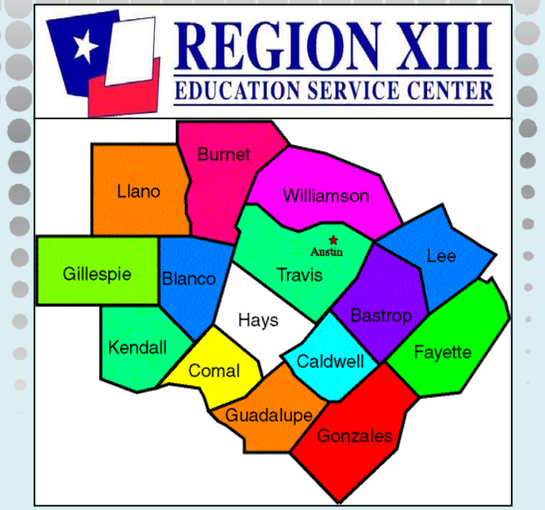

Region XIII Members
Burnet CISD
Dime Box ISD
Dripping Springs
East Austin College Prep Academy
Fayetteville ISD
Flatonia ISD
Johnson City ISD
La Grange ISD
Meridian World School
Nixon-Smiley CISD
Not Your Ordinary School (NYOS)
Prairie Lea ISD
Schulenburg ISD
Smithville ISD
Texas Preparatory School
Wayside Schools
Wimberley ISD

Region 20 Members
Brackett ISD
Brooks Academy (dba Somerset Aca.)
Charlotte ISD
Education Service Center, Region 20
HFA Alameda School for Art-Design
Educational Resource Center
(dba John H. Wood, Jr. Charter District)
(dba Karnes County International School)
Eleanor Kolitz Hebrew Language Academy
Jourdanton ISD
Jubilee Academic Center
Knippa ISD
Leakey ISD
MeadowLand Charter
New Frontiers Charter
Por Vida Academy
School of Excellence Charter
Southwest Preparatory School
Utopia

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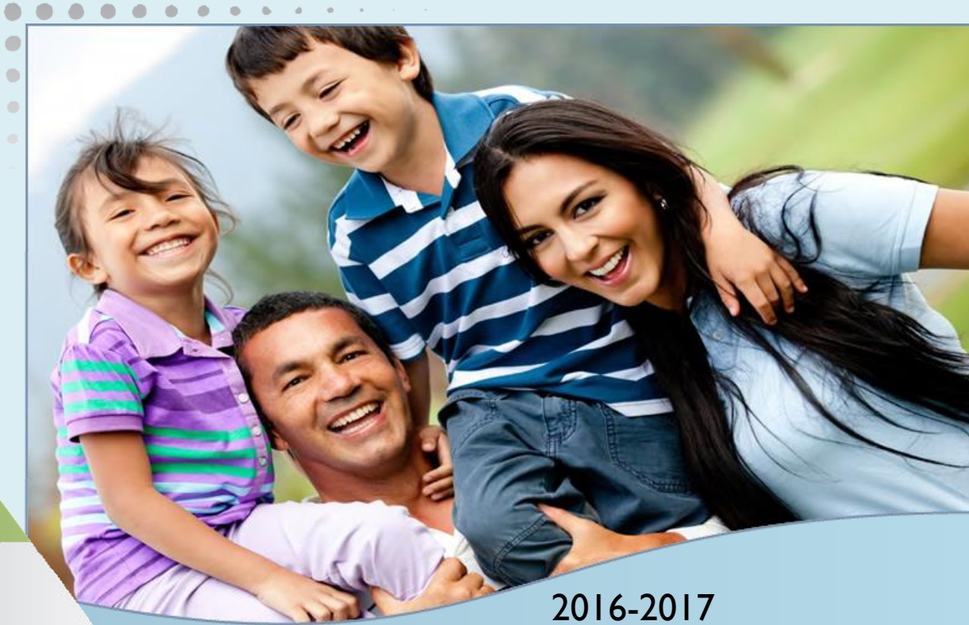
www.esc20bc.net

Revised 8/2016

ESC-20 Benefits Cooperative



2016-2017

SUPPLEMENTAL
BENEFITS

Education Service Center, Region 20

Accident • Cafeteria Plan • Cancer • Cobra • Dental • Disability Income Protection • ID Theft
Life/Voluntary Group Term Insurance/ AD&D • Permanent Life Insurance • Section 125 Administration
Telehealth Services • Vision

Optional: Flex Spending Accounts (FSA) • Health Savings Account (HSA) • Medical Gap Plan
403(b)/457(b) Plan Administration • ACA Tracking

www.esc20bc.net

The Benefits are Outstanding

2016-2017 Benefits and Rates

ESC-20 Benefits Cooperative (ESC-20BC) with Financial Benefit Services (FBS), Third Party Administrator (TPA), provides a cooperative proposal service arrangement for regional school districts, charter schools, and political subdivisions receiving:

- ⇒ *Competitive Premiums*
- ⇒ *Broad Selection of Quality Products*
- ⇒ *Superior Service*
- ⇒ *COBRA Administration for Supplemental Benefits and Cafeteria Plan Administration as an added value (No Member Cost!)*
- ⇒ *Limited Employee Assistance Program (EAP) Included*

To participate in the ESC-20BC Shared Service Arrangement (SSA), the independent school district or charter school is required to:

- ⇒ *Participate in all employee benefits (unless noted as optional) procured through the ESC-20BC SSA. Competing products may not be payroll deducted;*
- ⇒ *Provide employer paid Basic Life Insurance (coverage amount $5,000 - $50,000 in increments of $5,000) which includes limited EAP;*
- ⇒ *Determine participation in optional plans: 403(b), 457(b), Flex Spending Account, HSA, and Medical Gap Plan*
- ⇒ *Determine if Flex Card will be offered;*
- ⇒ *Determine Health Reimbursement maximum annual limit (not to exceed $2,550); and,*
- ⇒ *Complete required Co-op documents.*

Eligibility: *employees working 18.75 hours/week or more*

Effective date: *if employment begins on the first of month, coverage is effective immediately. If employment begins after the first of month, coverage is effective the first of the following month.*

Most Products are Guaranteed Issue

No health questions or applications to complete!

Electronic & Personalized Benefits Enrollment

Online system is password secured, HIPAA compliant and can include your health care plan. Employee elections are imported into the payroll system. Exporting to carriers is handled by the Co-op.

Consolidated Billing/Common Remitter

Increased efficiency for all payroll deduction benefits: reduced data entry, vendor forms, mailing costs, and report preparations!

Full Service Administration

Administration for Cafeteria Plan (Section125). Optional: 403(b) Tax Sheltered Account, 457(b) Deferred Compensation, Flexible Spending Account (Health and Dependent Care), HSA administration, and Medical Gap Plan.

Benefits Website and Employee Support

Personalized website and group benefit meetings held at each campus lessens the workload for you!

Individual Service/One-Stop-Shop

A single point of contact for all questions and assistance!

Optional Offerings

Cafeteria Plan Admin/Flex Spending Accounts

No Member Cost!

National Benefit Services (NBS)

Cautionary Note: Because of IRS regulations, before electing this benefit, it is imperative that employees understand the restrictions regarding changing of benefits during the plan year.

Distinction between appropriate usage of reimbursement when individual has FSA and HSA. ***Limited FSA*** - If participating in HSA, cannot use Limited FSA for medical; can use for dental and vision; can use maximum contribution on day one. ***HSA*** - Medical only; can only use contribution amount available at the time of reimbursement request.

- Dependent Care Reimbursement
  Maximum: $5,000/year or $2,500/year if married filing single
- Health Reimbursement
  Maximum deduction: not to exceed $2,500/year; Flex Card Included

COBRA Administration

No Member Cost!

National Benefit Services (NBS)

Required for: *Dental, Health Reimbursement, Vision, and MEDlink®*
Includes HIPAA Initial Rights Notice; COBRA General Rights Notice for new enrollee and covered dependent with different address; Qualifying Event Letter; and, Continuant Invoice. Mandatory for qualifying voluntary products with exception of combined health and supplemental coverage.

Health Savings Account (HSA)

HSA Bank

This health savings account (in which tax-deductible contributions accumulate earnings tax-free) is for enrollees electing a High Deductible Health Plan (HDHP). Distributions used for qualified health expenses are tax free. HSA funds not used each year remain in account earning interest tax free and may be used for future qualified medical expenses. If participating in HSA, cannot use FSA for medical; can use Limited FSA for dental and vision expenses. Maximum amount can be placed in account immediately. Cannot have HSA with Medical Gap Plan. TRS ActiveCare eligible plan: TRS-AC 1 HD. Monthly account maintenance fee is $1.75. If daily HSA balance is $3,000 or more, the monthly account maintenance fee is waived.

403(b) Tax Sheltered Account and 457(b) Deferred Compensation Plan Admin

RAMS Region 10/TCG Group Holdings (TPA)

Employees may voluntarily participate in these two retirement plans which are long-term savings/retirement accounts. Because Tax Sheltered Accounts allow investment with pre-tax dollars, tax burden is reduced every time a contribution is made. 403(b) - $1.50 administration fee / employee or employer paid. Detailed information at *www.irs.gov*.

Medical Gap Plan

American Public Life (APL) MEDlink®

Rates guaranteed through August 31, 2016.

TRS ActiveCare eligible plans: TRS-AC 1 HD or other group HD plan. A supplemental coverage that helps offset out-of-pocket costs due to a High Deductible Health Plan.* Plan pays limited in-hospital benefits ($1,500 or $2,500 max), outpatient benefits ($200), and physician outpatient treatment benefits, when eligible. Rates are based on Issue Age and option selected with no preexisting condition clause. Guaranteed issue. Cannot have Medical Gap Plan with HSA. Pre-tax provision applies.

Issue Ages 17-54*	$1,500	$2,500
Employee Only	$21.50	$28.00
Employee & Spouse	$39.50	$51.50
1 Parent Family	$36.50	$45.50
2 Parent Family	$54.50	$69.00

*Additional age/rate information at *http://www.esc20bc.net.*

Group Long-Term Care

Unum - Pre 2012 benefit - Contracted Entities Only

ACA Tracking System

Our ACA Tracking and Reporting service handles full eligibility tracking, takes liability and handles all reporting requirements imposed by the Federal Government.
*Monthly fee $1.05 per employee/substitute.

- Guaranteed Compliance
- Assumes liability for tracking elegibility
- Handles appeals through HHS or IRS on behalf of clients.

Permanent Life Insurance

Texas Life (PureLife-plus) – Portable

Rates changes are contingent upon federal review and approval.

Unlike group term insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

Non-Tobacco Sample Rates*

Age	$25,000 Policy	$50,000 Policy	$100,000 Policy
25	$8.50	$15.50	$29.50
35	$11.75	$22.00	$42.50
45	$24.00	$46.50	$91.50
55	$53.50	$105.50	$209.50

Tobacco Sample Rates*

Age	$25,000 Policy	$50,000 Policy	$100,000 Policy
25	$13.50	$25.50	$49.50
35	$18.75	$36.00	$70.50
45	$37.50	$73.50	$145.50
55	$74.50	$147.50	SEE RATES*

* Additional age/rate information at *http://www.esc20bc.net.*

Telehealth Services

MD Live

Rates guaranteed through August 31, 2017.

This product allows unlimited phone consulations with 24/7/365 access to a network of board certified doctors and pediatricians to diagnose, recommend treatment, and prescribe medication.

Employer Paid Employee & Family	Employee Paid Employee Plan	Employee Paid Family Plan
$4.50	$8.00	$16.00

Vision

Superior Vision - Provides in-network and out-of-network benefits.

Rates guaranteed through August 31, 2017.

Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
$6.88	$13.66	$13.38	$20.36

Plan rates and conditions are guaranteed through the dates specified and are subject to change after the rate guarantee dates.

Detailed Information and Rates
www.esc20bc.net

Accident

American Public Life Insurance Company

Rates guaranteed through August 31, 2017.

Plan pays for accidental injury, ambulance, hospital confinement, accidental death and dismemberment, and loss of sight.

Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
$10.80	$19.40	$21.20	$29.80

Cafeteria Plan Administration (Section 125)

National Benefit Services

Pre-tax provision applies to Accident, Cancer, Dental, Medical, Medical Gap Plan, and Vision.

Cautionary Note: Because of IRS regulations, it is imperative that employees understand the restrictions regarding changing of benefits during the plan year.

Cancer

American Public Life Insurance Company

Rates guaranteed through August 31, 2017.

Guaranteed Issue

May be purchased with or without **Intensive Care Unit Rider (ICU)**.

	Employee Only	Employee & Child(ren)	Employee & Family
Option 1- Low Plan Without ICU Rider	$14.80	$20.60	$26.40
Option 2 –Low Plan With ICU Rider	$17.80	$24.80	$32.70
Option 3 –High Plan Without ICU Rider	$29.40	$40.40	$51.50
Option 4 –High Plan With ICU Rider	$32.40	$44.60	$57.80

Coverage is subject to pre-existing condition exclusions: If member received medical treatment, consultation, care or services, took prescription medications or had medication prescribed within 12 months prior to enrollment, APL will not cover that specific cancer or specific disease for a period of 12 consecutive months from the date insurance takes effect. After the 12-month waiting period, pre-existing condition(s) will be covered. Portability available.

Dental

Cigna

Rates guaranteed through August 31, 2017.

Options: High PPO max allowance of $1,500; Low PPO maximum allowance of $750, and a DHMO plan. Vision Discount Plan included with High/Low plans.

Plans	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
DHMO	$8.99	$16.99	$19.15	$29.66
Low PPO	$13.28	$26.98	$31.02	$47.36
High PPO	$26.50	$62.28	$71.58	$99.78

(Optional Contributory Dental Rates - contributing minimum 50% of EE only premium)

High PPO	$20.70	$52.84	$56.86	$79.32

Disability (District Option: choose Cigna or Unum plan)

Cigna *(Option 1)*

Rates guaranteed through August 31, 2017.

Four types of disability plans, with age-rates premiums, are offered. Premiums are based on age and salary.* Employees who decline coverage during their initial eligibility period and later decide to apply are subject to 3/12 pre-existing conditions.

	Short Term Plan		Long Term Plan	
Elimination Period**	14 Day	30 Day	90 Day	180 Day
Duration	24 Weeks	22 Weeks	The Greater of RBD*** or SSNRA****	
Age at Enrollment*	**Rate per $100 of monthly salary** To calculate the monthly premium: 1. Divide current monthly salary by 100 2. Multiply Step 1 by **Rate per $100** from desired plan = **monthly premium.**			
0-29	.34	.26	.126	.081
30-34	.34	.26	.180	.117
35-39	.34	.26	.270	.171
40-44	.51	.38	.432	.342
45-49	.69	.51	.612	.450
50-54	.76	.76	.900	.666
55-59	1.01	1.01	1.206	.882
60-70+	1.17	1.17	1.431	1.035

*Age as of 9/1 or change event date. Salary recalculated upon increase or decrease (exception: shift change).

**Stated number of days or the end of the employee's sick leave and/or salary continuance, whichever is later, when the employee is totally disabled and cannot come to work.

***Reducing Benefit Duration (RBD) applies.

****Social Security Normal Retirement Age (SSNRA)

Unum Educator Plan *(Option 2)*

Rates guaranteed through August 31, 2016.

Educator Select plan combines short term and long term plan benefits with a duration period of up to age 65 and elimination periods of 0-7, 14, 30, 60, 90, and 180 days. The monthly benefit is chosen by the employee and can range from $200 to $7,500 (maximum of 66 2/3% of monthly earnings). Premiums for this plan are composite rated and are not based on an employee's age. Eligible employees can enroll at annual enrollment without Evidence of Insurability.

Applies to **both** disability plans: 3/12 Pre-existing Condition Clause: A Pre-existing condition is a disability for which the employee received medical treatment, consultation, care or services, or took prescribed medications within the 3 months prior to enrollment. A disability that begins during the first 12 months of coverage which is caused by, contributed to, or results from a pre-existing condition will not be covered.

ID Theft Protection

ID Watchdog

Rates guaranteed through August 31, 2017.

Provides comprehensive monitoring services.

Employee Only	Employee & Family
$7.95	$14.95

Life Insurance

Cigna

Rates guaranteed through August 31, 2017.

Basic Life and Accidental Death and Dismemberment

Employer Paid (options begin at $0.28 per $5,000 coverage and increase in increments of $5,000 up to a maximum of $50,000/participant/month).
No Evidence of Insurability required.
Limited Employee Assistance Program (EAP) included.

Voluntary Group Term Life

New Enrollee, Guaranteed Issue: $200,000 Employee (max. 7x annual salary), $50,000 Spouse, $10,000 Dependents Employee must enroll in order to add Spouse and Dependents. Refer to chart below for plan information and rates. Amount may not exceed 100% of employee's Voluntary Group Term Life coverage. An Employee who declines coverage during their initial eligibility period and later decides to apply must submit Evidence of Insurability for full amount.

Voluntary Group Accidental Death and Dismemberment

Benefits available in $10,000 increments up to $500,000. No Evidence of Insurability required. Family coverage includes Spouse benefit equal to 50% and Dependent benefit equal to 10% of the employee coverage.

Life Benefits include Free Will Preparation for Plan Participants.

Employee/Spouse (Per $10,000)		Dependent Per $10,000 of Child Coverage	AD&D Per $10,000
Age	**Rate**	$1.80	Employee: $0.25 Family: $0.40
<29	$0.50		
30-34	$0.70	**Employee:** May elect units of $10,000 to a maximum coverage of $500,000. During annual enrollment each year, employee may elect to increase current election up to $10,000 without Evidence of Insurability, up to Guaranteed Issue Amount. **New enrollees** electing excess of $200,000 will be subject to medical underwriting approval.*	
35-39	$0.80		
40-44	$1.00		
45-49	$1.40		
50-54	$2.40	**Spouse:** Employee may elect units of $10,000 to a maximum coverage of $500,000, not to exceed 100% of employee's Voluntary Group Term Life coverage. During annual enrollment each year, employee may elect to increase current election up to $10,000 without Evidence of Insurability, up to Guaranteed Issue amount. **New enrollees** electing excess of $50,000 will be subject to medical underwriting approval.*	
55-59	$3.90		
60-64	$5.90		
65-69	$8.26		
70-74	$10.30		
75+	$14.70	**Children:** Employee may elect $10,000 for eligible children (ages 15 days to 16 months, $100). Amount may not exceed 100% of employee's Voluntary Group Term Life coverage. Dependent coverage up to age 26. Pay one premium for all covered children (not multiple premiums for each child.	

*Excludes voluntary group AD&D