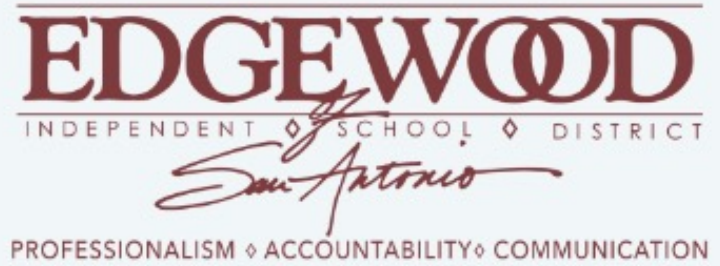




Rusty Freeman & Associates LLC
245 Landa Street
New Braunfels, TX 78130
Phone: (830) 606-5100
www.usebsg.com



2024 Employee Benefits Guide



2024 BENEFIT HIGHLIGHTS

OPEN ENROLLMENT DATES November 6th - November 17th

The enrollment period for 2024 is now open, and it's vital to understand that it's a short-term plan, with benefits effective from 1/1/2024 through 8/31/2024. During this limited time frame, you have the opportunity to make changes to your current benefit elections.

This enrollment period grants you the chance to enroll in additional benefits, modify your plan options, and adjust your dependents' coverage to better suit your needs

We strongly encourage you to thoroughly review the information flyer provided, as it contains vital details about your benefits.

Please be aware that, for Unum Group Life insurance, you may need to complete an application. New coverage amounts will not be approved until the Evidence of Insurability (EOI) is completed. Your attention to these details is greatly appreciated.

WAYS TO ENROLL

1. Self-enroll in the Benefits Hub:
 1. Visit <https://edgewood.erp.frontlineeducation.com>
 2. Follow the provided instructions for registration.
 3. Complete the enrollment process step-by-step.
2. Need assistance? Contact our support team:
 - Call our dedicated helpline at 830-606-5100.
 - Our team is available from 8 a.m. to 5 p.m.
 - Spanish assistance available HABLAMOS ESPAÑOL
3. Benefit Information Sessions
 - October 30th
English: 9:00 am, 1:00 pm, & 5:00 pm
 - Spanish: 11:30 am and 3:30 pm
4. On-site Enrollment Assistance
Please refer to "Save the Date" email for locations

IMPORTANT PLAN INFORMATION!



•**Platform Transition:** We are in the process of transitioning to a new benefit enrollment platform. The upcoming plan year's enrollment will occur exclusively through Frontline, not The Benefits Hub.

•**Passive Enrollment:** Please note that this is a passive open enrollment. The majority of your benefits will automatically migrate to the new platform, except for Flex Spending Benefits, dependent care, and health savings accounts, which require mandatory re-enrollment.

•**Beneficiary Assignment:** Logging in to Frontline to reassign beneficiaries for district-paid and voluntary life insurance plans is a mandatory requirement.

•**Plan Year End Date:** It's absolutely essential to recognize the significance of the Plan Year End date, which spans from January 1st to August 31st.

•**Medical Insurance Cost:** Importantly, there is an increase in the cost of medical insurance. You must consider this cost adjustment when making your benefit selections.

Please place great emphasis on these critical details as you manage the transition to the new Frontline platform and make your benefit choices.

2024 BENEFIT HIGHLIGHTS

QUALIFYING EVENTS AND OTHER IMPORTANT INFORMATION

If you cover dependents on any of your coverages through EISD you must provide the dependents name, date of birth, and social security number. You must have all this information before dependents can be added to the system.

If a qualifying event should occur outside of the annual enrollment period, you must notify your benefits administrator at 210-898-2039 of the requested change within **30 calendar days of the change in status.**

MAKING CHANGES DURING THE YEAR

The benefits you choose will remain in effect throughout the plan year (01/01/2024- 08/31/2024). You may only add or cancel coverage during the year if you have a qualifying event that causes you to lose eligibility for benefits.

Qualifying life events include:

- Marriage, divorce, legal separation;
- Death of spouse or dependent;
- Birth or adoption of a child;
- Changes in employment for spouse or dependents;
- Significant cost or coverage changes.

VERY IMPORTANT

Please carefully review your paycheck(s) to ensure all deductions are correct. If you find a discrepancy in your paycheck, please contact U.S. Employee Benefits immediately at (830) 606-5100. **DISCREPANCIES MUST BE IDENTIFIED WITHIN THE FIRST 30 DAYS FROM THE EFFECTIVE DATE OF THE POLICY TO BE CONSIDERED.**

SCAN QR CODE FOR A DIRECT LINK TO BENEFIT SITE

1. Open the camera app on your phone.
2. Point the camera at the QR code to scan it and access the benefit enrollment website.



NEW EMPLOYEES

New employees must enroll within 30 days of their hire date. If employees fail to enroll within the 30 days, all benefits will be waived, and employees will be unable to enroll in coverage until the annual enrollment. Benefit plans will be effective on the first of the month following the date of hire.



EDGEWOOD HEALTH CLINIC

210-644-8050

911 Enrique M. Barrera Pkwy
San Antonio, TX 78237

FAST, CONVENIENT CARE CLOSE TO YOU!

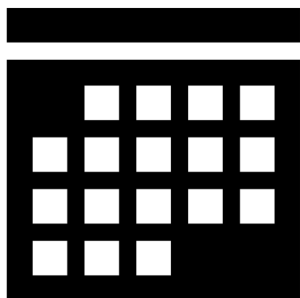
In partnership with University Health, all district, staff & family members who are currently enrolled in the EISD Insurance plan can receive the following services with a \$0 co-pay.

Some of Services Offered

- Minor Acute Care (Ear Infections, Throat Infections, Asthma, Bronchitis)
- Physical Exams, Well-Child Checkups
- Immunizations
- Sports Physicals
- Preventative Health Education, Disease and Injury Prevention
- Prescription medication as needed

Clinic Hours of Operation

Monday:	8:00 a.m. – 4:30 p.m.
Tuesday:	8:00 a.m. – 4:30 p.m.
Wednesday:	8:00 a.m. – 4:30 p.m.
Thursday:	8:00 a.m. – 4:30 p.m.
Friday:	8:00 a.m. – 4:30 p.m.



***SAME DAY APPOINTMENTS
AVAILABLE UPON REQUEST***

2024 BENEFIT HIGHLIGHTS



MEDICAL BLUE CROSS BLUE SHIELD (1-800-451-0287)

BCBS 2023 and 2024 Rates									
2023					2024				
Plan	Tier	2023 Total Premium	2023 Employer Contribution	2023 Employee Premium	Rate Cap for 2024	2024 Total Premium	2024 Employer Contribution	2024 Employee Premium	Total Increase
HMO PLAN - 7000	EE Only	\$455.00	\$400.00	\$55.00	9.50%	\$498.23	\$400.00	\$98.23	\$43.23
HMO PLAN - 3000		\$505.00	\$400.00	\$105.00		\$552.98	\$400.00	\$152.98	\$47.98
HDHP PPO PLAN		\$610.00	\$400.00	\$210.00		\$667.95	\$400.00	\$267.95	\$57.95
LOW PPO PLAN		\$698.00	\$400.00	\$298.00		\$764.31	\$400.00	\$364.31	\$66.31
HIGH PPO PLAN		\$741.00	\$400.00	\$341.00		\$811.40	\$400.00	\$411.40	\$70.40
HMO PLAN - 7000	EE/Spouse	\$1,001.00	\$400.00	\$601.00	9.50%	\$1,096.10	\$400.00	\$696.10	\$95.10
HMO PLAN - 3000		\$1,112.00	\$400.00	\$712.00		\$1,217.64	\$400.00	\$817.64	\$105.64
HDHP PPO PLAN		\$1,342.00	\$400.00	\$942.00		\$1,469.49	\$400.00	\$1,069.49	\$127.49
LOW PPO PLAN		\$1,536.00	\$400.00	\$1,136.00		\$1,681.92	\$400.00	\$1,281.92	\$145.92
HIGH PPO PLAN		\$1,630.00	\$400.00	\$1,230.00		\$1,784.85	\$400.00	\$1,384.85	\$154.85
HMO PLAN - 7000	EE/Children	\$820.00	\$400.00	\$420.00	9.50%	\$897.90	\$400.00	\$497.90	\$77.90
HMO PLAN - 3000		\$910.00	\$400.00	\$510.00		\$996.45	\$400.00	\$596.45	\$86.45
HDHP PPO PLAN		\$1,159.00	\$400.00	\$759.00		\$1,269.11	\$400.00	\$869.11	\$110.11
LOW PPO PLAN		\$1,258.00	\$400.00	\$858.00		\$1,377.51	\$400.00	\$977.51	\$119.51
HIGH PPO PLAN		\$1,334.00	\$400.00	\$934.00		\$1,460.73	\$400.00	\$1,060.73	\$126.73
HMO PLAN - 7000	EE/Family	\$1,277.00	\$400.00	\$877.00	9.50%	\$1,398.32	\$400.00	\$998.32	\$121.32
HMO PLAN - 3000		\$1,418.00	\$400.00	\$1,018.00		\$1,552.71	\$400.00	\$1,152.71	\$134.71
HDHP PPO PLAN		\$1,892.00	\$400.00	\$1,492.00		\$2,071.74	\$400.00	\$1,671.74	\$179.74
LOW PPO PLAN		\$1,590.00	\$400.00	\$1,190.00		\$1,741.05	\$400.00	\$1,341.05	\$151.05
HIGH PPO PLAN		\$2,078.00	\$400.00	\$1,678.00		\$2,275.41	\$400.00	\$1,875.41	\$197.41

The 2024 Employer Contribution for Medical is \$400.00

Coverage - Open Access	HMO PLAN - 7000	HMO PLAN - 3000	HDHP PPO PLAN	LOW PPO PLAN	HIGH PPO PLAN
Cal. Year Deductible	\$7000/\$15000	\$3000/\$6000	\$5000/\$10000	\$4000/\$8000	\$2000/\$4000
Coinsurance	40%	40%	70%	70%	80%
Out of Pocket Max	\$9000/\$18000	\$7350/\$14700	\$7000/\$14000	\$7350/\$14700	\$6600/\$13200
Preventive Care	100%	100%	100%	100%	100%
Office Visit - PCP	\$40 copay	\$40 copay	70% after Deductible	\$40 Copay	\$30 Copay
Office Visit Specialist	\$70 Copay	\$70 Copay	70% after Deductible	\$70 Copay	\$60 Copay
Preventive Lab	100%	100%	100%	100%	100%
Major Diagnostic, Lab, X-Ray	40% after Deductible	40% after Deductible	70% after Deductible	70% after Deductible	80% after Deductible
Prescrip Drugs - Retail	\$15/\$45/\$80	\$15/\$45/\$80	70% after Deductible	\$15/\$45/\$80	\$10/\$35/\$60
Prescrip Drugs - Mail (90 Day)	\$37.50/\$112.50/\$200	\$37.5/\$112.50/\$200	70% after Deductible	\$37.5/\$112.50/\$200	\$25/\$87.50/\$150
Hospital Inpatient Outpatient	40% after Deductible	40% after Deductible	70% after Deductible	70% after Deductible	80% after Deductible
Surgery	40% after Deductible	40% after Deductible	70% after Deductible	70% after Deductible	80% after Deductible
Telehealth	\$40	\$40	70% after Deductible	\$40	\$30
Urgent Care	\$100 Copay	\$100 Copay	70% after Deductible	\$100 Copay	\$90 Copay
Emergency Room	\$250 copay, plus 40% after Deductible	\$250 copay, plus 40% after Deductible	70% after Deductible	\$250 copay, plus 70% after Deductible	\$200 copay, plus 80% after Deductible
PCP REQUIRED	YES	YES	NO	NO	NO
			OUT OF NETWORK	OUT OF NETWORK	OUT OF NETWORK
Cal. Yr Deductible	N/A	N/A	\$10,000/\$20,000	\$7,350/\$14,700	\$4000/\$8000
Coinsurance	N/A	N/A	50%	50%	50%
Out of Pocket Max	N/A	N/A	\$20,000/\$40,000	\$14,700/\$29,900	\$13200/\$26400

2024 BENEFIT HIGHLIGHTS



DENTAL PLAN METLIFE (1-800-942-0854)

PLAN OPTION 1 – PDP PLUS

- **TYPE A: PREVENTIVE SERVICES** (cleanings, exams, and X-rays): 100% In-network and 100% Out-of-Network
- **TYPE B: BASIC RESTORATIVE** (fillings, extractions): 80% In-Network and 80% Out-of-Network
- **TYPE C: MAJOR RESTORATIVE** (bridges and dentures): 50% In-Network and 50% Out-of-Network.
- **TYPE D: ORTHODONTIA** 50% In-Network and 50% Out-of-Network
- **DEDUCTIBLE** \$50 Individual/ \$150 Family (Applies to type A, B, & C)
- **ANNUAL MAXIMUM BENEFIT (PER PERSON)** \$1,000
- **ORTHODONTIA LIFETIME MAXIMUM PER PERSON** \$1,000

EMPLOYEE ONLY	\$21.98
EMPLOYEE + SPOUSE	\$44.46
EMPLOYEE & CHILDREN	\$57.20
EMPLOYEE & FAMILY	\$78.00

PLAN OPTION 2: DENTAL HMO

- Must Pre-Select dentist from network
- No deductibles, annual maximums, or claim forms to complete
- Scheduled fees for materials and procedures requiring multiple services (i.e. root canals and crowns)

EMPLOYEE ONLY	\$10.40
EMPLOYEE + SPOUSE	\$19.74
EMPLOYEE & CHILDREN	\$20.78
EMPLOYEE & FAMILY	\$32.20

VISION INSURANCE DAVIS VISION (1-877-923-2847)

Vision insurance offers coverage for essential eye care services and products. It includes benefits for eye examinations, spectacle lenses, frames, and contact lenses. Plan offerings, such as the High Plan and Low Plan, provide coverage for annual eye exams with copayments and various types of lenses.

EMPLOYEE ONLY	\$7.06
EMPLOYEE & SPOUSE	\$14.10
EMPLOYEE & CHILDREN	\$13.40
EMPLOYEE & FAMILY	\$21.06

- **EYE EXAM (Every 12 months)**-\$10 In-Network Co-Pay
- **LENSES (Every 12 months)**-\$0 In-Network Co-Pay
- **FRAMES (Every 12 months)**-\$130 Frame Allowance/ \$805 Visionworks Frame Allowance
- **CONTACT LENSES (Every 12 months)**-\$130 allowance toward any contacts from provider’s supply

USING YOUR CLIENT CODE

Log in using your client code (7730) at davisvision.com/member to find a list of in-network providers near you and access your benefit information..

THE EXCLUSIVE COLLECTION

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

FREE BREAKGE WARRANTY

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

2024 BENEFIT HIGHLIGHTS



DISABILITY INSURANCE THE HARTFORD (1-800-523-2233)

Voluntary Long-Term Disability (LTD) Insurance offered by The Hartford provides optional coverage for employees of Edgewood ISD. This summary highlights key details relevant to employees shopping for disability insurance.

RATES VARY DEPENDING ON COVERAGE AMOUNT. SEE BENEFITS HUB ENROLLMENT FOR DETAILS

Benefit Amount: Employees can select a monthly benefit amount in \$100 increments ranging from \$200 to \$8,000. The benefit amount should not exceed 66.67% of monthly earnings. Benefits are payable for non-occupational disabilities only.

Additional Features:

- First Day Hospitalization Benefit: If an insured employee is hospitalized for at least four hours, the benefit waiting period is satisfied. **THIS FEATURE IS INCLUDED ONLY ON THE LTD PLANS WITH BENEFIT WAITING PERIODS OF 30 DAYS OR LESS.**
- Preexisting Condition Exclusion: A 90-day preexisting condition period applies, but benefits may be paid for up to 90 days even if a preexisting condition exists.

HOSPITAL INDEMNITY– THE HARTFORD (1-800-523-2233)

A hospital indemnity plan is a type of health insurance that provides financial protection in case you're hospitalized due to illness or injury. It offers a fixed daily benefit to cover out-of-pocket expenses like deductibles and co-payments associated with your hospital stay. This benefit is paid directly to you and can be used as you see fit.

BENEFITS	Low Plan	High Plan
First Day Hospital Confinement	\$500	\$1000
Daily Hospital Confinement (Day 2+ Up to 90days)	\$100	\$150
Health Screening(Up to one per year)	\$75	\$75

RATES	LOW PLAN	HIGH PLAN
EMPLOYEE (EE) ONLY	\$10.43	\$16.72
EE & SPOUSE	\$18.88	\$30.65
EE & CHILDREN	\$17.50	\$28.13
EE & FAMILY	\$25.96	\$42.06

ACCIDENT INSURANCE The Hartford (1-800-523-2233)

Accident Insurance can help supplement costs that are not covered under your existing medical plan. This can help with out-of-pocket expenses like deductibles, co-pays, and medical transportation. This particular plan offers \$100 wellness screening benefit for per year for each covered person. Some examples of covered benefits include ambulance (ground), emergency care, physician follow-ups, medical testing, benefits for concussions and other injuries.

EMPLOYEE	\$6.92
EMPLOYEE & SPOUSE	\$10.91
EMPLOYEE & CHILDREN	\$11.07
EMPLOYEE & FAMILY	\$17.61

2024 BENEFIT HIGHLIGHTS



GROUP PAID LIFE INSURANCE UNUM (1-866-679-3054)

All eligible full-time employees of the District receive a \$15,000 Basic Life Insurance Policy, funded by the District. This coverage is designed to safeguard your loved ones and provide financial support in the event of your passing. Term life insurance offers various benefits, including covering everyday expenses, paying off debts, and protecting savings. Additionally, the plan includes Accidental Death and Dismemberment (AD&D) coverage, which provides additional benefits in case of accidental death or covered losses.

PERMANENT LIFE INSURANCE TEXAS LIFE (1-800-283-9233)

Texas Life's purelife-plus offers a portable solution for life insurance. You can take it with you when you change jobs or retire, ensuring continued coverage and peace of mind. This permanent life insurance plan provides a high death benefit, long guarantees, and flexible premiums. Pricing depends on attained age, so check the Benefits Hub for more details. .

SUPPLEMENTAL LIFE WITH AD&D UNUM (1-866-679-3054)

Supplemental Life with AD&D through UNUM offers additional coverage options for you and your spouse/domestic partner. However, please note that this coverage is temporary and does not continue when you leave the district. You may elect up to \$250,000 with no medical underwriting. This insurance includes a 'living benefit' meaning that if you are diagnosed with a terminal illness with less than 12 months to live you can request 75% of your life insurance benefit.

For more details and coverage options, refer to the benefits hub or the below:

Employee Coverage for Voluntary Life							
	\$50k	\$75k	\$100k	\$125k	\$150k	\$200k	\$300k
Issue Age							
15-24	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$12.00	\$18.00
25-29	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$12.00	\$18.00
30-34	\$3.50	\$5.25	\$7.00	\$8.75	\$10.50	\$14.00	\$21.00
35-39	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50	\$18.00	\$27.00
40-44	\$6.50	\$9.75	\$13.00	\$16.25	\$19.50	\$26.00	\$39.00
45-49	\$10.20	\$15.30	\$20.40	\$25.50	\$30.60	\$40.80	\$61.20
50-54	\$15.70	\$23.55	\$31.40	\$39.25	\$47.10	\$62.80	\$94.20
55-59	\$28.00	\$42.00	\$56.00	\$70.00	\$84.00	\$112.00	\$168.00
60-64	\$43.50	\$65.25	\$87.00	\$108.75	\$130.50	\$174.00	\$261.00
65-69	\$78.50	\$117.75	\$157.00	\$196.25	\$235.50	\$314.00	\$471.00
70-74	\$141.50	\$212.25	\$283.00	\$353.75	\$424.50	\$566.00	\$849.00
75+	\$232.50	\$348.75	\$465.00	\$581.25	\$697.50	\$930.00	\$1,395.00

Spouse Coverage for Voluntary Life						
	50k	55k	50k	65k	100k	200k
Issue Age						
15-24	\$3.00	\$3.30	\$3.60	\$3.90	\$6.00	\$12.00
25-29	\$3.00	\$3.30	\$3.60	\$3.90	\$6.00	\$12.00
30-34	\$3.50	\$3.85	\$4.20	\$4.55	\$7.00	\$14.00
35-39	\$4.50	\$4.95	\$5.40	\$5.85	\$9.00	\$18.00
40-44	\$6.50	\$7.15	\$7.80	\$8.45	\$13.00	\$26.00
45-49	\$10.20	\$11.22	\$12.24	\$13.26	\$20.40	\$40.80
50-54	\$15.70	\$17.27	\$18.84	\$20.41	\$31.40	\$62.80
55-59	\$28.00	\$30.80	\$33.60	\$36.40	\$56.00	\$112.00
60-64	\$43.50	\$47.85	\$52.20	\$56.55	\$87.00	\$174.00
65-69	\$78.50	\$86.35	\$94.20	\$102.05	\$157.00	\$314.00
70-74	\$141.50	\$155.65	\$169.80	\$183.95	\$283.00	\$566.00
75+	\$232.50	\$255.75	\$279.00	\$302.25	\$465.00	\$930.00

2024 BENEFIT HIGHLIGHTS

CRITICAL ILLNESS METLIFE (1-800-438-6388)

Critical Illness Insurance provides coverage for eligible individuals, including employees, spouses/domestic partners, and dependent children. The Initial Benefit options are \$10,000 or \$20,000, with coverage guaranteed if the individual is actively at work. The spouse/domestic partner and dependent child(ren) can receive 50% of the employee's Initial Benefit, provided the employee is actively at work and the dependents are not subject to medical restrictions. The plan pays a lump-sum payment upon the first diagnosis of a Covered Condition, and a Recurrence Benefit for certain conditions. The Total Benefit is 3 times the Initial Benefit, with a maximum of \$30,000 or \$60,000. The benefit amounts vary for each Covered Condition, ranging from 25% to 100% of the Initial Benefit. Additionally, there are Supplemental Benefits, including a Health Screening Benefit of \$50 or \$100 per calendar year. MetLife offers competitive group rates for convenient payroll deduction.

Premium Structure
Monthly Premium for \$1,000 of Coverage (Non-Tobacco)

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	\$0.30	\$0.52	\$0.56	\$0.78
25-29	\$0.30	\$0.56	\$0.58	\$0.82
30-34	\$0.40	\$0.70	\$0.66	\$0.96
35-39	\$0.54	\$0.92	\$0.80	\$1.18
40-44	\$0.76	\$1.30	\$1.02	\$1.56
45-49	\$1.10	\$1.84	\$1.36	\$2.10
50-54	\$1.52	\$2.58	\$1.80	\$2.84
55-59	\$2.08	\$3.54	\$2.34	\$3.80
60-64	\$2.94	\$5.04	\$3.20	\$5.30
65-69	\$4.36	\$7.48	\$4.62	\$7.74
70+	\$6.72	\$11.26	\$6.98	\$11.52

Monthly Premium for \$1,000 of Coverage (Tobacco)

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	\$0.36	\$0.62	\$0.62	\$0.90
25-29	\$0.40	\$0.68	\$0.66	\$0.94
30-34	\$0.54	\$0.92	\$0.82	\$1.20
35-39	\$0.78	\$1.30	\$1.04	\$1.58
40-44	\$1.18	\$1.96	\$1.44	\$2.22
45-49	\$1.78	\$2.94	\$2.04	\$3.20
50-54	\$2.54	\$4.22	\$2.80	\$4.50
55-59	\$3.50	\$5.94	\$3.78	\$6.22
60-64	\$5.04	\$8.64	\$5.30	\$8.90
65-69	\$7.60	\$13.00	\$7.88	\$13.28
70+	\$11.80	\$19.76	\$12.08	\$20.02

CANCER INSURANCE ALLSTATE (1-800-521-3535)

This coverage pays you a cash benefit to help pay for the cost associated with treatments, and to pay for daily living expenses.

PLAN 1:

- WELLNESS BENEFIT RIDER: \$100 Per Calendar year
- FIRST OCCURRENCE BENEFIT RIDER: \$2000 Once Per Lifetime
- ANNUAL RADIATION, CHEMOTHEPARY BENEFIT RIDER: \$5000 Per Calendar Year
- BLOOD, PLASMA, AND PLATELETS – \$5,000
- SURGICAL BENEFIT RIDER-\$1500 Procedure Maximum
- HOSPICE CARE: \$100 per day (center, or team)
- DAILY HOSPITAL CONFINEMENT BENEFIT RIDER: \$100 Per Day

PLAN 2:

- WELLNESS BENEFIT RIDER: \$100 Per Calendar year
- FIRST OCCURRENCE BENEFIT RIDER: \$2000 Once Per Lifetime
- ANNUAL RADIATION, CHEMOTHEPARY BENEFIT RIDER: 10,000 Per Calendar Year
- BLOOD, PLASMA, AND PLATELETS – \$10,000
- SURGICAL BENEFIT RIDER- \$3000 Procedure Maximum
- HOSPICE CARE: \$200 per day (center, or team)
- DAILY HOSPITAL CONFINEMENT BENEFIT RIDER: \$200 Per Day

Cancer Plan 1

EE	\$15.60
EE & Spouse	\$24.90
EE & Children	\$21.46
EE & Family	\$30.72

Cancer Plan 2

EE	\$24.36
EE & Spouse	\$38.06
EE & Children	\$34.10
EE & Family	\$47.78

EMERGENCY MEDICAL TRANSPORTATION MASA (1-800-643-9023)



MASA is a comprehensive travel insurance plan that offers coverage for Emergent Ground Transportation, Emergent Air Transportation, Non-Emergent Air Transportation, and Repatriation.

- 24/7 Assistance Services
- One low fee for the entire family
- No deductibles
- No health questions
- Easy claim process

For just \$14 a month, you can enjoy peace of mind knowing that you are protected.

2024 BENEFIT HIGHLIGHTS

HEALTH SAVINGS ACCOUNT **NBS** **(1-800-274-0503)**

Health Savings Accounts (HSAs) are specialized savings accounts tailored for individuals covered by high-deductible health plans (HDHPs). These accounts offer a triple tax advantage: contributions are tax-deductible, earnings grow tax-free, and withdrawals for qualified medical expenses are tax-free as well. In 2024, individuals can contribute up to \$4,150 to their HSAs, while families can contribute up to \$8,300. Unlike Flexible Spending Accounts (FSAs), HSA funds roll over from year to year, allowing account holders to accumulate savings for future medical expenses. Additionally, HSAs often offer investment options, and any interest or earnings on the account remain tax-free when used for eligible healthcare costs. Overall, HSAs provide individuals with a flexible, tax-efficient way to manage healthcare expenses and save for the future.

FLEXIBLE SPENDING ACCOUNT **NBS** **(1-800-274-0503)**

Flexible Spending Accounts (FSAs) are employer-sponsored benefit programs that allow employees to set aside pre-tax dollars for eligible healthcare and dependent care expenses. FSAs offer flexibility in managing medical costs and dependent care expenses. Contributions to FSAs are deducted from employees' paychecks before taxes, reducing their taxable income. These accounts can be used to pay for a wide range of qualified expenses, including medical bills, prescription drugs, dental care, vision care, and certain over-the-counter items. For the year 2024, the maximum contribution limit for healthcare FSAs is \$3,200. Any unused funds at the end of the plan year may be forfeited, so it's important to plan expenses carefully.

403(b) **OMNI** **(1-877-544-6664)**

Employees have the opportunity to save for retirement with a 403b plan. To participate, complete a Salary Reduction Agreement (SRA) online at <http://www.omni403b.com/> or submit a completed SRA form to OMNI. Contribution limits are currently set at \$22,500, subject to annual changes. Employees with 15 years of service or those aged 50 or older may make additional catch-up contributions, up to \$30,000. If you have an existing account and wish to make changes, submit a new SRA. If you don't wish to contribute, submit an SRA with the "I do not wish to participate at this time" option selected. For questions, please visit www.omni403b.com or contact The OMNI Group at 877-544-6664

457(b) **Jackson Financial** **(210-218-2251)**

Benefits of a 457(b) Plan: Participation allows for pre-tax contributions, tax-deferred distributions, catch-up contributions, and flexibility in moving savings. Taxes are deferred until withdrawal: Distributions are taxed as ordinary income, but you can avoid withholding by rolling over to an eligible plan or IRA. Annual Contributions: Contributions are capped at 100% of your income or the IRS-determined elective deferral limit, whichever is lower. Catch-Up Provisions: Age 50 catch-up contributions and pre-retirement catch-up options are available, potentially allowing contributions up to twice the annual limit. For inquiries, contact Jackson Financial at (210) 218-2251 or scott@jacksonfinancialtx.com.