 18 years of age are eligible to participate in the benefits program. The coverage effective date will begin on the 1st day of the month following employee date of hire. All benefit elections must be made within 30 days from your date of hire. The insurance plan year is from September 1st - August 31st. Once your enrollment window has closed, you may not make any changes to your elections unless you experience a Qualified Life Event (QLE).



Dependent Eligibility

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents. Eligible Dependents include one or more of the following:

- Your legal spouse
- A child through the age of 26. You can only make changes to the specific plans where dependents will be affected
- A child is defined as your natural child, legally adopted child, stepchild, and any child for whom you are the court-appointed guardian
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance



Documentation

If you are going to add a dependent to your insurance for the first time, you will need to provide proof of your dependent's relation to you. This can be in the form of:

- Marriage Certificate
- Birth Certificate/Verification of Birth Facts (only valid until birth certificate is issued)
- Court Order
- Adoption Certificate/Placement Agreement
- Marriage Certificate + Birth Certificate - Stepchildren

Qualified Life Event

Generally, benefit changes are limited to open enrollment.

If you experience a Qualifying Life Event (for instance: getting married or having a baby), please contact the Benefits Coordinator; proof of the Qualifying Life Event must be submitted to the Benefits Coordinator within 30 days in order to change current benefit election.

- Benefit Elections must be consistent with the event
- You can only make changes to the specific plans where dependents will be affected
- Benefits and new rates become effective the date of the event for birth, adoptions, marriage, divorce, and death; or the day after benefits end, when the event is loss of coverage
- The event date must be consistent with the information in the Supporting Documentation

Qualifying Event	Supporting Documentation	Dependent Documentation
Marriage	Marriage Certificate	Birth Certificates are required if adding spouse's children
Death	Death Certificate	No additional documentation required
Divorce	Certified copy of Divorce Decree	Birth Certificates are required if adding children not currently enrolled in benefits
Adoption	Placement for adoption paperwork Legal documentation of adoption	No additional documentation required
Birth	Birth Certificate Verification of Birth Facts issued by hospital	No additional documentation required
Loss or Gain of Coverage	Proof of enrollment or termination of benefit coverage from spouse's employer. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.) and the names of dependents effected	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate
Gain of Medicare or Medicaid	Proof of enrollment of benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.), and the names of the dependents effected (has 60-day window)	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate

Key Terms

Deductible

The amount you pay for covered health care services before your insurance plan starts to pay. For example, with a \$2,000 deductible, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a co-payment or co-insurance for covered services. Your insurance company pays the rest.

Co-pay

The set amount you pay for a covered service at the time you receive it. The amount can vary based on the type of service.

Coinsurance

The percentage of costs of a covered health care service you pay after you've paid your deductible.

Out-of-Pocket Maximum/Limit

The maximum dollar amount you have to pay for covered services in a plan year. After you spend this amount on deductibles, Co-payments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

Medical

Teacher Retirement System of Texas

Plan Summary	TRS - ActiveCare Primary	TRS - ActiveCare Primary +	TRS - ActiveCare HD		TRS - ActiveCare 2 <small>(closed to new enrollees/current enrollees may choose to stay in plan)</small>	
	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible						
Individual	\$2,500	\$1,200	\$3,200	\$6,400	\$1,000	\$2,000
Family	\$5,000	\$2,400	\$6,400	\$12,800	\$3,000	\$6,000
Coinsurance	30% after deductible	20% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Calendar Year Out-of-Pocket Limit (does not include premium, penalty, and amounts not covered by the plan)						
Individual	\$8,050	\$6,900	\$8,050	\$20,250	\$7,900	\$23,700
Family	\$16,100	\$13,800	\$16,100	\$40,500	\$15,800	\$47,400
Physician Office Visits						
Primary Care	\$30 copay	\$15 copay	30% after deductible	50% after deductible	\$30 copay	40% after deductible
Specialist Visit	\$70 copay	\$70 copay			\$70 copay	
Urgent Care Visit	\$50 copay	\$50 copay			\$50 copay	
Diagnostic Procedures						
Diagnostic Labs (Independent/Office)	\$0	\$0	30% after deductible	50% after deductible	\$0	40% after deductible
Diagnostic Labs (Outpatient)	30% after deductible	20% after deductible			20% after deductible	
High-Tech Radiology	30% after deductible	20% after deductible			20% after deductible + \$100 copay per procedure	
Emergency Medical Care						
Stand-Alone Emergency Room Visit	\$500 copay + 30% after deductible	\$500 copay + 20% after deductible	\$500 copay + 30% after deductible	\$500 copay + 50% after deductible	\$250 copay + 20% after deductible	
Hospital Care						
Hospital Inpatient	30% after deductible	20% after deductible	30% after deductible	50% after deductible (\$500 facility per day maximum)	20% after deductible (\$150 facility copay per day)	40% after deductible (\$500 facility copay per incident)
Hospital Outpatient/Hospital ER			30% after deductible	50% after deductible	20% after deductible (\$250 facility copay per incident)	40% after deductible (\$500 facility copay per incident)
Preventive Services						
Preventative Care	\$0	\$0	\$0	\$0	\$0	\$0

Plan Summary	TRS - ActiveCare Primary	TRS - ActiveCare Primary +	TRS - ActiveCare HD		TRS - ActiveCare 2 <small>(closed to new enrollees/current enrollees may choose to stay in plan)</small>	
	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs						
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical		\$200 brand deductible	
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	20% after deductible; \$0 coinsurance for certain generics 25% after deductible		\$20/\$45 copay	
Preferred Brand	30% after deductible	25% after deductible			25% after deductible (\$40 min/\$80 max)/ 25% after deductible (\$105 min/\$210 max)	
Non-Preferred Brand	50% after deductible	50% after deductible	50% after deductible		50% after deductible (\$100 min/\$200 max)/ 50% after deductible (\$215 min/\$430 max)	
Specialty (31-day max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	20% after deductible		\$0 if SaveOnSP eligible; 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications	
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	25% after deductible		\$25 copay for 31-day supply; \$75 for 61-90 day supply	

Plan Summary	TRS - ActiveCare Primary	TRS - ActiveCare Primary +	TRS - ActiveCare HD	TRS - ActiveCare 2 <small>(closed to new enrollees/current enrollees may choose to stay in plan)</small>
	Monthly Premiums			
Employee Only	\$0	\$77	\$15	\$568
Employee + Spouse	\$757	\$913	\$797	\$1,957
Employee + Children	\$312	\$443	\$337	\$1,062
Employee + Family	\$1,068	\$1,278	\$1,119	\$2,396



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Telemedicine

1.800MD

1.800MD is a national telehealth company specializing in convenient, quality medical care. With board-certified physicians, those in need can obtain diagnosis, treatment and a prescription, when necessary, through the convenience of a telephone and digital communications.

1.800MD provides access to quality care even if you have pre-existing conditions. They are available 24 hours a day, seven days a week and 365 days a year. These

services are provided at no cost to you! To begin using 1.800 MD, simply activate your account, request a consult on the app, and receive care.

Talk to a doctor any time day or night for FREE.

1

Activate

Activate your account online or by calling member services. Once activated, you will need to setup your member profile and complete your electronic health record.

2

Request a Consult

Log in to your account online or call member services at 1.800.530.8666 to request a consult anytime, 24/7.

3

Receive Care

Receive diagnosis and treatment, giving you quality care and peace of mind wherever you are.

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Let's Compare: HSA vs FSA vs DCFSA

Medical expenses can be unexpected and expensive. Going to the doctor and paying for medication if you have a chronic condition can get expensive quick, and accidents that require medical attention can happen when you least expect it. Health Savings Accounts (HSA), and Flex Spending accounts (FSA) give you the opportunity to put money aside pre-tax to use to cover you and your dependent's qualified medical

expenses. These two options come with different qualifications and different incentives, but the goal is the same: to provide you with peace of mind.

The FSA also has a Dependent Care option. This allows you to put money aside pre-tax for dependent care so that you can get reimbursed for that care. The Dependent Care FSA is **not** for your dependent's medical expenses.



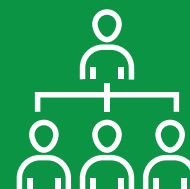
Health Savings Account (HSA)

If you are enrolled in the High Deductible Health Plan (HDHP) you can enroll in the HSA. Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependents, even if they are not covered by your medical plan. A HSA is like a 401(k) for healthcare. It's yours for life, regardless of your employment or health plan. Unlike a FSA, there is no "use it or lose it" rule. With more tax advantages than any other savings vehicle, an HSA is one of the most efficient ways to manage healthcare costs.



Healthcare Flex Spending Account (FSA)

An FSA is a great way to pay for medical expenses with pre-tax dollars. You will be able to enjoy significant tax savings with pre-tax contributions and tax-free reimbursements for qualified plan expenses. **Burnet CISD has a 2.5 month grace period that ends on 11/15/2024 and 3 month runout period that ends on 11/30/2024.** This gives you more flexibility to spend your FSA money when you need it.



Dependent Care Flex Spending Account (DCFSA)

In addition to the healthcare FSA, you may opt to participate in the Dependent Care FSA. Set aside pre-tax funds into a DCFSA for expenses associated with caring for elderly or child dependents. The dependent care FSA is not for medical expenses for your dependents. Unlike the healthcare FSA, reimbursement from your DCFSA is limited to the total amount that is currently deposited in your account. You can set aside up to \$5000 to pay for child or elder care expenses.

Flex Spending Account

National Benefit Services

Burnet Consolidated Independent School District has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. The benefits you elect are paid for with a portion of your pay before Federal income or Social Security taxes

are withheld. This means that you will save money by paying less taxes and have more money to spend. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

Maximum Annual Election for 2024

Healthcare FSA - \$3,200
Dependent Care FSA - \$5,000 or \$2,500 if married and filing separate income tax returns



Qualified Medical Expenses Include:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter medicine and supplies
- Chiropractic care

Burnet CISD has a 2.5 month grace period that ends on 11/15/2024 and 3 month runout period that ends on 11/30/2024.



Qualified Dependent Care Expenses Include:

- Daycare
- Babysitting
- Before & after school care
- Pre-K
- Summer day camps
- Care for older dependents in need of assistance

Want more info?



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Health Savings Account

HSABank

A Health Savings Account (HSA) lets you put money away for future healthcare costs while saving on taxes. **You must be enrolled in the high deductible health plan to be eligible.** HSA's are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your paycheck, and your

HSA can grow tax -free too!

Important features include:

- No 'use-it-or-lose-it' , keep your HSA forever!
- Create a healthcare emergency safety net
- Invest your HSA tax-free, like a 401(k)

Annual Tax-Saving Potential

Family Plan - \$1,660
Individual Plan - \$830

2024 IRS Contribution Limits

Family Plan - \$8,300
Individual Plan - \$4,150

Members 55+ can contribute an extra \$1,000



Qualified Medical Expenses Include:

- Pain relievers
- Eyeglasses/contacts
- Doctor visits
- Cold/cough medicine
- Dental cleaning
- Chiropractic care
- Sleep aids
- Insulin testing supplies



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Dental

UNUM

Summary of Benefits	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Deductible	\$50 (max 3 per family)		\$50 (max 3 per family)	
Benefit Year Maximum	\$1,500		\$750	
Calendar Year Deductible applies to the following Coverage benefits:	A, B, & C Services		A, B, & C Services	
Coverage for Dental Services				
Coverage A: Preventative	100%		100%	
Coverage B: Basic	80%		60%	
Coverage C: Major	50%		40%	
Coverage D: Orthodontics	50%		N/A	

**Low plan out-of-network providers are reimbursed based on the same discounted fees that are agreed upon for in-network providers. You may pay a lower premium, but your out-of-pocket costs when visiting an out-of-network provider could be greater.*

Dental Coverage	High Plan	Low Plan
Monthly Cost		
Employee	\$11.79	\$0.00
Employee + Spouse	\$62.83	\$21.76
Employee + Children	\$69.35	\$28.17
Family	\$104.87	\$54.14

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Vision

EyeMed powered by UNUM

Summary of Vision Benefits		
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursements
Annual Eye Exam	\$10 copay	Up to \$40
Retinal Imaging Benefit	Up to \$39	Not covered
Standard Plastic Lenses		
Single Vision Lenses	\$25 copay	Up to \$30
Bifocal Lenses	Covered in Full	Up to \$50
Trifocal Lenses	Covered in Full	Up to \$70
Lenticular Lenses	\$25 copay	Up to \$70
Standard Progressive	\$90 copay	Up to \$50
Premium Progressive Lens	80% of charge less than \$120 allowance	Up to \$50
Polycarbonate Lens Option	Covered	Up to \$32
Frames	\$130 allowance	Up to \$91
Contact Lens Fit & Follow-Up	Standard: Up to \$40	Not covered
Contacts (Elective)	\$130 allowance	Up to \$130
Contacts (Medically Necessary)	Covered in Full	Up to \$210

Monthly Premium	
Employee	\$0
Employee + Spouse	\$5.84
Employee + Children	\$5.60
Family	\$11.55

Additional Discounts for In-Network Providers:



40% OFF
for a complete second pair of glasses.

20% OFF
remaining balance beyond plan coverage

20% OFF
non-prescription sunglasses.



Want more info?

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Disability

OneAmerica



You and your loved ones depend on your regular income. That's why Burnet Consolidated ISD offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness.

Short-Term Disability

After you are out of work for 14 or 30 days after a non-occupational injury or 14 or 30 days after an illness, you will be paid 60% of your weekly earnings (to a maximum benefit of \$1,400, then reduced by other income benefits as outlined in the certificate) for up to 22 weeks (30 day) or 24 weeks (14 day).

Weekly Maximum Benefit	\$1,400
Weekly Minimum Benefit	\$25
Elimination Period	14 days for injury/14 days for sickness or 30 days for injury/30 days for sickness
Pre-Existing Condition	3/12
Maximum Benefit Period	22 Weeks (30 day) or 24 weeks (14 day)

Long-Term Disability

Long Term Disability benefits are available to you. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. See your plan document for additional details.

Monthly Maximum Benefit	\$6,000
Monthly Minimum Benefit	The greater of 10% of the gross monthly benefit or \$100
Elimination Period	90 days or 180 days
Pre-Existing Condition	3/12
Maximum Benefit Period	Social Security Normal Retirement Age



Want more info?

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Employee Assistance Program

OneAmerica

Burnet Consolidated ISD offers you no-cost, confidential support for when you face life's challenges. Your ComPsych®

GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Contact a GuidanceConsultant to get help with life's challenges, including:



Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Free Online Will Preparation

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

Contact Your GuidanceResources® Program

- Call: 855.387.9727
- TDD: 800.697.0353
- Online: guidanceresources.com
- App: GuidanceResources® Now
 - Web ID: ONEAMERICA3



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Basic Life and AD&D

OneAmerica



Basic Life and AD&D - Employer Paid

Burnet Consolidated ISD provides **\$30,000** of Basic Life Insurance and Accidental Death and Dismemberment (AD&D) insurance through OneAmerica at no cost to you.

The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured. The company provides a guaranteed issue amount equal to the basic life insurance amount.

Age Reduction: The Life Amount and AD&D Principal Sum will reduce to 65% of the amount shown above when the Employee reaches age 65. See Certificate for further benefit reductions due to age.



Voluntary Life and AD&D

Burnet Consolidated ISD gives you the opportunity to elect additional life insurance through OneAmerica. Voluntary Life and AD&D coverage is portable/convertible upon separation of service from the district.

Voluntary Life and AD&D Benefit Summary	
Guaranteed Issue Amount for All Employees	
Employee Life Amount	Flat amount in \$10,000 increments (minimum \$10,000 and maximum \$500,000 not to exceed 7 times your annual base salary rounded to the next higher \$10,000)
Guaranteed Issue Amount	\$200,000
Employee AD&D Amount	Same as Life Amount
Spouse	A flat amount in \$5,000 increments (minimum of \$5,000 and maximum of \$500,000 not to exceed 100% of employee Life amount). The spouse Guaranteed Issue amount is \$50,000.
Dependent Child	\$10,000

Want more info?



Scan or click.

Age Reduction: The Life Amount and AD&D Principal Sum will reduce to 65% of the amount shown above when the Employee reaches age 65. See Certificate for further benefit reductions due to age.

Term Life Insurance

AFLAC



Burnet Consolidated ISD offers term life insurance through AFLAC, providing a life coverage option that is simple and affordable. This benefit is available to help keep your loved ones financially secure, even if you can no longer provide for them. While we all know that life insurance helps protect our loved ones for the long term,

sometimes we don't consider that there are other benefits of a whole life insurance plan as well. Aflac Group Life Term to 120 offers guaranteed-issue living and death benefits, with the predictability of a whole-life plan, at rates that won't increase, allowing you to help prepare your family for a financially secure future.

AFLAC Group Life Term to 120	
Benefit Details	
Employee	Up to \$150,000
Spouse	Eligible for 50% of Employee benefit election up to \$50,000
Children	\$25,000
Guaranteed Issue	Yes
What riders are attached?	Child Term Life Insurance Rider, Accidental Death Benefit Rider, Waiver of Premium Benefit Rider, Accelerated Benefit Rider
Age Reductions (Employee and Spouse)	<ul style="list-style-type: none"> If issued prior to age 60, benefits reduce 50% at age 70 If issued at or after age 60, benefits reduce by 50% at 10 years after coverage effective date
Do employees have to have policy in order for dependents to take one?	Yes

Plan Cost	
EE Monthly Rate for \$50,000 Benefit	
Age 25	\$23.38
Age 35	\$32.13
Age 45	\$51.96
Age 55	\$93.71

Want more info?



Scan or click.

Guaranteed Issue

No evidence of insurability needed during open enrollment.

No Premium Increases

Premiums will not increase.

Portability

Keep your same coverage even if you change jobs or retire.

Accident

UNUM



Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance pays benefits directly to

you for treatment you receive due to an accident. It helps cover your out-of-pocket costs like medical deductibles and co-pays.

Plan Type	Option 1
Wellness Benefit (Be Well Benefit)	\$100
24 Hour / Off Job	Off Job
Accident Injury	
Emergency Room Treatment	\$100
Physician Office	\$75
Urgent Care	\$75
Ambulance	Ground: \$200 Air: \$600
Hospital Emergency Admission	\$1,000
Hospital Daily Confinement	\$200 (365 days)
Hospital ICU Admission	\$1,000
Hospital Daily ICU Confinement	\$200 (added to daily stay)
X-ray	\$50
Follow-up Treatment	\$75 (max 2 visits)
Therapy Services	\$75 (max 15 days)
Fractures (payable as a % of the applicable injury benefit)	100%
Dislocation (payable as a % of the applicable injury benefit)	100%
Laceration	Up to \$600
Burn	Up to \$10,000
Concussion	\$300
Coma	\$5,000
Eye Injury	\$300
Family Lodging	\$150 per night
Medical Appliance	Schedule up to \$200
Prosthesis	1: \$750 2 or more: \$1,500
Surgery	Schedule up to \$1,500
Transportation	\$100 per trip

Plan Type	Option 1
Accidental Death & Dismemberment (AD&D)	
Accidental Death - Employee	\$25,000
Spouse	\$12,500
Child(ren)	\$6,250
Accident Death Common-Carrier	Same as AD&D
Accidental Dismemberment (Hand, Foot, Sight)	Single: 50% of AD&D Benefit Multiple: 100% of AD&D Benefit
Guarantee Issue	Yes
Portable Coverage	Yes

Plan Type	Option 1
Plan Cost	
Monthly Premium	
Employee	\$9.81
Employee + Spouse	\$18.00
Employee + Child(ren)	\$24.84
Family	\$33.03



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Hospital Indemnity

UNUM

Hospital Indemnity coverage pays you cash benefits directly if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for

your medical expenses such as deductible and Co-pays, travel costs, food and lodging, or everyday expenses such as groceries and utilities.

Benefit Type	High Plan	Low Plan
Wellness Benefit (Be Well Screening)	\$50	\$50
Hospital Admission	\$2,000 (payable for a maximum of 1 day per year)	\$1,000 (payable for a maximum of 1 day per year)
Hospital Confinement	\$200 (payable per day up to 31 days)	\$100 (payable per day up to 31 days)
Plan Provisions		
Benefit Waiting Period	No	
Guarantee Issue	Yes	
Childbirth Limitation	No	
Portable Coverage	Yes	
Pre-existing Condition Limitation	No	
Plan Cost - Monthly Rates		
	High Plan	Low Plan
Employee	\$31.44	\$16.58
Employee + Spouse	\$58.58	\$30.82
Employee + Child(ren)	\$47.39	\$23.64
Family	\$74.53	\$37.88



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Critical Illness

UNUM

A major illness can blindside anyone, even an employee with medical insurance. Co-pays, deductibles, alternative treatments and other out-of-pocket expenses

can add up quickly. Critical Illness insurance pays cash benefits directly to you to help reduce the financial burden that can come with a serious illness.

Benefit Amounts	
Employee	\$10,000, \$20,000, or \$30,000
Spouse	Up to 50% of Employee Benefit
Child	50% of Employee Benefit at no extra cost
Guarantee Issue	Yes
Benefit Type	
Heart Attack	100%
Severe Stroke	100%
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	\$500
Coronary Artery Disease w/ Bypass	50%
Major Organ Failure	100%
Permanent Paralysis	100%
Reoccurrence	Yes. Any critical illness except skin cancer. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.
Benefit Waiting Period	None
Portable Coverage	Yes
Pre-Existing Condition Limitation	None



Plan Cost		
Monthly Costs w/ \$10,000 Employee Coverage and \$5,000 Spouse Coverage		
Age	Employee Coverage: \$10,000	Spouse Coverage: \$5,000
Age 25	\$3.50	\$1.75
Age 35	\$6.20	\$3.10
Age 45	\$11.30	\$5.65
Age 55	\$20.00	\$10.00

Rate example shown above are in 10-year increments – Elections are offered in 5-year increments.

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Be Well Benefit

UNUM

Through Unum, your benefit plan pays a Be Well Benefit for one Be Well screening each year. With the Unum Be Well Benefit, you and other covered family members can

receive a valuable incentive for important tests and screenings. Many of these tests are routinely performed, so it's easy to take advantage of this benefit.

Accident Insurance Be Well benefit - \$100
Hospital Insurance Be Well benefit - \$50



Be Well Screenings include:

- Annual exams by a physician including sports physicals and well-child visits, dental and vision exams
- Cancer screenings including pap smear, colonoscopy
- Cardiovascular function screenings
- Cholesterol and diabetes screenings
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

How to File a Claim

You can receive a benefit for tests that are performed after your initial coverage date. Follow these steps:

- Online: www.unum.com
- App: MyUnum for Members
- Phone: 1-800-635-5597

You will need to provide the following:

- First and last names of the employee and claimant (the employee might not be the claimant)
- Employee's Social Security number or policy number
- Name and date of the test
- Name of physician and the facility where the test was performed.

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Cancer Insurance

American Public Life

Cancer insurance provides financial support in the event of a cancer diagnosis, helping to cover the costs of treatment and associated expenses that regular

health insurance might not fully address. This coverage can offer peace of mind by assisting with medical bills, travel for treatment, and more during recovery.

Benefit Type	Low Option	High Option
Radiation Therapy/ Chemotherapy/Immunotherapy	\$500 per calendar month of treatment	\$1,500 per calendar month of treatment
Hormone Therapy	\$50 per treatment, up to 12 per calendar year	\$50 per treatment, up to 12 per calendar year
Surgical	\$1,600 max per operation; \$15 per surgical unit	\$4,800 max per operation; \$45 per surgical unit
Outpatient Hospital or Ambulatory Surgical Center	\$200 per day of surgery	\$600 per day of surgery
Hospital Confinement	\$100 per day, 1-90 days; \$100 per day, 91+ days, in lieu of all other benefits	\$300 per day, 1-90 days; \$300 per day, 91+ days, in lieu of all other benefits
U.S. Government/ Charity Hospital/ HMO	\$100 per day in lieu of most other benefits	\$300 per day in lieu of most other benefits
Drugs and Medicine	Inpatient: \$150 per confinement Outpatient: \$50 per prescription, up to \$50 per calendar month	Inpatient: \$150 per confinement Outpatient: \$50 per prescription, up to \$150 per calendar month
Blood, Plasma, and Platelets	\$150 per day, up to \$7,500 per calendar year	\$250 per day, up to \$12,500 per calendar year
Bone Marrow/Stem Cell Transplant	Autologous - \$500 per calendar year Non-Autologous - \$1,500 per calendar year	Autologous - \$1,500 per calendar year Non-Autologous - \$4,500 per calendar year
Attending Physician	\$30 per day of confinement	\$50 per day of confinement
Extended Care Facility	\$100 per day	\$300 per day
Home Health	\$100 per day	\$300 per day
Hospice Care	\$50 per day, \$9,000 lifetime max	\$100 per day, \$18,000 lifetime max
Dread Disease	\$100 per day, 1-90 days of hospital confinement	\$300 per day, 1-90 days of hospital confinement
OPTIONAL: Hospital Intensive Care Unit Rider	Pays \$600 per day up to 30 days per confinement in an ICU. Pays \$100 in ambulance expenses per admission in an ICU.	

Plan Type	Low Option	Low Option + ICU Rider	High Option	High Option + ICU Rider
Monthly Premium				
Individual	\$14.80	\$17.80	\$29.40	\$32.40
1-Parent Family	\$20.60	\$24.80	\$40.40	\$44.60
2-Parent Family	\$26.40	\$32.70	\$51.50	\$57.80

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Medical Transportation

MASA

Burnet Consolidated ISD offers comprehensive coverage and care for emergency transport through MASA. MASA protects families against uncovered costs for emergency transportation and provides

connections with care services. Your out-of-pocket expenses for your emergency ground or air transportation to a medical facility are covered with MASA.

Plan Type	Emergent Plus Membership Plan	Platinum Membership Plan
Emergency Ground Ambulance	Covered	Covered
Emergency Air Ambulance	Covered	Covered
Hospital to Hospital Ambulance	Covered	Covered
Repatriation to Hospital Near Home	Covered	Covered
Patient Return Transportation	Not Covered	Covered
Plan Cost		
Monthly Premium	Emergent Plus Membership Plan	Platinum Membership Plan
	\$14.00	\$39.00

How to Use MASA



When to access:

During or immediately following your emergency care treatment.



How to access:

Call 800-643-9023. The MASA Transport Team is available 24/7/365 to assist you and will begin making the necessary arrangements, including working with your medical team.



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Identity Theft Protection

ID Watchdog

Burnet Consolidated ISD knows that identity theft can affect anyone—from infants to seniors. With ID Watchdog as an employee benefit, you have a more convenient and affordable way to help better protect and

monitor your identity. You'll be alerted to potentially suspicious activity and enjoy greater peace of mind knowing you don't have to face identity theft alone.

Special Employee Pricing

Employee: \$7.95 per month
Employee + Family: \$14.95 per month



ID Watchdog scours billions of data point including public records, transaction records, social media, and more to search for signs of potential identity theft.



ID Watchdog has you covered with lock features for added control over your credit report(s) to help keep identity thieves from opening new accounts in your name.



If you become a victim, you don't have to face it alone. One of ID Watchdog's certified resolution specialists will personally manage the case for you until your identity is restored.



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403(b) Retirement Plan

The Omni Group

Burnet Consolidated ISD offers a supplemental retirement plan administrated by The Omni Group. A 403(b) or 457(b) plan allows you to save for retirement on a tax-deferred basis. Your contributions are voluntary, and you can choose the amount

based on your retirement goals. For more specific information on the plan design, please reference the Universal Availability notice, which can be accessed by searching for your employer forms and information at <https://www.omni403b.com>.

OMNI's services include the review and approval of all 403(b) & 457(b) transactions along with the implementation of Salary Reduction Agreement (SRA) forms.

Transactions may include:

- Distributions (including distributions due to age, death, disability, separation from service, and domestic relations orders.
- Exchanges/Transfers/Rollovers of 403(b) funds between vendors or 403(b) plans
- Hardship Withdrawals
- Loans
- Purchase of Service Credits
- Qualified Domestic Relations Orders (QDRO)

Learn More



Specific Plan Information

Visit OMNI's website at www.omni403b.com.



Have a Question?

OMNI is available from 7:30am to 8:00pm Monday - Friday EST to assist with any questions you may have. Speak to a call center representative by calling 1-877-544-OMNI (6664).



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