

# Employee Benefits Guide

2025-2026 Plan Year

Jilli Bryan

[jbryan@usebsg.com](mailto:jbryan@usebsg.com)

972-947-5193

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# Welcome!

**Valley View Independent School District's**

**goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits package.**

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family. Please read this guide carefully so that you may make informed enrollment decisions.

**This guide is designed to highlight your benefit options.** It is not a complete Summary Plan Description. For more details including covered expenses, exclusions, and limitations, please refer to individual Summary Plan Descriptions or request information directly from the insurance carrier. If any discrepancy exists between this guide and the official documents, the Summary Plan Description will prevail.



# Open Enrollment

Open enrollment for the 2025-2026 Plan Year



## Important!

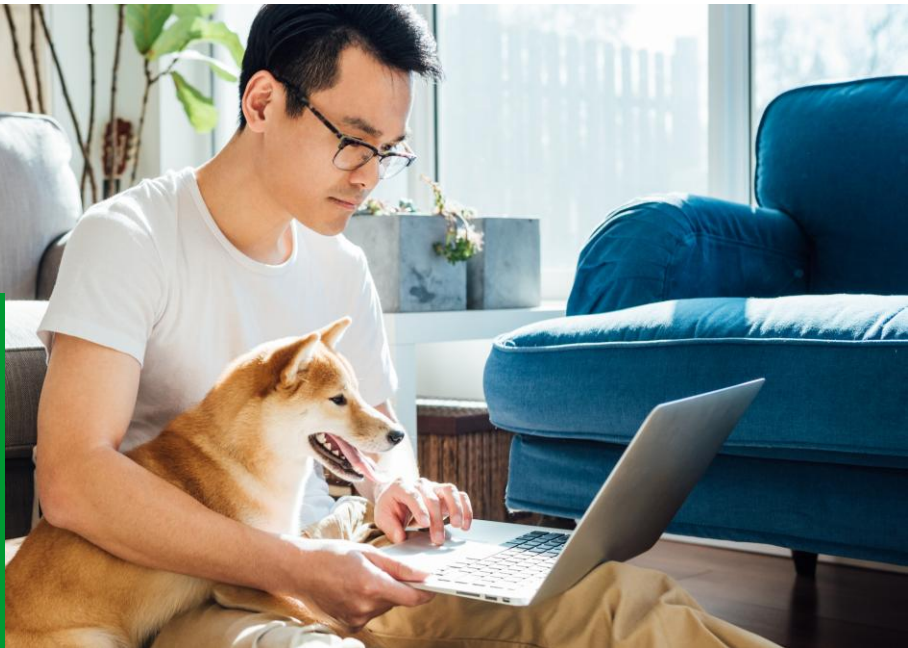
**Open Enrollment Dates**  
August 4<sup>th</sup> – August 15<sup>th</sup>

### Onsite Enrollment

- August 7<sup>th</sup> :  
12 p.m.
- August 8<sup>th</sup> :  
12 p.m. – 4 p.m.

### What's new for 2025?

- New Carrier- One America
- New Carrier- Mutual of Omaha
- FSA/HSA Max Increase



### Step 1 - LOGIN PORTAL

Go to:

[app.thebeaconselect.com/Enroll/Login.aspx?Path=valleyviewisd](http://app.thebeaconselect.com/Enroll/Login.aspx?Path=valleyviewisd)

Under User ID: Enter your SSN

Under PIN: Enter last 4 of SSN and the last two of your birth year

### Step 2 - REVIEW PERSONAL INFORMATION

Review and update your personal and dependent information.

### Step 3 - SIGN AND APPROVE ELECTIONS

Sign and approve benefit elections.

Review ALL elections within the Confirmation Statement for accuracy





# Eligibility



## Initial Eligibility Period

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date.

## Qualifying Events

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- **Marriage, divorce or legal separation**
- **Birth or adoption of a child**
- **Change in child's dependent status**
- **Death of a spouse, child or other qualified dependent**
- **Change in service area**
- **Change in employment status or a change in coverage under another employer-sponsored plan**

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage as of the date of the event.

## Dependents

You can enroll your eligible dependents for medical, dental, vision, voluntary life insurance, critical illness, and accident coverage. Eligible dependents are defined as:

**Your spouse** (unless legally separated)

**Your children, including:**

- Your naturally born children;
- Your legally adopted child. An adopted child is considered a dependent from the moment the child is placed in the custody of the adoptive parents.
- A stepchild, foster child, or any child of whom you have legal custody, who resides in your household in a regular parent-child relationship and is principally dependent on you for his/her support and maintenance and is named as an exemption on your most recent federal income tax return (proof may be required).
- Any child whom you are required to provide health care coverage for under a Qualified Medical Child Support Order.
- Eligible children (as defined above) can be covered until the end of the month following their 26<sup>th</sup> birthday.

# Medical Plan Options: Summary

## TRS-ActiveCare



| TRS – ActiveCare Primary | Monthly Cost | Plan Highlights   |
|--------------------------|--------------|---|
| Employee Only            | \$249.00     | <ul style="list-style-type: none"> <li>•Lowest premium of all three plans</li> <li>•Copays for doctor visits before you meet your deductible</li> <li>•Not compatible with a Health Savings Account</li> <li>•No out-of-network coverage</li> </ul> |
| Employee and Spouse      | \$1,191.00   |   |
| Employee and Children    | \$637.00     |   |
| Employee and Family      | \$1,579.00   |   |

| TRS – ActiveCare Primary + | Monthly Cost | Plan Highlights   |
|----------------------------|--------------|---|
| Employee Only              | \$345.00     | <ul style="list-style-type: none"> <li>•Lower deductible than the HD and Primary plans</li> <li>•Copays for many services and drugs</li> <li>•Higher premium</li> <li>•Primary Care Provider referrals to see specialist</li> <li>•Not compatible with a Health Savings Account</li> <li>•No out-of-network coverage</li> </ul> |
| Employee and Spouse        | \$1,385.00   |   |
| Employee and Children      | \$800.00     |   |
| Employee and Family        | \$1,840.00   |   |

| TRS – ActiveCare HD   | Monthly Cost | Plan Highlights  |
|-----------------------|--------------|--|
| Employee Only         | \$265.00     | <ul style="list-style-type: none"> <li>•Compatible with a Health Savings Account</li> <li>•Nationwide network with out-of-network coverage</li> <li>•No requirement for primary Care Providers or referrals</li> <li>•Must meet your deductible before plan pays for non-preventative care</li> <li>•</li> </ul> |
| Employee and Spouse   | \$1,234.00   |  |
| Employee and Children | \$664.00     |  |
| Employee and Family   | \$1,633.00   |  |

# Medical Plan: ActiveCare Primary

TRS



| TRS  | In-Network Coverage Only                                |
|--|---|
| General Plan Information   |   |
| Deductible (Embedded*)   | Single \$2,500; Family \$5,000                          |
| Coinsurance  | 30% Coinsurance after Deductible                        |
| Out-of-Pocket Maximum  | Single \$8,500; Family \$16,100                         |
| Prescription Coverage  |   |
| Drug Deductible  | Integrated with medical                                 |
| Generic (31-Day Supply/90-Day Supply)  | \$15/\$45 copay<br>\$0 copay for certain generics       |
| Preferred (Max does not apply if brand is selected and generic is available) | You pay 30% after deductible                            |
| Non-Preferred  | You pay 50% after deductible                            |
| Specialty  | \$0 if SaveOnSP eligible; You pay 30% after deductible  |
| Insulin Out-of-Pocket Costs  | \$25 copay for 31-day supply; \$75 for 61-90 day supply |
| Covered Medical Highlights   |   |
| Preventive Routine Care  | Covered in Full   |
| Primary Office Visit   | \$30 Copay  |
| Specialist Office Visit  | \$70 Copay  |
| Inpatient Hospital Costs   | You pay 30% after deductible                            |
| Outpatient Costs   | You pay 30% after deductible                            |
| Emergency Care   | You pay 30% after deductible                            |
| Urgent Care Center   | \$50 Copay  |
| TRS Virtual Health-RediMD  | \$0 per medical consultation                            |
| TRS Virtual Health- Teladoc  | \$12 per medical consultation                           |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Medical Plan: ActiveCare Primary+ TRS



| TRS  | In-Network Coverage Only  |
|--|---|
| General Plan Information   |   |
| Deductible (Embedded*)   | Single \$1,200; Family \$2,400  |
| Coinsurance  | 20% Coinsurance after Deductible  |
| Out-of-Pocket Maximum  | Single \$6,900; Family \$13,800   |
| Prescription Coverage  |   |
| Drug Deductible  | \$200 deductible per participant (brand drugs only)                                   |
| Generic (31-Day Supply/90-Day Supply)  | \$15/\$45 copay   |
| Preferred (Max does not apply if brand is selected and generic is available) | You pay 25% after deductible (\$100 max)/<br>You pay 25% after deductible (\$265 max) |
| Non-Preferred  | You pay 50% after deductible  |
| Specialty  | \$0 if SaveOnSP eligible; You pay 30% after deductible                                |
| Insulin Out-of-Pocket Costs  | \$25 copay for 31-day supply; \$75 for 61-90 day supply                               |
| Covered Medical Highlights   |   |
| Preventive Routine Care  | Covered in Full   |
| Primary Office Visit   | \$15 Copay  |
| Specialist Office Visit  | \$70 Copay  |
| Inpatient Hospital Costs   | 20% after deductible  |
| Outpatient Costs   | You pay 20% after deductible  |
| Emergency Care   | You pay 20% after deductible  |
| Urgent Care Center   | \$50 Copay  |
| TRS Virtual Health-RediMD  | \$0 per medical consultation  |
| TRS Virtual Health- Teladoc  | \$12 per medical consultation   |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# Medical Plan: ActiveCare HD

TRS



Medical

| TRS  | In-Network   | Out-of-Network   |
|--|--|--|
| General Plan Information   |  |  |
| Deductible (Embedded*)   | Single \$3,300; Family \$6,600                             | Single \$3,000; Family \$6,000                               |
| Coinsurance  | 30% Coinsurance after Deductible                           | 40% Coinsurance after Deductible                             |
| Out-of-Pocket Maximum  | Single \$9,200; Family \$18,400                            | Single \$18,400; Family \$36,800                             |
| Prescription Coverage  |  |  |
| Drug Deductible  | Integrated with medical                                    | Integrated with medical                                      |
| Generic (31-Day Supply/90-Day Supply)  | 20% after deductible; \$0 coinsurance for certain generics | 20% after deductible; \$0 coinsurance for certain generics   |
| Preferred (Max does not apply if brand is selected and generic is available) | 25% after deductible                                       | 25% after deductible   |
| Non-Preferred  | 50% after deductible                                       | 50% after deductible   |
| Specialty  | 20% after deductible                                       | 20% after deductible   |
| Insulin Out-of-Pocket Costs  | 25% after deductible                                       | 25% after deductible   |
| Covered Medical Highlights   |  |  |
| Preventive Routine Care  | Covered in Full  | You pay 50% after deductible                                 |
| Primary Office Visit   | You pay 30% after deductible                               | You pay 50% after deductible                                 |
| Specialist Office Visit  | You pay 30% after deductible                               | You pay 50% after deductible                                 |
| Inpatient Hospital   | You pay 30% after deductible                               | You pay 50% after deductible \$500 facility per day maximum) |
| Outpatient Costs   | You pay 30% after deductible                               | You pay 50% after deductible                                 |
| Emergency Room   | You pay 30% after deductible                               | You pay 30% after deductible                                 |
| Urgent Care Center   | You pay 30% after deductible                               | You pay 50% after deductible                                 |
| TRS Virtual Health-RediMD  | \$30 per medical consultation                              | \$30 per medical consultation                                |
| TRS Virtual Health- Teladoc  | \$42 per medical consultation                              | \$42 per medical consultation                                |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Telemedicine

1-800 MD



## Contact

|         |   |
|---------|---|
| Carrier | 1-800 MD  |
| Phone   | 1-800-530-8666  |
| App     | 1800MD Member Mobile                                  |
| Website | <a href="https://1800md.com/">https://1800md.com/</a> |

With telemedicine services, you get the health care you need anytime, anywhere, through a nationwide network of U.S. Board Certified Doctors & Pediatricians.

## Non-Emergent Care

Telemedicine services make it fast and easy to visit a doctor – average wait time is only 20 minutes. Telemedicine is not a replacement for your primary care physician or specialist, but it's great for non-emergency care, especially when the doctor's office is closed, or you can't get to an urgent care center.

### Common Conditions Treated

- Acne
- Allergies
- Asthma
- Bronchitis
- Fever
- Cold & Flu
- Nausea
- Pinkeye
- Earache

## Behavioral Health Counseling

Video conferencing with a psychiatrist or licensed therapists from privacy of own home. You can schedule recurring appointments to establish an ongoing relationship with one therapist.

- Addiction
- Bipolar Disorder
- Depression
- Eating Disorders
- Postpartum Depression
- Relationship Issues
- Stress
- Trauma & PTSD
- Grief & Loss
- LGBTQ Support
- Life Changes
- Panic Disorders

### Rates

|                                     |        |
|-------------------------------------|--------|
| Employee Only                       | \$6.00 |
| Employee + Spouse/Child(ren)/Family | \$6.00 |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Health Savings Account

## EECU



## Health Savings Account (HSA) Overview

A Health Savings Account (HSA) is a tax-favored savings account for individuals and families covered by a High-Deductible Health Plan (HDHP) created for the purpose to set aside pre-tax dollars to pay for qualified medical expenses.

## High-Deductible Health Plan (HDHP)

To obtain the benefits of an HSA, the law requires that the savings account be combined with a qualified High-Deductible Health Plan (HDHP). The minimums and maximums on HDHP's are determined annually by the IRS and are subject to change. For 2025, the minimum annual deductible and maximum out-of-pocket requirements are:

| Level of Coverage | Minimum Annual Deductible | Maximum Out-of-Pocket |
|-------------------|---------------------------|-----------------------|
| Single            | \$1,650                   | \$8,300               |
| Family            | \$3,300                   | \$16,600              |

## Qualified Medical Expenses

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses as described in Section 213(d) of the Internal Revenue Service Tax Code. A list of these expenses is available on the IRS website, [www.irs.gov](http://www.irs.gov) in IRS Publication 502, "Medical and Dental Expenses." Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate plus 20% tax penalty, unless you are 65 or older, disabled or deceased. Remember, the IRS may modify its list of eligible expenses from time to time. As always, consult your tax advisor should you require tax advice.

## Contributing To An HSA

Individuals and families are offered the opportunity to save for current and future health care with a Health Savings Account (HSA). Contributions to an HSA are 100% tax-deductible from your gross income. The Internal Revenue Service (IRS) annually reviews and sets the contribution limits for HSA's. For 2025, the combined employer/employee maximum contribution limits are:

| Type of Coverage                | Maximum Annual Contribution Limit |
|---------------------------------|-----------------------------------|
| Single                          | \$4,300                           |
| Family                          | \$8,550                           |
| Catch-Up Contribution (Age 55+) | Additional \$1,000                |

# Flexible Spending Account

NBS



HSA & FSA



## FSA - Medical

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Noncovered expenses apply to all dependent family members even if not covered by a particular insurance plan. **The maximum contribution amount for calendar years 2025 & 2026 is \$3,300 - this amount is deducted in equal amounts from each paycheck before taxes are calculated and then set aside for the employee in a special account.**

Please visit [carrier website] for a list of eligible expenses.

**FSA Rules & Regulations Tip** • The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, they will request itemized receipts.

\*Always save your itemized receipts!

## FSA – Dependent Care

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately). Dependent Care Eligible for Reimbursement::

- Care at a licensed nursery school, day camp, or day care center
- Services from individuals who provide dependent care in or outside your home, unless the provider is your spouse, your own children under the age of 19, or any other dependent
- After-school care for children under age 13
- Household services related to the care of an elderly or disabled adult who lives with you
- Any other services that qualify as dependent care expenses under IRS regulations.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Dental Plan

## Humana

# Humana

Dental &  
Vision

| Plan Name   | Custom Traditional Plus Low  | Traditional Plus High  |
|---|--|--|
|   | Plan Information   | Plan Information   |
| Eligibility   | All Eligible Employees   | All Eligible Employees   |
| Deductible (Single / Family)  | \$50 Single / \$150 Family   | \$50 Single / \$150 Family   |
|   | Annual Maximum   | Annual Maximum   |
| Annual Maximum Per Person   | \$1,000  | \$1,200  |
|   | Dependent Coverage   | Dependent Coverage   |
| Dependent Age Limit   | To Age 26, Unmarried   | To Age 26, Unmarried   |
|   | Dental Services  | Dental Services  |
| Preventive Services<br>• Oral Exam (3)<br>• Cleanings (3)<br>• X-rays (1 per 12 months) | Covered at 100%  | Covered at 100%  |
| Basic Services<br>• Amalgam Fillings<br>• Root Canals                                   | Covered at 70%   | Covered at 80%   |
| Major Services<br>• Crowns<br>• Dentures  | Covered at 50%   | Covered at 50%   |
| Orthodontia<br>(Children Only)  | Members may receive a discount on non-covered services of up to 20%.                                     | Covered at 50%, up to a Lifetime Max Amount of \$1,000   |
| Extended Annual Max   | 30% coverage for preventative, basic, and major services after the maximum is met (excludes orthodontia) | 30% coverage for preventative, basic, and major services after the maximum is met (excludes orthodontia) |
|   | Monthly Cost   | Monthly Cost   |
| Employee  | \$23.28  | \$33.36  |
| Employee + Spouse   | \$46.57  | \$66.74  |
| Employee + Children   | \$59.36  | \$91.69  |
| Family  | \$82.64  | \$126.38   |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# Vision Plan

## Humana

# Humana

Dental &  
Vision

| Plan Name                          | Humana Vision          |                        |
|------------------------------------|------------------------|------------------------|
|                                    | In-Network             | Out-of-Network         |
| General Plan Information           | (Reimbursement)        |                        |
| Eligibility                        | All Eligible Employees | All Eligible Employees |
| Dependent Coverage                 |                        |                        |
| Dependent Age Limit                | To Age 26              | To Age 26              |
| Vision Services                    |                        |                        |
| Eye Exam                           | \$10 Co-Pay            | Up to \$30             |
| Frames Allowance                   | \$130                  | \$65 Allowance         |
| Materials Co-Pay                   | \$10 Co-Pay            | Up to \$100            |
| Elective Contact Lenses            | \$130                  | \$104 Allowance        |
| Medically Necessary Contact Lenses | \$0 Co-Pay             | \$200 Allowance        |
| Vision Service Frequency           |                        |                        |
| Eye Exam                           | Once Per Calendar Year |                        |
| Frames                             | Once Per Calendar Year |                        |
| Contacts                           | Once Per Calendar Year |                        |
| Employee Cost Per Month            |                        |                        |
| Single                             | \$7.22                 |                        |
| EE + Spouse                        | \$14.44                |                        |
| EE + Child(ren)                    | \$14.73                |                        |
| Family                             | \$22.53                |                        |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



Basic Life & Accidental Death & Dismemberment Insurance

Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there. As an eligible employee, **Valley View ISD** pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

| Basic Life / AD&D Plan                            | VENDOR                 |
|---|------------------------|
| General Plan Information                          |                        |
| Eligibility                                       | All Eligible Employees |
| Who Pays for Coverage                             | Employer               |
| Basic Life Benefit                                |                        |
| Life Benefit Amount                               | 50,000                 |
| Benefit Age Reduction                             |                        |
| 50% at age 70. Coverage terminates at retirement. |                        |

# Voluntary Life & AD&D

OneAmerica



## Life & Accidental Death & Dismemberment Insurance

### Voluntary Life/AD&D Insurance Plan

While **Valley View ISD** offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through a post-tax payroll deduction. You can purchase coverage for yourself in increments of \$10,000 with a minimum of \$20,000 and a maximum of \$500,000. Guaranteed issue \$230,000. If you purchase coverage for yourself, you can also purchase coverage for your spouse in increments of \$10,000 with a minimum of \$10,000 and a maximum of \$500,000 (100% of employee's election cannot exceed \$500,000). Guaranteed issue \$50,000. You can elect coverage for your child(ren) in the amount of \$5,000 or \$10,000 (you only pay premium for one, no matter the number of children). The chart below outlines the monthly costs of purchasing additional coverage.

| Basic Life / AD&D Plan |          |        |
|------------------------|----------|--------|
| Age                    | Employee | Spouse |
| Under 25               | \$0.05   | \$0.05 |
| 25-29                  | \$0.06   | \$0.06 |
| 30-34                  | \$0.08   | \$0.08 |
| 35-39                  | \$0.10   | \$0.10 |
| 40-44                  | \$0.15   | \$0.15 |
| 45-49                  | \$0.25   | \$0.25 |
| 50-54                  | \$0.41   | \$0.41 |
| 55-59                  | \$0.67   | \$0.67 |
| 60-64                  | \$0.84   | \$0.84 |
| 65-69                  | \$1.46   | \$1.46 |
| 70-74                  | \$2.34   | \$2.34 |
| Ages 75+               | \$3.61   | \$3.61 |

# Long Term Disability

One America



Disability &  
Accident

Long-Term Disability (LTD) protects one of your most valuable assets, your paycheck. Long-term disabilities are serious and financially debilitating. So that you may have protection when it's needed the most. This insurance will replace a portion of your income if you become physically unable to work due to an illness or injury, as outlined below.

| Long-Term Disability Plan    | One America   |
|------------------------------|---|
| General Plan Information     |   |
| Eligibility                  | All Eligible Employees  |
| Who Pays for Coverage        | Employee  |
| Long-Term Disability Benefit |   |
| Monthly Benefit Percentage   | Increments of \$100 with a minimum of \$200 and a maximum of \$8,000, not to exceed 66 2/3% of Covered Monthly Earnings |
| Monthly Benefit Amount       | \$8,000   |
| Definition of Disability     | Loss of duties and earnings   |
| Pre-Existing Limitation      | 12 months   |

| Elimination Period (Accident/Sickness)                              | Monthly Benefit per \$100 |
|---|---------------------------|
| 0/7   | \$3.37                    |
| 14/14   | \$2.98                    |
| 30/30   | \$2.52                    |
| 60/60   | \$1.64                    |
| 90/90   | \$1.41                    |
| 180/180   | \$1.03                    |
| First day hospitalization benefit for options 0/7, 14/14, and 30/30 |                           |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Accident Coverage

Mutual of Omaha



Disability &  
Accident

Accident Protection coverage allows you to protect yourself financially by ensuring you are covered for specific services and care associated with an injury. The plan provides you with the financial resources to make getting back to your regular routine as easy as possible.

| Long-Term Disability Plan                                  | Vendor   |
|--|--|
| General Plan Information                                   |  |
| Who Pays for Coverage                                      | Employees  |
| Dependent Age Limit  | 26   |
| Accident Benefit   |  |
| Accident Death Benefit Amount                              | Employee \$50,000<br>Spouse \$25,000<br>Child \$10,000 |
| Wellness Screening Benefit<br>(1 day per insured per year) | \$200  |
| Sample of Covered Services                                 |  |
| Hospital Admission   | \$3,000  |
| Daily Confinement (Up to 365 days per accident)            | \$600 per day  |
| Intensive Care Unit Admission                              | \$3,000  |
| Daily Confinement (Up to 15 days per accident)             | \$1,000 per day  |
| Air Ambulance  | \$2,000  |
| Emergency Room Admission                                   | \$500  |
| Hip Dislocation  | Open \$12,000<br>Closed \$6,000                        |
| Shoulder Dislocation                                       | Open \$3,700<br>Closed \$1,850                         |
| Leg Fracture   | Open \$6,000<br>Closed \$3,000                         |
| Concussion   | \$500  |
| Employee Cost Per Month                                    |  |
| Employee Only  | \$15.02  |
| Employee + Spouse  | \$22.29  |
| Employee + Child(ren)                                      | \$30.10  |
| Family   | \$37.65  |



# Hospital Indemnity

Symetra



Hospital  
Indemnity

## What is Hospital Indemnity Insurance?

The Hospital Indemnity insurance policy is designed to help you with certain medical expenses. Coverage is based on a set schedule of benefits for a specified number of days.

\*Note: Group Limited Indemnity is NOT major medical insurance

| Benefits   | Employer Paid / \$500                 | Low/ \$1,000                          | High/ \$2,000                         |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Hospital In-Patient Admission                              | \$500 First Day                       | \$1,000 First Day                     | \$2,000 First Day                     |
| Hospital Confinement Benefit                               | \$100 / Day 2+ (30 incident(s) pp/pcy | \$100 / Day 2+ (30 incident(s) pp/pcy | \$100 / Day 2+ (30 incident(s) pp/pcy |
| Intensive Care Unit Admission                              | \$500 First Day                       | \$1,000 First Day                     | \$2,000 First Day                     |
| Intensive Care Unit Confinement Benefit                    | \$200 / Day 2+ (30 incident(s) pp/pcy | \$200 / Day 2+ (30 incident(s) pp/pcy | \$200 / Day 2+ (30 incident(s) pp/pcy |
| Mental Health Facility                                     | \$100 per day, 30 day(s) pp/pcy       | \$100 per day, 30 day(s) pp/pcy       | \$100 per day, 30 day(s) pp/pcy       |
| Wellness Screening Benefit<br>(1 day per insured per year) | \$50                                  | \$50                                  | \$50                                  |

| Tier Monthly Premium    | Employer Paid \$500 | Low/ \$1,000 | High/ \$2,000 |
|-------------------------|---------------------|--------------|---------------|
| Employee Only           | \$0.00              | \$8.09       | \$17.42       |
| Employee & Spouse       | \$6.39              | \$22.66      | \$40.60       |
| Employee and Child(ren) | \$2.41              | \$13.92      | \$27.05       |
| Employee and Family     | \$7.50              | \$25.92      | \$46.68       |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Critical Illness Coverage

Mutual of Omaha



Critical Illness Coverage pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness is a limited benefit policy. U.S. Retirement & Benefits Partners offers Critical Illness Insurance on a voluntary basis.

## What benefits are available?

Critical Illness Insurance provides a benefit payment for illnesses and conditions reflected in the chart below.

## Who is eligible for Critical Illness Insurance?

- You –active employees working 30+hours per week
- Your Spouse –Coverage available only if employee coverage elected
- Your Child(ren)–to age 26. Coverage available only if employee coverage elected

| Conditions                           | Employee Benefit Amount: \$5,000 - \$40,000   |                |
|--------------------------------------|---|----------------|
|                                      | Spouse Benefit Amount: \$5,000 - \$40,000     |                |
|                                      | Child(ren) Benefit Amount: \$5,000 - \$40,000 |                |
| Cancer                               | 1st Occurrence                                | 2nd Occurrence |
| Invasive Cancer                      | 100%  | 100%           |
| Non-Invasive Cancer                  | 25%   | 25%            |
| Other Conditions                     |   |                |
| Benign Brain or Spinal Cord Tumor    | 100%  | 100%           |
| Coma                                 | 100%  | 100%           |
| Cardiac Conditions                   |   |                |
| Heart Attack (Myocardial Infarction) | 100%  | 100%           |
| Severe Burn                          | 100%  | 100%           |
| Sudden Cardiac Arrest                | 100%  | 0%             |
| Organ Failure                        |   |                |
| End Stage Renal Failure              | 100%  | 0%             |
| Major Organ Failure                  | 100%  | 100%           |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Critical Illness Coverage

Mutual of Omaha



Monthly premiums are calculated based on age. No underwriting required; you can enroll in this coverage without completing an Evidence of Insurability.

| Employee | Per \$1,000 |
|----------|-------------|
| <30      | \$0.40      |
| 30-39    | \$0.57      |
| 40-49    | \$1.07      |
| 50-59    | \$2.13      |
| 60-69    | \$3.88      |
| 70-79    | \$9.70      |
| 80-99    | \$9.70      |

| Spouse | Per \$1,000 |
|--------|-------------|
| <30    | \$0.40      |
| 30-39  | \$0.57      |
| 40-49  | \$1.07      |
| 50-59  | \$2.13      |
| 60-69  | \$3.88      |
| 70-79  | \$9.70      |
| 80-99  | \$9.70      |

**\* Child insurance is automatic. A separate premium is not required**

# Cancer Coverage

Colonial Life



Cancer &  
Critical Illness

Cancer insurance is designed to provide supplemental insurance that is designed to help reduce out-of-pocket expenses and bridge the gap between what your primary insurance does and does not cover. Cancer benefits are payable for:

- Cancer Screening
- Wellness Test Benefit
- Inpatient Benefits
- Transportation & Lodging



## Low Cancer

|                     | Monthly Premium |
|---------------------|-----------------|
| Employee Only       | \$22.55         |
| Employee and Family | \$37.50         |

## High Cancer

|                     | Monthly Premium |
|---------------------|-----------------|
| Employee Only       | \$29.15         |
| Employee and Family | \$48.45         |

# Identity Theft Protection

Aura



## Why do you need Identity Theft?

- Nearly **90% of employees** who used an employer-offered Cyber Wellness solution to aid in identity theft report a higher quality of life
- Employees with access to identity theft solutions are **3 times more likely** to be aware of suspicious activity -- empowering them to take control faster
- **Almost 93% of employees** with an employer-offered remediation solution said it lessened the negative impacts of ID theft
- **91% of employees** who leveraged the employer-offered service after an ID theft recommended the solution to co-workers

### We'll Alert you of

- Your personal information on the dark web
- High-risk transactions like account takeovers and tax refunds
- Potential threats detected by IBM Watson AI
- Requests to open checking or savings accounts with your information
- Monthly credit score
- Bank Account takeover

### Best-in-Class Customer Cre

- U.S.-based customer care
- IBM Watson AI
- Online identity dashboard
- Mobile App

### Family Plan Additional Features

- Your child's information on the dark web
- Cyberbullying on social media

## Powerful Monitoring Tools

- Near real-time alerts
- Property Deed Monitoring
- Address Monitoring
- Criminal Record Monitoring
- Sexual Offense Monitoring
- Transaction Monitoring
- SSN trace and monitoring for children
- Fictitious Identity Monitoring

### Monthly Premiums

| Plan    | Individual | Family  |
|---------|------------|---------|
| Total   | \$7.90     | \$13.90 |
| Premier | \$9.85     | \$17.85 |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# Permanent Life & Long-Term Care

Chubb

CHUBB®

Life & Long  
Term Care

## Two important coverages for when you need them the most.

Permanent Life + Long-Term Care (LTC) is two-in-one security. It combines **permanent life insurance** with benefits that can help with the high costs of **long-term care services**. It helps protect your family from the financial impact of losing a loved one or needing extended care. You select a benefit amount that works for you, and you **lock in a rate** that is designed to last a lifetime and doesn't increase due to age.

Universal Life adjusts to your changing needs as you age. It provides a **higher death benefit** during your working years, when you may need the protection most. The death benefit then reduces after age 70, while your benefit for long-term care remains at the same high level.

## Example of Benefits for Long-Term Care

For a \$50,000 policy, your benefits might pay like this:

|           |  |
|-----------|--|
| \$50,000  | You can collect 4% of your benefit amount per month for up to 25 months to help pay for long-term care services. |
| +\$50,000 | Plus, if you collect benefits for LTC, your full death benefit can still be paid to beneficiaries.               |
| +\$50,000 | Plus, you can extend your benefits for LTC an extra 25 months, up to 50 total months.                            |
| \$150,000 | Total Maximum Benefit!   |

Benefits for long-term care begin to pay after 90 days of confinement or services; to qualify you must meet the conditions of eligibility for benefits. Availability and names for long-term care, restoration, and extension of benefits for long-term care may vary by state. The benefit amounts shown are for sample plans and are not a guarantee.

## More Flexible Universal Life Features

- Coverage up to \$250,000
- **Cover all children** with a term life insurance rider. They can later simply convert coverage to permanent Universal Life.
- EZ Value option: provides **automatic annual benefit increases** without additional underwriting.
- Once you have a policy, your rate is locked in and **will not increase due to age**.
- Accelerate **up to 50% of your death benefit** if a doctor determines your life expectancy is 24 months or less.
- **No medical exams** or blood work to apply – just answer a few simple questions.
- Fully **portable** – keep your coverage, at the same rate and benefits, if you change jobs or retire.
- Pay for coverage via **convenient payroll deduction**, as long as you stay with your employer.
- **Apply for family members** as well as for yourself.

Two different medical emergency transport plans are available to cover you and your family. The Medical Transport Services plan provides access to vital emergency medical transportation for a low monthly cost.

One low fee for peace of mind for:

- Emergent Transport Costs
- No Deductible
- Easy Claim Process
- No Health Questions
- Coverage available for Spouses and Dependents to age 26

| Benefit Coverage                | Platinum<br>\$39 / Month | Emergent Plus<br>\$14 / Month |
|---------------------------------|--------------------------|-------------------------------|
| Emergent Ground Transportation  | U.S. / Canada            | U.S. / Canada                 |
| Emergency Air Transportation    | U.S. / Canada            | U.S. / Canada                 |
| Repatriation                    | Worldwide                | U.S. / Canada                 |
| Non-Emergent Air Transportation | Worldwide                | U.S. / Canada                 |
| Escort Transportation           | Worldwide                |                               |

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Contacts



| Benefit  | Carrier  | Phone          | Website  |
|--|--|----------------|--|
| Medical  | TRS ActiveCare - BCBS  | 1-866-355-5999 | <a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a> |
| Health Savings Account   | EECU   | 817-882-0800   | <a href="https://eecu.org/">https://eecu.org/</a>                              |
| Flexible Spending Account  | NBS  | 800-274-0503   | <a href="http://www.nbsbenefits.com/">www.nbsbenefits.com/</a>                 |
| Dental   | Humana   | 1-877-877-1051 | <a href="http://www.humana.com">www.humana.com</a>                             |
| Vision   | Humana   | 1-877-877-1051 | <a href="http://www.humana.com">www.humana.com</a>                             |
| Group Life   | UNUM   | 800-275-8686   | <a href="http://www.unum.com/">www.unum.com/</a>                               |
| Voluntary Life   | UNUM   | 800-275-8686   | <a href="http://www.unum.com/">www.unum.com/</a>                               |
| Educators Disability   | One America  | 855-387-9727   | <a href="http://www.oneamerica.com">www.oneamerica.com</a>                     |
| Accident   | Mutual of Omaha  | 800-877-5176   | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>               |
| Cancer   | Colonial   | 1-800-325-4368 | <a href="http://www.coloniallife.com">www.coloniallife.com</a>                 |
| Critical Illness   | Mutual of Omaha  | 800-877-5176   | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>               |
| Hospital Indemnity   | Symetra  | 1-800-796-3872 | <a href="http://www.symetra.com/">www.symetra.com/</a>                         |
| Permanent Life + Long Term Care  | Chubb  | 1-855-241-9891 | <a href="http://www.chubb.com">www.chubb.com</a>                               |
| Identity Theft Protection  | Aura   | 1-855-443-7748 | <a href="http://www.identityguard.com">www.identityguard.com</a>               |
| Medical Transport  | MASA   | 954-758-9833   | <a href="http://www.masamts.com">www.masamts.com</a>                           |
| <b>Benefit Website</b>   | <b><a href="https://valleyviewisd.mybenefitsinfo.com">https://valleyviewisd.mybenefitsinfo.com</a></b> |                |  |
| Valley View ISD<br>Misty Price   Human Resources<br><a href="mailto:mprice@vvisd.net">mprice@vvisd.net</a> |  |                |  |

# Valley View ISD

## Benefits Guide 2025

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies or errors are always possible.

In case of a discrepancy between this guide and the official plan documents, the official 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.

