

# EMPLOYEE Benefits Guide

2024-2025 Plan Year  
Dawson ISD



# TABLE OF CONTENTS

<b>Welcome!</b>	<b>3</b>
<b>Open Enrollment</b>	<b>4</b>
<b>Eligibility</b>	<b>5</b>
<b>Employer Paid Basic Life and AD&amp;D</b>	<b>6</b>
<b>Dental</b>	<b>7-8</b>
<b>Vision</b>	<b>9</b>
<b>Disability</b>	<b>10</b>
<b>Medical Bridge</b>	<b>11</b>
<b>Cancer</b>	<b>12</b>
<b>Critical Care</b>	<b>13</b>
<b>Accident</b>	<b>14</b>
<b>Medical Transport</b>	<b>15</b>
<b>Voluntary Life and AD&amp;D</b>	<b>16</b>
<b>Permanent Life</b>	<b>17</b>
<b>Legal</b>	<b>18</b>
<b>Flexible Spending Accounts</b>	<b>19</b>
<b>Contact List</b>	<b>20</b>

# WELCOME

**Dawson ISD'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 2024-2025 PLAN YEAR

Open Enrollment is the window of opportunity to review your benefit enrollments and determine if you want to make any changes for the following plan year. It is important to remind you that decisions made during Open Enrollment are generally binding for the entire plan year and cannot be changed until next year's Open Enrollment unless there is a qualified change in status (see Eligibility page for details).

### Open Enrollment Dates

**Monday, July 29<sup>th</sup> – Friday, August 16<sup>th</sup>**

### Call Center Availability

**Monday – Friday 8:00 AM to 7:00 PM  
888-534-2917**

### Onsite Enrollment Date:

Tuesday, August 13th: in-person Open Enrollment meetings

### Employee Benefits Website

**[dawsonisd.mybenefitsinfo.com](http://dawsonisd.mybenefitsinfo.com)**

## HOW TO ENROLL

You must complete your elections online via The Beacon Select, even if you are waiving benefits.

### Step 1 - LOGIN PORTAL

Go to: [dawsonisd.thebeaconselect.com](http://dawsonisd.thebeaconselect.com)

Under User ID: Enter your Employee ID or 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 - REVIEW PLAN OPTIONS AND MAKE ELECTIONS

Elect or decline each offer of coverage for you and your family.

### Step 4 - 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. If your enrollment is not completed on or before the end of your initial eligibility period, you will have to wait until the next Open Enrollment period to change your benefit elections (unless there is a qualifying event outlined below).

## DEPENDENTS

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

- Your spouse (unless legally separated) or domestic partner.
- 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) are covered for medical, dental, and vision purposes until the end of the month following their 26th birthday.

## QUALIFIED CHANGE IN STATUS:

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. If you submit a qualifying event more than 30 days after the event, the change is subject to carrier approval.



# EMPLOYER PAID BASIC LIFE & AD&D

Lincoln Financial

## BASIC LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### *Basic Life/AD&D Insurance Plan*



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, **Dawson ISD** pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

Carrier	Basic Life / AD&D Plan
General Plan Information	
Eligibility	All Eligible Employees
Who Pays For Coverage	Employer
Basic Life Benefit	
Life Benefit Amount	\$10,000
Guarantee Issue Amount	\$10,000

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 Preventative Plus Plan

	In-Network	Out-of-Network
<b>General Plan Information</b>		
Eligibility	All Full-Time Employees	
Who Pays For Coverage	Employee	
<b>Dependent Coverage</b>		
Dependent Age Limit	To Age 26	
<b>Dental Services</b>		
Preventive Services	100% Covered	100% Covered
Basic Services	80% Covered	80% Covered
Major Services	No Coverage	No Coverage
Orthodontia Services	No Coverage	No Coverage
<b>Cost Sharing Highlights</b>		
Deductible (Preventative Waived)	Individual \$50	Family \$50
Orthodontia Lifetime Maximum	No Coverage	
Calendar-year Annual Maximum	\$1,000	
<b>Employee Monthly Cost</b>		
Employee	\$19.01	
Employee + Spouse	\$43.05	
Employee + Children	\$50.52	
Employee + Family	\$79.55	

### Find a Dentist:

With Humana Dental plans, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental's Preferred Network, log on to **Humana.com** or call **1-800-233-4013**.

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 Traditional Plus Plan

	In-Network	Out-of-Network
<b>General Plan Information</b>		
Eligibility	All Full-Time Employees	
Who Pays For Coverage	Employee	
<b>Dependent Coverage</b>		
Dependent Age Limit	To Age 26	
<b>Dental Services</b>		
Preventive Services	100% Covered	100% Covered
Basic Services	80% Covered	80% Covered
Major Services	50% Covered	50% Covered
Orthodontia Services	50% Covered	50% Covered
<b>Cost Sharing Highlights</b>		
Deductible (Preventative Waived)	Individual \$50	Family \$150
Orthodontia Lifetime Maximum	\$2,000	
Calendar-year Annual Maximum	\$2,000 + 30% extended annual maximum	
<b>Employee Monthly Cost</b>		
Employee	\$47.19	
Employee + Spouse	\$94.36	
Employee + Children	\$133.97	
Employee + Family	\$184.80	

### Find a Dentist:

With Humana Dental plans, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental's Preferred Network, log on to **Humana.com** or call **1-800-233-4013**.

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# VISION PLAN

## Superior Vision

	In-Network	Out-Of-Network
<b>General Plan Information</b>		
Eligibility	All Full-Time Employees	All Full-Time Employees
Who Pays For Coverage	Employee	Employee
<b>Dependent Coverage</b>		
Dependent Age Limit	To Age 26	To Age 26
<b>Vision Services</b>		
Eye Exam	\$10 Copay	Up to \$35 retail
Provider Frames	Up to \$150 retail allowance	Up to \$70 retail
Standard Plastic Lenses	Covered in full	Up to \$25 retail
Elective Contact Lenses	Up to \$175 retail allowance	Up to \$80 retail
Medically Necessary Contact Lenses	Covered in Full	Up to \$150 retail
<b>Vision Service Frequency</b>		
Eye Exam	Once Every 12 Months	Once Every 12 Months
Frames	Once Every 12 Months	Once Every 12 Months
Lenses or Contacts	Once Every 12 Months	Once Every 12 Months
	<b>Employee Monthly Cost</b>	
Employee Only	\$8.17	
Employee + Spouse	\$13.99	
Employee + Child(ren)	\$14.79	
Employee + Family	\$22.17	

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.

# LONG TERM DISABILITY

## The Standard

Disability insurance is designed to protect your salary, up to 66%, should you become disabled as a result of a covered accident or illness. The plan has various waiting periods depending on your own personal needs. Coverage is guaranteed issue and requires no medical underwriting.

- Coverage is available in increments of \$100 from \$200 to \$8,000.
- Benefits are paid year-round, regardless of employee's summer or holiday breaks, Maternity is covered the same as illness.
- Benefits are payable regardless if the employee continues to receive paychecks from the district

### **BENEFIT WAITING PERIOD:**

The benefit waiting period is the period that you must be continuously disabled before benefits become payable. 0-, 14-, 30-, 60-, 90-, and 180-day waiting periods are available.

**1ST DAY HOSPITAL BENEFIT:** If you are hospitalized on the first date of disability for at least 4 hours, charged room & board, and have elected 0/7-, 14/14- or 30/30-day period, benefits are payable on the first day of hospitalization.

### Changes in Insurance

If you are insured and elect to make a change in your insurance, you may apply for a change only during the Annual Enrollment Period.

1. Increases- Insurance increases mean an election increase in the amount of your LTD Benefit, decrease in the length of your Benefit Waiting Period and an increase in your Maximum Benefit Period.

### **The Preexisting Condition will apply to your elected increases described below:**

- A. Your LTD Benefit will be subject to the Preexisting condition Limitation if you elect:
- An increase of more than \$300 in the amount of your LTD Benefit;
  - A decrease of more than one level in the length of your Benefit Waiting Period; or
  - An increase in the length of your Maximum Waiting Period.

B. Your eligibility for the First Day Hospital Benefit will be subject to the Preexisting Condition Limitation if you elect a decrease of more than one level in your Benefit Waiting Period and that change adds First Day Hospital Benefit to your increase.

2. Decreases- Insurance decreases mean an elective decrease in the amount of your LTD Benefit, increase in the length of your Benefit Waiting Period, or decrease in your Maximum Benefit Period.

### *How long will my disability benefits continue if I elect the premium benefit?*

**If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. Age 62 and over see below:**

Age	Benefits Payable	Age	Benefits Payable
Age 62	39 Months	Age 66	21 Months
Age 63	36 Months	Age 67	18 Months
Age 64	30 Months	Age 68	15 Months
Age 65	24 Months	Age 69 & Over	12 Months

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 BRIDGE INSURANCE

## Colonial

Medical Bridge Insurance is designed to reduce your out-of-pocket expenses for hospitalization and listed outpatient services such as surgery.

- Hospital Confinement benefit : \$1,500 per day with maximum of one day per calendar year
- Outpatient Surgical Procedure Benefit:
  - Tier 1: \$500 per day
  - Tier 2: \$1,000 per day

\*Maximum of \$1,500 per covered person per calendar year for Tier 1 and Tier 2 combined maximum of one day per outpatient surgical procedure.

### Tier 1 outpatient surgical procedures:

<p><b>Breast</b> Axillary node dissection Breast capsulotomy Breast reconstruction Lumpectomy</p> <p><b>Cardiac</b> Pacemaker insertion</p> <p><b>Digestive</b> Colonoscopy Fistulotomy Hemorrhoidectomy (external) Lysis of adhesions</p> <p><b>Skin</b> Laparoscopic hernia repair Skin grafting</p> <p><b>Ear, nose, throat, mouth</b> Adenoidectomy Removal of oral lesions Myringotomy Tonsillectomy Tracheostomy</p>	<p><b>Gynecological</b> Dilation and curettage (D&amp;C) Endometrial ablation Lysis of adhesions</p> <p><b>Liver</b> Paracentesis</p> <p><b>Musculoskeletal system</b> Carpal/cubital repair or release Dislocation (closed reduction treatment) other than a finger or toe Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair) Fracture (closed reduction treatment) other than a rib, finger or toe Removal of orthopedic hardware Removal of tendon lesion</p>
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### Tier 2 outpatient surgical procedures:

<p><b>Breast</b> Breast reduction</p> <p><b>Cardiac</b> Angioplasty Cardiac catheterization</p> <p><b>Digestive</b> Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy</p> <p><b>Ear, nose, throat, mouth</b> Ethmoidectomy Mastoidectomy Septoplasty Stapedectomy Tympanoplasty Tympanotomy</p> <p><b>Thyroid</b> Excision of a mass</p>	<p><b>Eye</b> Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy</p> <p><b>Gynecological</b> Myomectomy</p> <p><b>Musculoskeletal system</b> Arthroscopic knee surgery with meniscectomy (knee cartilage repair) Arthroscopic shoulder surgery Clavicle resection Dislocations (open reduction with internal fixation) Fracture (open reduction with internal fixation) Removal or implantation of cartilage Tendon/ligament repair</p>
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	Age 49 & Under	Age 50 to 59	Age 60 & 64	Age 65 & Older
Employee Only	\$19.64	\$26.59	\$36.18	\$48.65
Employee & Spouse	\$35.75	\$52.65	\$74.59	\$101.04
Employee & Child(ren)	\$29.84	\$36.79	\$46.38	\$58.85
Employee & Family	\$45.95	\$62.85	\$84.79	\$111.24

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.

# CANCER COVERAGE

## Colonial

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.

### BENEFITS ARE PAYABLE FOR:

- Wellness Test Benefit
  - Level 3: \$75
  - Level 4: \$100
- Inpatient Benefits
- Treatment Benefits
- Transportation/Lodging Benefit



Level 3 Cancer	Monthly Premium
Employee Only	\$22.55
Employee and Family	\$37.50

Level 4 Cancer	Monthly Premium
Employee Only	\$29.15
Employee and Family	\$48.45

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

## Colonial

Critical Illness 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.

### WHO IS ELIGIBLE FOR CRITICAL ILLNESS INSURANCE?

- **You** – Active employees working 20+ hours per week
- **Your Spouse** – Coverage available only if employee coverage elected
- **Your Child(ren)** – To age 26. Coverage is available only if employee coverage is elected.

General Plan Information	
Who Pays For Coverage	Employee
Critical Illness Benefit	Employee
Benefit Amount	\$10,000 \$20,000 \$30,000
Guarantee Issue	\$30,000
Conditions	1st Occurrence
Heart Attack	100%
Kidney Failure	100%
Organ Failure	100%
Stroke	100%
Coma	100%
Permanent Paralysis due to a covered accident	100%
Benefit Limitations	Spouse
Pre-Existing Limitation	50% of EE Coverage
Wellness Benefit	\$50
Child(ren)	2nd Occurrence
Benefit Amount	50% of EE Coverage
Guarantee Issue	50% of EE Coverage
Pre-Existing Limitation	12 months
Wellness Benefit	\$50

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

## Colonial

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.

Carrier	Carrier		
<b>General Plan Information</b>			
Who Pays For Coverage	All Eligible Employees		
Dependent Age Limit	26		
<b>Accident Benefit</b>			
Accident Death Benefit Amount	Employee \$50,000	Spouse \$50,000	Child \$10,000
<b>Sample of Covered Services</b>			
Hospital Admission	\$1,000		
Intensive Care Unit Admission	\$1,000		
Air Ambulance	\$1,500		
Ambulance	\$300		
Accident Emergency Treatment	\$150		
<b>Employee Cost Per Pay Period</b>			
Employee Only	\$14.93		
Employee + Spouse	\$24.64		
Employee + Children	\$28.56		
Employee + Family	\$38.27		

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# MEDICAL TRANSPORT

## MASA MTS

Three 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 deductibles
- Easy claim process
- No health questions
- Coverage available for spouses/domestic partners and dependents up to age 26

Benefit Coverage	Platinum \$39/Month	Emergent Plus \$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	
Escort Transportation	Worldwide	

*Review the summary plan for complete list of benefits*



**Global** Coverage\*<sub>1</sub>



**24/7** Live Customer Support

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.

# VOLUNTARY LIFE & AD&D

Lincoln Financial

## LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### *Voluntary Life/AD&D Insurance Plan*

While **Dawson 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 the amounts of \$20,000, \$50,000, \$100,000, \$150,000, \$250,000 or \$500,000. If you purchase coverage for yourself, you can also purchase coverage for your spouse in the amounts of \$10,000, \$25,000, \$50,000, \$75,000, \$125,000 or \$250,000 (cannot exceed 50% of employee's election). You can elect coverage for your child(ren) at a flat amount of \$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.

Voluntary Life Insurance	Rates per \$1,000	
Age	Employee	Spouse
Age <25	\$0.08	\$0.08
Age 25-29	\$0.09	\$0.09
Age 30-34	\$0.11	\$0.11
Age 35-39	\$0.13	\$0.13
Age 40-44	\$0.18	\$0.18
Age 45-49	\$0.28	\$0.28
Age 50-54	\$0.44	\$0.44
Age 55-59	\$0.70	\$0.70
Age 60-64	\$0.87	\$0.87
Age 65-69	\$1.49	\$1.49
Age 70-74	\$2.40	\$2.40
Age 74 & Up	\$3.67	\$3.67
Dependent Child	\$10,000 Benefit	

**IMPORTANT NOTE:** You have a one-time true open enrollment during your new hire period to elect up to the Guaranteed Issue (GI) Amounts without submitting any Evidence of Insurability (EOI). If you waive coverage during your new hire enrollment window and would like to elect coverage during a future open enrollment window, any amount elected at that time would be subject to EOI submission.

Guaranteed Issue (GI) Amounts for New Hires: \$150,000 (Employee) and \$50,000 (Spouse)

Age reduction: Coverage reduces 50% at Employee age 70 for both Employee and Spouse coverage.

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# PERMANENT LIFE INSURANCE + LONG TERM CARE

Chubb

## *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**

- Available to employees on a **guaranteed issue** basis up to \$100,000 (age 70 max).
- **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 75% 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.

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.

# LEGAL PLAN

Legal Club of America

**Dawson ISD** is offering a legal plan benefit opportunity that prepares you for the planned and unforeseen events in your life.

The Legal Plan is designed to make legal services affordable and accessible through a national network of attorneys who will help with any of your personal legal matters.

This plan covers services, such as:

- Creation/Review of a Will & Simple Trust
- Civil Litigation as Plaintiff or Defendant
- Moving Traffic Violation Defense
- Misdemeanor Defense
- Felony Violation Defense for the Policyholder
- Debt Collection & IRS Audit Defense
- Financial Coaching & Tax Consultations
- Identity Theft Restoration

Monthly Premium

\$16.00



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# FLEXIBLE SPENDING ACCOUNT

## TASC

### WHAT ARE THE BENEFITS OF AN FSA?

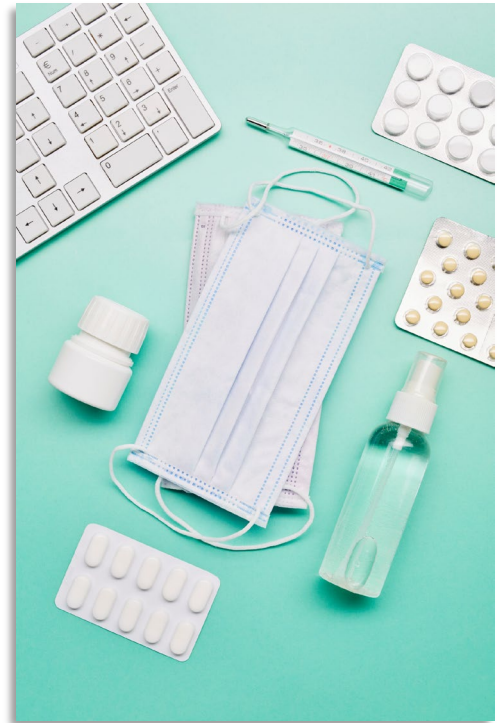
Flexible Spending Accounts are pre-tax, payroll deductions for healthcare reimbursement and/or Dependent Care reimbursement plans. Funds do not rollover year after year. It is a “use it or lose it” benefit.

#### 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 year 2024 is **\$3,200** - 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. A MasterCard debit card will be issued to you to pay for most expenses incurred.

Please visit [www.tasconline.com](http://www.tasconline.com) 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. \*Important note: To qualify for reimbursement, the childcare provider must claim services on their taxes, or the employee must complete a Dependent Care Application that must be signed by the provider, or receipts provided by the provider and sent to TASC for review.
- 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.

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# FLEXIBLE SPENDING ACCOUNT

TASC

## Eligible Medical Expenses:

- Acupuncture
- Artificial limbs
- Bandages & dressings
- Birth control, contraceptive devices
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Personal Protective Equipment (PPE; facial masks, hand sanitizer, sanitizing wipes)\*
- Physical exams
- Pregnancy tests
- Diabetic care & supplies
- Feminine care products
- Eye exams
- First aid kits & supplies
- Hearing aids & hearing aid batteries
- Heating pad
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK

## Child & Dependent Care Eligible Expenses

- Babysitting, in your home or someone else's
- Babysitting by your relative who is not a tax dependent
- Before or after school program
- Childcare
- Day Camp
- Extended care that is a supervised program before or after regular school hours
- Nanny
- Late pickup fees when attributed to care of a child
- Preschool
- Summer Day Camp
- Sick childcare
- Transportation to and from eligible care provided by your care provider
- Nursery School



Use your TASC Card® to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.



**Please visit [www.tasconline.com](http://www.tasconline.com) for a full list of eligible expenses.**

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.



# EMPLOYEE CONTACT LIST

BENEFIT	CARRIER	PHONE	WEBSITE
Employer Paid Basic Life	Lincoln Financial	1-888-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Dental	Humana	1-800-233-4013	<a href="http://www.humana.com">www.humana.com</a>
Vision	Superior	1-800-923-6766	<a href="http://www.superior.com">www.superior.com</a>
Disability	The Standard	1-800-368-1135	<a href="http://www.standard.com">www.standard.com</a>
Medical Bridge	Colonial	1-800-325-4368	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Cancer	Colonial	1-800-325-4368	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Critical Care	Colonial	1-800-325-4368	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Accident	Colonial	1-800-325-4368	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Medical Transport	MASA MTS	1-800-643-9023	<a href="http://www.masamts.com">www.masamts.com</a>
Voluntary Life and AD&D	Lincoln Financial	1-888-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Permanent Life with LTC	Chubb Life	1-800-252-4670	<a href="http://www.chubb.com">www.chubb.com</a>
Legal	Legal Club of America	1-800-305-6816	<a href="http://www.legalclub.com">www.legalclub.com</a>
Flexible Spending Accounts	TASC	1-800-422-4661	<a href="http://www.tasconline.com">www.tasconline.com</a>

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 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.

Dawson ISD Benefits Team	
Name	Phone
US Employee Benefits Services Group	972-772-0900
Benefits Resource Group	325-205-0235