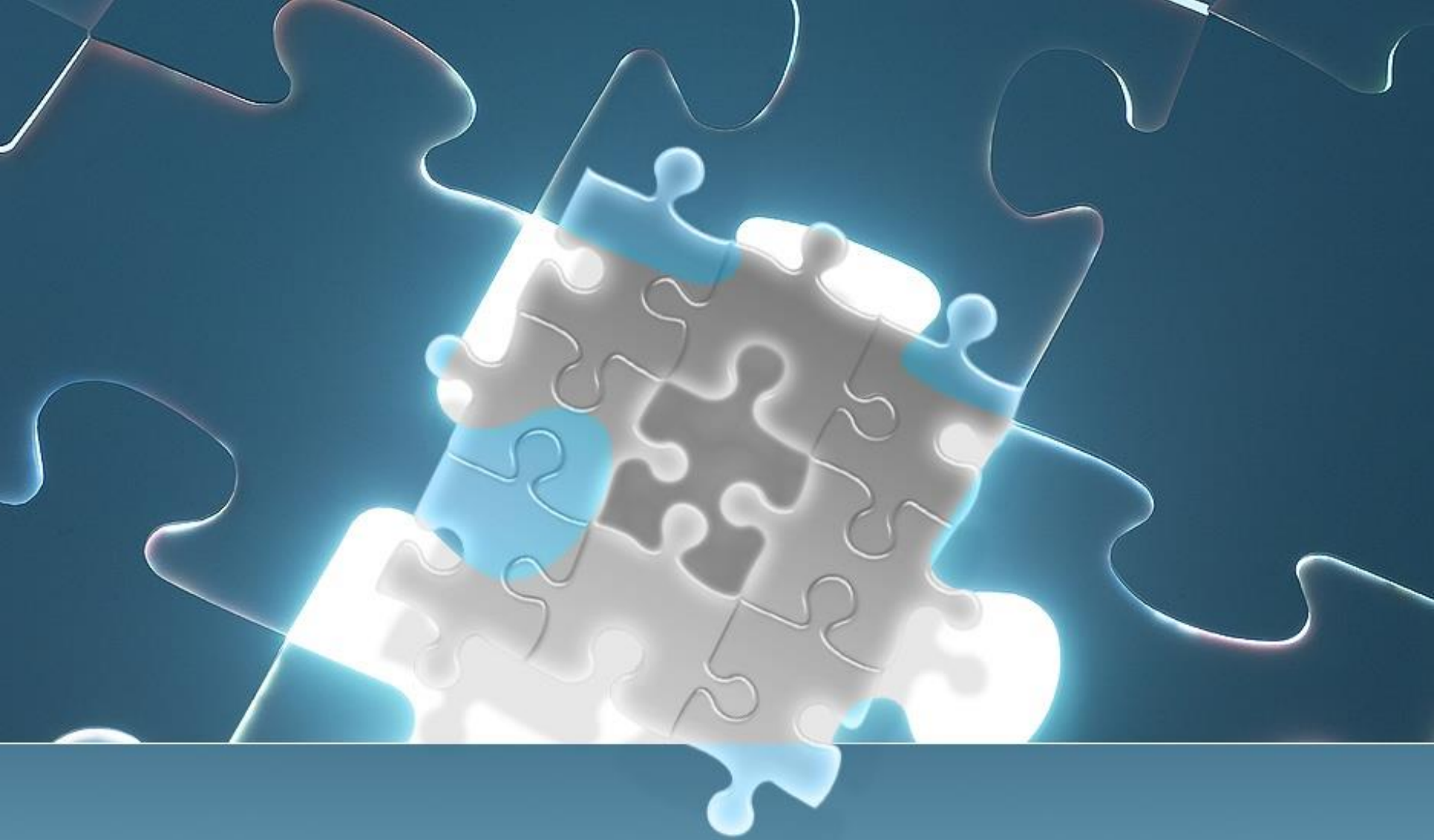




Employee Benefits Open Enrollment 2019-2020

June 24-July 31



Voluntary Plans



LIFE INSURANCE BENEFITS by Sun Life

Basic Life (District Paid)

Employee

**** NEW **** \$20,000

Listing a Beneficiary is extremely important!!

Includes AD&D





EMPLOYEE OPTIONAL LIFE INSURANCE

1 ½ Times, 2 Times, or 3 Times salary
maximum of \$500,000

If selecting Optional Life for the first time you must submit
an Evidence of Insurability form for approval

Open Enrollment Benefit
Increase by ONE Level
without Evidence of Insurability (E of I)



Waiver of Premium is available for employees out on leave

INCLUDES AD&D



SPOUSE & DEPENDENT LIFE INSURANCE

Option 1	Spouse \$12,000	Children \$2000	\$1.50 p/Check
Option 2	Spouse \$14,000	Children \$2000	\$1.75 p/Check
Option 3	Spouse \$16,000	Children \$2000	\$2.00 p/Check
Option 4	Spouse \$18,000	Children \$2000	\$2.25 p/Check
Option 5	Spouse \$20,000	Children \$2000	\$2.50 p/Check

Children only coverage with no spouse is \$.38 p/Check

Children covered up to age 25 \$1,000 children 14 days to 6 months

- ❖ In order to select Dependent Life Spouse coverage you must have Optional Life for yourself.
- ❖ If you and your spouse both work for EPISD you cannot carry each other on Life Insurance and only one employee can cover the children.
- ❖ If you have Spouse Life and Child Life choose the Spouse Bundle to cover the children at no additional cost.



Texas Life Insurance

Permanent Individual Life Insurance

Voluntary permanent life insurance can be an ideal complement to the group term and optional term.

- **Accelerated Death Benefit due to Terminal Illness Rider-** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit minus an administrative fee.
- **Accelerated Death Benefit for Chronic Illness Rider-** This rider will be triggered by the loss of two activities of daily living or permanent cognitive impairment. It pays the insured 92% of the death benefit minus a small administrative fee.
- **Fully portable** and guaranteed renewable for life
- **Refund of premiums-** Unique in the marketplace, you can request a refund of 10 years' premium should you surrender the policy if the premium you pay when you buy the policy ever increases.
- **Detailed rate chart at benefitsolver.com**



Permanent Individual Life Insurance continued

This Voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium.

- ❑ Through Express Issue- Employees up to age 49 can select up to \$300,000, employees up to age 65 can select up to \$100,000 and employees up to age 70 can select \$10,000.
- ❑ Spouse Coverage is available under express issue up to \$50,000 up to age 49 and \$25,000 up to age 60.
- ❑ Child(ren)/Grandchildren coverage available for age 15 days to 26 years old up to \$50,000 in coverage.



Permanent Individual Life Insurance continued

With one of the highest death benefits available, your loved ones will have peace of mind, knowing there will be significant life insurance in force should you die prematurely.

What is Express Issue? Express issue is based on three questions. How you answer the questions, determines if you qualify.

During the last six months, has the proposed insured:

- A. Been actively at work on a full time basis, performing usual duties?
- B. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days?
- C. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?



Disability Income Protection

Disability Plan offered by
Sun Life





Features



- **Plan covers accident and illness**
- **Benefits to age 70 (Limited Benefit after age 70)**
- **Maximum 66.66% of Gross Salary**
- **Choice of 6 Elimination (waiting) Periods
0/7, 14/14, 30/30, 60/60, 90/90, or 180/180**
- **90 Day Waiver of Premium**
- **Survivor and Survivor Accelerated Benefit**

Disability



Example

Employee Annual Salary = \$24,000

Disability Monthly Benefit = \$1,300

Elimination Period Options/Per Pay Check Premiums

*0/7 = \$19.44

*14/14 = \$15.60

*30/30 = \$12.81

60/60 = \$ 8.78

90/90 = \$ 7.54

180/180 = \$ 5.85

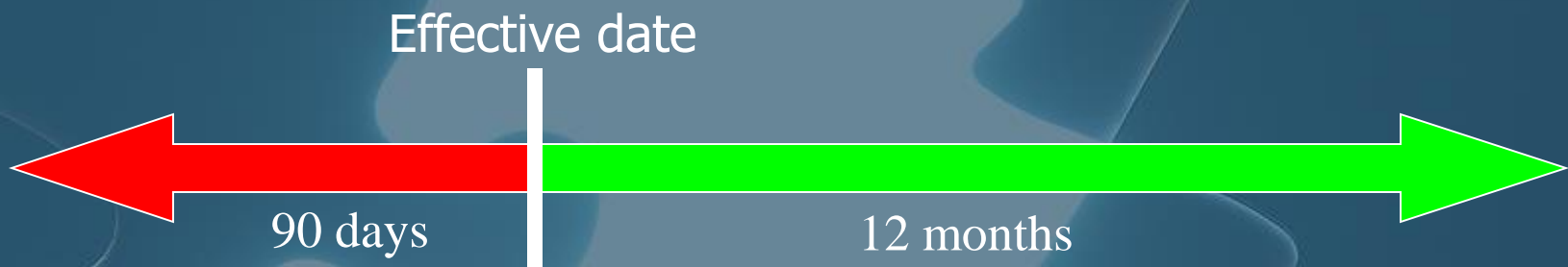
*If you have selected one of these elimination periods, your benefit will be payable on the first day of INPATIENT hospital confinement. In addition, the remainder of your elimination period will be waived.



Pre-Existing Conditions



Any injury or illness (including pregnancy) for which medical advice, diagnosis, care or treatment (including prescribed medicine) was recommended by or received from a physician or practitioner during the 90 days prior to the effective date will not be covered during the first 12 months of the active policy





Employee Assistance Program

COMPSYCH[®]
THE GUIDANCE RESOURCES COMPANY

Everyday Issues:

Home Repairs, Real Estate, Buying Cars

Financial:

Home Buying, Taxes, Retirement planning, Investing

Legal:

Will Consultation, Attorney Issues, Family Law

Work Issues:

Co-worker Relationships, Relocation, Stress Management

Emotional Issues:

Divorce, Violence Crisis, Grief and Loss

Addiction & Recovery:

Alcohol and Drugs, Support Groups, Gambling, Eating Disorders

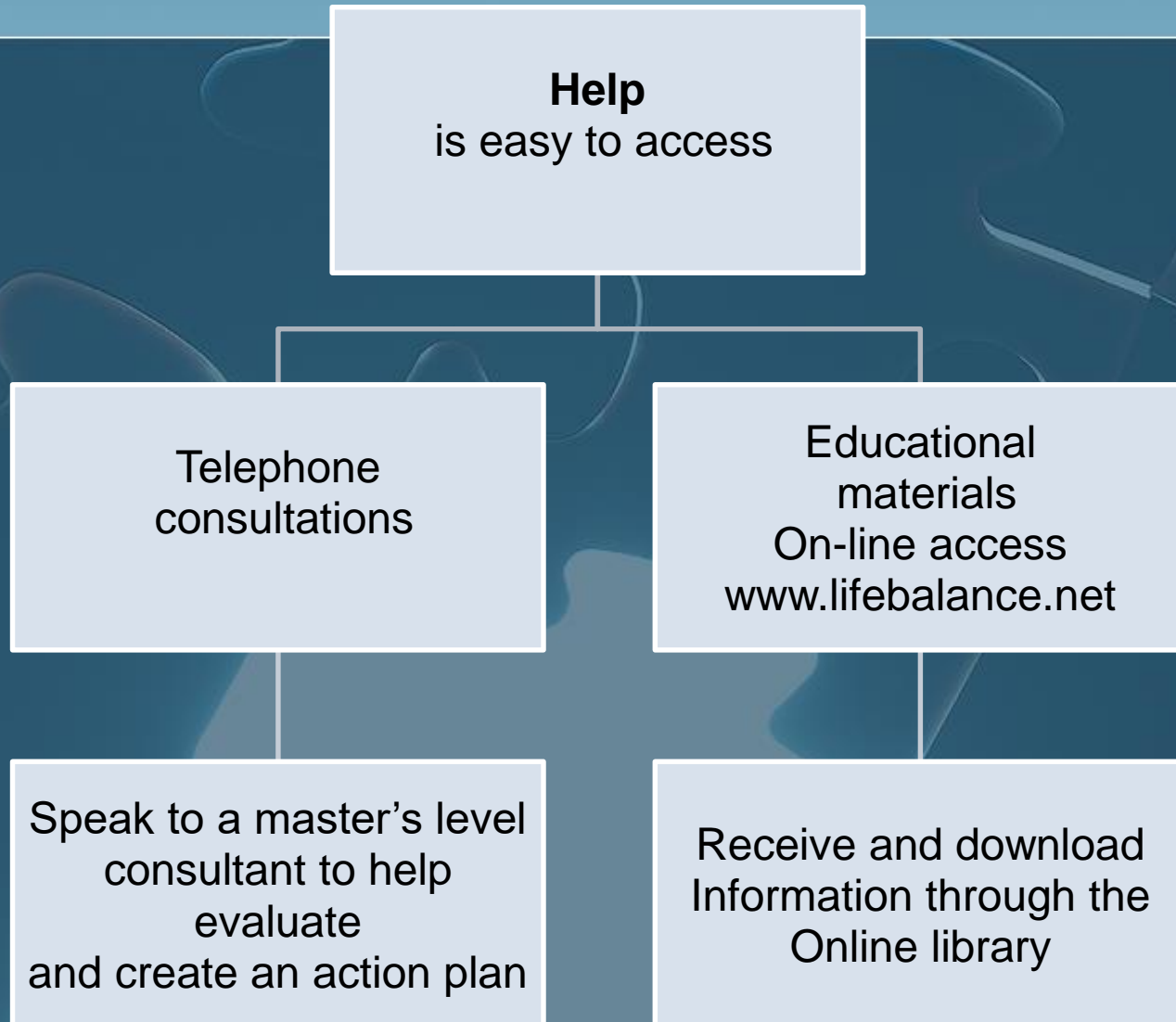
Call: 800.460.4374

guidanceresources.com

Your company Web ID: EAPEssential



Work-life balance EAP





Vision Plan

Superior Vision



SUPERIOR VISION

See yourself healthy.



What Are My Plan Features?



SUPERIOR VISION

See yourself healthy.

- **A yearly routine/basic vision exam**
- **Coverage for lenses or contacts every 12 Months**
- **Provides \$150 for frames and \$175 allowance for contacts**
- **Lasik discount available for Superior Vision enrollees**



Benefit Illustration

\$20 Exam/ \$20 Eyewear Copayments

Service/ material Vision exam:

Participating Provider
paid in full

Non –participating
provider
up to \$35 Retail value

Frame:

up to \$150 Retail value

up to \$70 Retail value

Lenses: (clear, standard, glass, or plastic)

Single vision (per pair)
Bifocal (per pair)
Trifocal (per pair)**
Lenticular (per pair)

paid in full
paid in full
paid in full
paid in full

up to \$70 Retail value
up to \$40 Retail value
up to \$45 Retail value
up to \$80 Retail value

Contact Lenses:

Elective
Medically required

up to \$175
paid in full

up to \$80 Retail value
up to \$150 Retail value

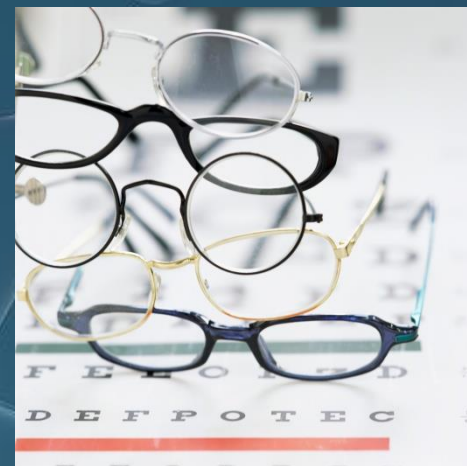


Benefit Illustration cont.

- × **Frequency:**
- × **Vision Exam once each 12 months**
- × **Frame once each 12 months**
- × **Lenses once each 12 months**
- × **Contact lenses once each 12 months**



- × **Rates:**
- × **Voluntary Participation** **Monthly**
- × **Employee** **\$ 3.58**
- × **Employee + 1** **\$ 7.15**
- × **Employee + children** **\$ 7.33**
- × **Employee + family** **\$10.10**



SUPERIOR VISION
See yourself healthy.



Dental Plan

Provides Three Dental Options:

- Safeguard HMO
- MetLife High Plan
- MetLife Low Plan





Dental HMO Plan



we've got
you covered

- ✓ Must use List of Providers
- ✓ Works on a Schedule of Benefits
- ✓ No Deductibles
- ✓ No Plan Maximums

Monthly Rates

<input type="checkbox"/> Employee	\$4.17
<input type="checkbox"/> Employee + Spouse	\$6.95
<input type="checkbox"/> Employee + Children	\$8.07
<input type="checkbox"/> Employee + Family	\$9.74

Safeguard 1-800-880-1800



Low Plan



- ✓ **\$ 50.00 Plan Year Deductible**
- ✓ **\$ 150.00 Family Deductible Max**
- ✓ **\$1000.00 Plan Year Maximum**
- ✓ **\$1000.00 Orthodontia Lifetime Max**
- ✓ **Schedule of Reimbursed Services**
- ✓ **No Waiting Period**
- ✓ **Any dentist of your choice**

- **www.metlife.com/MyBenefits**
- **1 (800) 942-0854**

Monthly Rates

- ❑ Employee \$ 9.21
- ❑ Employee + Spouse \$18.42
- ❑ Employee + Children \$18.79
- ❑ Employee + Family \$28.01

* deductible must be met before Metlife pays claim

After the claim has been filed by employee or dentist, Metlife will reimburse employee for COVERED PROCEDURES



High Plan

- ✓ **\$50 Plan Year Deductible**
- ✓ **\$150 Family Deductible Max**
- ✓ **\$1,000 Plan Year Maximum**
- ✓ **\$1,000 Orthodontia Lifetime Max**
- ✓ **Freedom to use ANY Dentist**
- ✓ **6 month waiting period for major services without coverage prior to enrollment**

Benefits paid as Follows:

- Preventive Services 100%
- General Services 80%
- Major Services 50%

Monthly Rates

- ❑ Employee \$13.52
- ❑ Employee + Spouse \$27.05
- ❑ Employee + Children \$27.59
- ❑ Employee + Family \$41.12

*deductible must be met before MetLife pays claim

www.metlife.com/MyBenefits

1 (800) 942-0854



Identify Theft Protection Plan

- **CyberAlert internet surveillance-** Exclusive technology scours websites, chat rooms and bulletin boards 24/7 to identify trading or selling of your personal information.
- **Social Security number trace-** Know if your SS# becomes associated with another individual's name or address.
- **Change of address-** Criminals can redirect your mail to get access to your bank statements, credit card statements and other important identity-related information.
- **Sex offender alert-** Understand if and when any sex offenders reside or move into your zip code and ensure that your identity isn't being used fraudulently in the sex offender registry.
- **Non-credit loans-** See if your personal information becomes linked to short-term, high-interest payday loans that do not require credit inquiries.

Identify Theft Protection Plan

- **Court/criminal records-** Criminals use identity fraud as a way of avoiding prosecution and jail time; know if your name, date of birth or SS# appear in court records for an offense that you did not commit.
- **Full service identity restoration-** Contact an iLock360 Certified Identity Theft Restoration Management Specialist who will work on your behalf to restore your identity.
- **Lost wallet protection-** In the event that you lose your wallet just call and we'll make all the calls to replace missing cards and ID's.
- **\$1 Million of identity theft insurance-** You are insured against expenses in the event that your identity is compromised.
- **Daily monitoring of credit bureaus-** (One or three depending on the plan you choose) Find out your credit score, analyze your credit report and monitor your identity for credit related activity.



Ilock 360

Identify Theft Protection Plan

To take full advantage of these services, please be sure your personal email address is available in your personal information.

On or shortly before the benefit effective date, you will **receive a welcome email** from iLOCK360 allowing you to activate your protection. If an email address is not provided, a letter will be sent via USPS to your home. You must activate your plan to take full advantage of the service.

Register:

1 Social Security number

2 Medical ID numbers

2 Email addresses

5 Credit/Debit Cards

2 Phone numbers

5 Bank accounts



****Can only cover Dependent Children to age 18**



Ilock 360

Identify Theft Protection Plan

	Plus	Premium
Employee Only	\$4.00	\$7.50
Employee + Spouse	\$7.50	\$11.00
Employee + Children	\$6.50	\$10.00
Employee + Family	\$10.00	\$13.50



Employee Health Resource Center

Take the first step toward a healthier lifestyle

Available services to include:

- Health Resource Center Staffed by a Nurse Practitioner
- Preventive Medical Care
- No Appointment and No co-payment

*Must be a benefit eligible EPISD employee
(10 hours or more per week), or covered dependent*

*The EPISD Identification badge and your Driver's License
must be presented at time of service.*



Catastrophic Sick Leave Bank

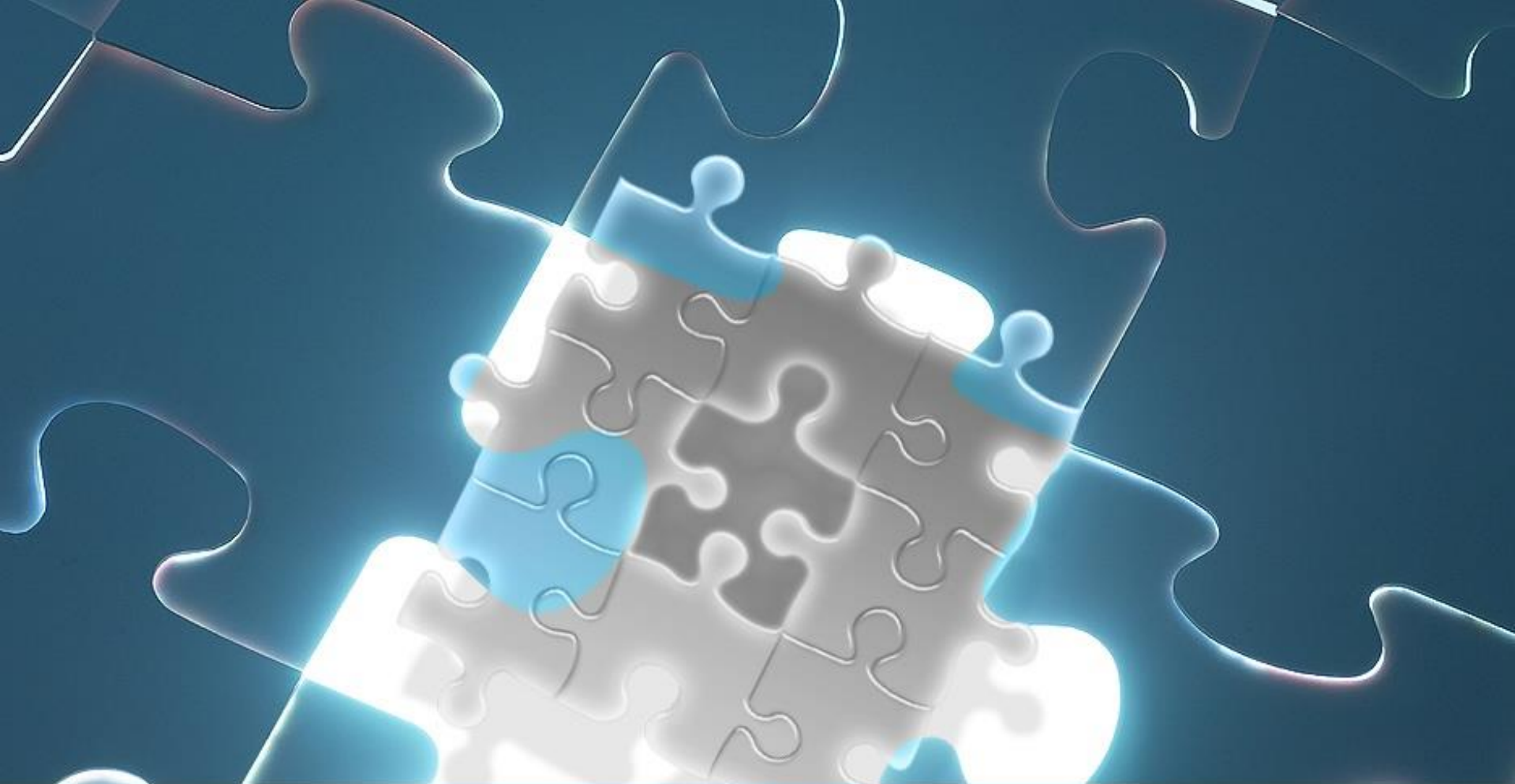
- Must be a participant of the Catastrophic Sick Leave Bank to be eligible.
- Open Enrollment period is September 1st through October 1st.
- Must donate 2 days to the bank to become a participant.
- Provides additional sick leave days for an employee who has exhausted all sick and personal leave, if certain conditions are met.
 - May qualify for up to 60 days paid leave.
- See DEC (Regulation) for complete details.



Catastrophic Sick Leave Bank

- CSLB participants whose leave days are exhausted may draw from the bank for a catastrophic illness, long-term illness, injury to an employee, or to a member of the employee's immediate family (employee's spouse, son or daughter, or parent with a serious health condition).

A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation from the District. Complications resulting from a pregnancy, not a normal delivery, can be consider a catastrophic event.



Healthcare Plan Options



EPISD Employee Benefits

Notice of Employee Responsibility

EPISD provides employees with the resources to become informed about their benefits. It is the employee's responsibility to understand and be informed about the benefits available to them, prior to any need for these benefits.

How to be a wiser health care consumer:

Always read your benefit plan document, summary, certificate, booklet or schedule.

1. Ask Questions
2. Check your paystub

If the plan you have elected requires that you use a network of providers, remember, you must use In-Network providers to receive the maximum benefit available under the plan or in some cases to receive any benefit at all.



Luke



Zayden



Will



EPISD Employee Benefits

Notice of Employee Responsibility

Dependents can be covered under the medical plan with proper documentation of dependent eligibility. Documentation of dependent eligibility for a spouse is a marriage license or certificate of common law; for your children, this can be a birth certificate, adoption papers, guardianship papers, and decree affecting parent/child relationship or a court order.

Notification of changes in family status allows for a "Special Enrollment Period" consisting of 31 days from the date of the event to make election changes.

- Divorce
- Dependent turning of age
- Dependent eligible for coverage sponsored by his or her employer
- Death
- Birth
- Loss of guardianship
- Marriage



How are premiums Deducted?

Health Care Premiums are on a pay as you go basis.

This means that for coverage beginning in September, deductions must be paid in September.

The Voluntary Benefit Plan deductions to include Vision, Dental, Disability, and Life deductions must be paid a month in advance of coverage.



NEW Health Plan Options

NEW HEALTH PLAN OPTIONS

EPISD SELF FUNDED MEDICAL PLAN ADMINISTERED BY CIGNA

2 PLAN OPTIONS

EPISD Consumer Driven Healthcare Plan (CDHP)

EPISD Traditional PPO

EPISD Medical Plan Details

	EPISD CDHP	EPISD Traditional PPO
Deductible	\$3,000 Individual \$6,000 Family Out of Network \$6,000 Individual \$12,000 Family	\$1,250 Individual \$3,750 Family Out of Network \$3,000 Individual \$9,000 Family
Out of Pocket Maximum Includes copays, deductibles, & coinsurance for Medical and Prescription	\$3,000.00 Individual \$6,000.00 Family Out of Network \$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family Out of Network \$12,000 Individual \$24,000 Family
Co-Insurance	0%	80/20
Preventive Care	100%	100%

Medical Plan Details

	EPISD CDHP	EPISD Traditional PPO
Office Visit Copay In Network	0% After Deductible	\$30 for Primary \$50 for Specialist
Urgent Care In Network	0% after deductible	\$50 per visit
Emergency Care In and Out of Network	0% After Deductible	\$500 per visit
Diagnostic Lab	0% After Deductible	20% After Deductible

Prescription Plan Details

	EPISD CDHP	EPISD Traditional PPO
Deductible	Subject to plan deductible	None
Affordable Care Act (ACA) Preventive Drugs	0% Not subject to deductible	0% Not subject to deductible
Non ACA Preventive Drugs allowed by IRS Generic/Preferred/Non Preferred	\$10/\$35/\$60	As covered under schedule below
30 Day Supply Retail		
Generic	0% after deductible	Generic \$10
Preferred Brand	0% after deductible	Preferred \$35
Non-Preferred Brand	0% after deductible	Non Preferred \$60
90 Day Supply Home Delivery		
Generic	0% after deductible	Generic \$20
Preferred Brand	0% after deductible	Preferred \$70
Non-Preferred Brand	0% after deductible	Non Preferred \$120

YOUR HEALTH PLAN

- Both plans offer preventive services covered at 100% including urinalysis, EKG and other laboratory tests completed during a covered annual exam
- Cigna 90 Now Program – 90 Days at participating network retail pharmacy saves you money
- Plans offer two vendors for telehealth services - Amwell and MDLive
- 24/7 Customer Service at 1-888-806-5042
- Medical and Pharmacy benefits administered by CIGNA

EPISD Medical Plan

Semi-Monthly Premiums

	EPISD CDHP	EPISD Traditional PPO
Employee Only	\$0.00	\$25.50
Employee and Spouse	\$212.00	\$379.50
Employee and Children	\$73.50	\$176.50
Employee and Family	\$352.50	\$533.00

****Rates above are for employees working 40 hours per week**



TRS HEALTHCARE PLAN

TEACHER RETIREMENT SYSTEM
OF TEXAS (TRS) ACTIVE CARE
OFFERS 3 PLAN OPTIONS

ActiveCare 1-HD

ActiveCare Select

ActiveCare 2 (Closed to new enrollees)



TRS Healthcare Plan Details

	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2 Not Open to new enrollees
Deductible	\$2,750 Individual \$5,500 Family	\$1,200 Individual \$3,600 Family	\$1,000 Individual \$3,000 Family
Out of Pocket Maximum <small>Includes copays, deductibles, & coinsurance for Medical and Prescription</small>	\$6,750 Individual \$13,500 Family Out of Network \$20,250 Individual \$40,500 Family	\$7,900 Individual \$15,800 Family Out of Network Does not apply. This plan does not cover out of network	\$7,900 Individual \$15,800 Family Out of Network \$23,700 Individual \$47,400 Family
Co-Insurance	80% 20% Out of Network 40%	80% 20%	80% 20% Out of Network 40%
Preventive Care	100%	100%	100%



TRS Healthcare Plan Details

	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2 Not Open to new enrollees
Office Visit Copay	20% After Deductible	\$30 for Primary \$70 for Specialist	\$30 for Primary \$70 for Specialist
Free Standing ER	\$500 Copay per visit Plus 20% after deductible	\$500 Copay per visit Plus 20% after deductible	\$500 Copay per visit Plus 20% after deductible
Emergency Room (True Emergency)	20% After Deductible	\$250 Copay per visit Plus 20% after deductible (copay waived if admitted)	\$250 Copay per visit Plus 20% after deductible (copay waived if admitted)
Diagnostic Lab	20% After Deductible	20% After Deductible	20% After Deductible



Prescription Plan Details

	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2 Not Open to new enrollees
Deductible	Subject to plan deductible	\$0 for Generic \$200 Brand Name	\$0 for Generic \$200 Brand Name
Retail Short Term	Generic 20% Preferred 25% Non Preferred 50% (After Deductible)	Generic \$15 Preferred 25% Non Preferred 50%	Generic \$20 Preferred 25% Non Preferred 50%
Mail Order or Retail Plus	Generic 20% Preferred 25% Non Preferred 50% (After Deductible)	Generic \$45 Preferred 25% Non Preferred 50%	Generic \$45 Preferred 25% Non Preferred 50%
Specialty Drugs	20% after deductible	20% coinsurance	20% coinsurance



Prescription Plan Details

- The second time a participant fills a short term supply of a maintenance medication at a retail pharmacy, they will be charged the coinsurance and copays in the chart below.
- Participants can save money by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus Location.

	TRS AC 1 HD	TRS AC Select	TRS AC 2
Tier 1 Generic 1-31 Day Supply	20% Coinsurance	\$30	\$35
Tier 2 Preferred 1-31 Day Supply	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 3 Non Preferred 1-31 Day Supply	50% Coinsurance	50% Coinsurance	50% Coinsurance



TRS Healthcare Plan Cost

	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
Employee Only	\$0.00	\$60.50	\$208.50
Employee and Spouse	\$315.50	\$466.00	\$792.50
Employee and Children	\$143.50	\$233.50	\$416.00
Employee and Family	\$490.00	\$641.50	\$977.00

****Rates above are for employees working 40 hours per week**



TRS HEALTHCARE PLAN

- TRS ActiveCare – Quest Labs
 - ❖ Labs are no longer covered 100% - Goes towards your deductible
- All three plans offer preventive services covered at 100%
- Active Care Select has no out of network benefits
- ActiveCare HD- Certain generic preventive drugs are covered at 100%. The deductible would not have to be met and participants would pay nothing out of pocket. The list of drugs can be found at info.caremark.com/trsactivecare.
- If a participant obtains a brand-name drug when a generic equivalent is available, they are going to be charged the copay plus the cost difference.



EPISD Offers Tax Advantaged Program Options

TRS does not offer the Premium Conversion/Section 125, a Health Savings Accounts (HSA) or the Flexible Spending Account (Dependent Day Care or Medical Care) FSA

however

EPISD as your employer offers various tax advantage Programs, only offered through payroll deduction, that help reduce your tax liability. These Programs include:

- **Section 125 Premium Conversion – allows you to pay for health, dental and vision premiums from your paycheck before taxes**
- **Flexible Spending Account**
 - **Medical**
 - **Dependent Day Care**
- **Health Savings Account (HSA)**



Flexible Benefit Programs

Section 125 – Premium Conversion – Pretax/Post tax

Is an IRS approved way for employees to pay health insurance & some voluntary benefit plan premiums, out of pocket medical expenses and eligible child or dependent care costs with pre-taxed dollars.

This is a benefit that can only be offered by your employer through payroll deduction.

In effect by participating; employees can increase their take-home pay by reducing their taxable income.



Flexible Spending Account (FSA)

- Medical Care Account – Eligible expenses include health plan deductibles, co-pays for medical and Rx, co-insurance, vision care expenses and dental care expenses.
- You may pledge any amount **up to \$2,700** for the 2019-2020 Plan Year towards any eligible medical related expenses incurred that will not be paid or reimbursed through a group or individual health care plan.
- *You cannot contribute to an FSA and an HSA in the same plan year*



FLEXIBLE SPENDING ACCOUNTS

****It is important that you budget carefully when taking advantage of either the Medical Reimbursement and/or the Dependent Day Care Account.**

The same tax law that permits this benefit also specifies that any money that is left in your account at the end of the plan year must be forfeited. “Use it or Lose it”

EPISD has adopted the “Grace Period” that allows an additional 75 days to incur eligible expenses (September 1 – November 14)

*Claims **incurred** during a Flexible Benefit Plan Year may be filed up to 90 days after the end of the plan year.*



FSA/HSA STORE

Interested in the FSA, but worried about losing your money? There is a great tool available called the FSA/HSA Store. This online site has FSA/HSA eligible items that you can purchase using your FFGA issued debit card.

Link available on benefitsolver.com on the FSA and HSA tabs!

- The only online site exclusively stocked with FSA/HSA eligible products
- FSA Eligibility List
- Easily use your debit card for OTC items
- Free shipping on orders of \$50+
- Accepts all FSA, HSA and major credit cards
- \$10 off coupon for your first visit



Dependent Day Care

- Pay for dependent day care expenses with pre-tax dollars.
- **Dependent must be:**
 - **Children under the age of 13**
 - **Spouse, or elderly parent who is physically or mentally incapable of self-care**
- Qualified dependent day care expenses must be work related
- Examples include: Child-care center, adult day care center, baby-sitter, caretaker, or after school care

*The maximum amount you can contribute to your DCA is:
\$2,500 - if filing an Individual Federal Income Tax Return
\$5,000 - if married. The minimum pledge amount is \$240*



Health Savings Account (HSA)

- **What is an HSA?**

- Special account owned by an individual and used to pay out-of-pocket expenses (such as deductibles, copays, prescriptions, dental care, eye exams and eyewear)
- Portable, meaning the HSA funds always belong to the individual

- **Who is eligible?**

Per IRS rules, any adult can contribute to an HSA if he/she:

- Is enrolled in a HSA-qualified high deductible health plan
- Has no other first-dollar medical coverage
- Is not enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return

IRS Maximum is \$3,500 Individual or \$7,000 Family

You cannot contribute to an HSA and an FSA at the same time.

Contributions to an HSA can be started, stopped, increased or decreased at any time of the year as long as you meet the eligibility criteria.



First Financial Group of America

FFGA is the Administrator for the Flexible Spending Account, Health Savings Account and Dependent Daycare Account

www.ffga.com

Phone: 866-853-FLEX

DOWNLOAD OUR FF FLEX MOBILE APP The FF Flex Mobile App is available for Apple® or Android devices on the App Store or the Google Play Store. Submit claims, set up text mobile alerts, and much more, all from our convenient mobile app.

EPISD Health Savings Account (HSA)

- If you elect the EPISD CDHP Plan and HSA, EPISD will contribute \$500.00 annually towards your HSA.
- \$250.00 will be loaded onto your HSA Debit card in September and the remaining \$250.00 will be divided over 12 checks beginning in March.
- EPISD Health Savings Account administered by HSA Bank
- If HSA Bank is unable to finalize your account set up they will contact you requesting additional information (Patriot Act)



Questions

- What is pooling?
- What is splitting?
- What am I enrolling for?
- What if I need to make a change in the middle of the plan year?
- How do I enroll?



Have a Wonderful Year!!

Are there any questions?

