2027 NORTH EAST ISD

BENEFITS GUIDE

Email us
eb@neisd.net

Visit Our Website
www.neisd.net/benefits

Contact Us
(210) 407-0187

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Benefits Providers

BlueCross BlueShield of Texas

DELTA DENTAL

avēsis

TheStandard

EMPOWER

hsabank own your health

MetLife

nbs national benefit services

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WELCOME

Welcome to NEISD!

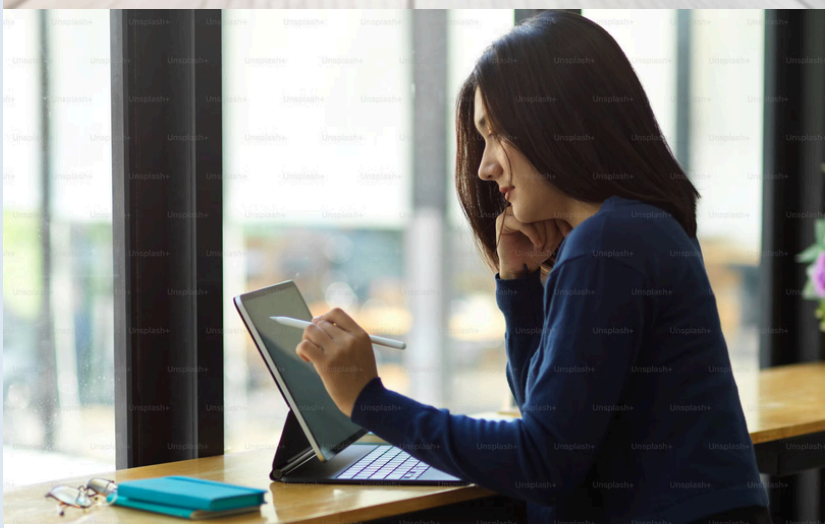
The purpose of this guide is to provide you with information on the benefits NEISD offers so that you as an employee can make the best benefit choices for you and your family's needs.

This guide provides general descriptions of the benefits NEISD offers and is not intended to provide all of the details for these benefits.

For more detailed information please visit our website: www.neisd.net/Benefits

The official plan documents will prevail if any inconsistencies are found between the NEISD Benefit Guide and the official plan documents. You should be aware that any and all elements of NEISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by North East ISD.

Discover North East ISD



Contact Us

Contact us for any questions, concerns, comments, or suggestions.

Phone: 210-407-0187
Fax: 210-804-7014
Email: eb@neisd.net

Employee Benefits Contacts & FAQs
NEISD Benefit Forms Library

Office Hours

Monday through Friday 8:00 am to 4:45 pm.
Closed on school holidays.

Hours subject to change during the summer months.
Visit www.neisd.net/benefits for hours.

North East ISD
8961 Tesoro Dr, Suite 209
San Antonio, TX 78217

ENROLLMENT PERIODS

New Employee Orientation Video

CLICK HERE

New Hire Enrollment

As a new hire, you have the first 31-days of employment to enroll in benefits. Your coverage will begin the first day of the month following your hire date. Once the elected plan has become effective, changes cannot be made to your new hire benefits even if you are still within your 31 day deadline window. If you experience a qualifying event, please contact the Employee Benefits office. If you miss your new hire enrollment opportunity, you must wait until the following District-wide Open Enrollment to enroll. The effective date would be January 1st of the following year. New hire premiums will be deducted in the same month that coverage is in effect. Benefits cannot be deducted until they have been elected in Employee Center. Any past-due premiums, owed from deductions on missed paycheck(s), will be deducted on the next available payroll check.

IRS rules and regulations allow for the following enrollment periods:

- New Hire Enrollment
- Open Enrollment
- Family Status Changes

IMPORTANT:

If your 31st day falls on a weekend, holiday or extended break, your new hire elections and/or your Family Status Change forms must be received in the Employee Benefits office on or before the last working day prior to your 31st day. Requests for changes to your benefits that were received after your 31-day deadline has passed cannot be processed.

Family Status Change

If you experience a life event that affects your benefit needs, please contact your Employee Benefits Technician immediately. Examples of qualifying life events are:

- Birth/Adoption
- Death
- Marriage/Divorce
- Dependent loss of eligibility (loss of job, FT to PT, employer eliminates benefits, laid off, etc.)
- Dependent gained eligibility (new employee, PT to FT, new employer benefits, etc.)
- Dependent Open Enrollment (Employer, Medicare, or Marketplace)
- Gain or loss of Eligibility for Medicare or Medicaid

HIPPA (Health Insurance Portability and Accountability Act) allows for a special enrollment of 31-days due to the above mentioned qualifying events. If you experience a qualifying event, your written request to enroll or change your benefits, must be received in the Employee Benefits office within 31-days from, and including, the qualifying event date. Supporting documentation, confirming the qualifying event, is required to process a change to your benefits. The effective date for your benefits will be the 1st day of the month following your qualifying event, with the exception of birth. The effective date for birth of a child will be the date of birth.

ENROLLMENT PERIODS & ELIGIBILITY

Open Enrollment

Open Enrollment is held in October every year. Employees are provided this opportunity to add a new benefit, stop a benefit, or change a benefit, as well as, add or drop eligible dependents from their benefits. In the weeks leading up to Open Enrollment, more information will be e-mailed to your NEISD email regarding this event.

Who is Eligible for Benefits?

- Part-time employees working at least 20 hours per week
- Full-time employees working at least 32 hours per week

Premium Deductions and Effective Dates

This section is provided to help you determine how your premiums will be deducted for various benefits, and when benefits may become effective. For all categories of employees, there will be exceptions to the information outlined below. If you have specific questions, please contact the Risk Management/Employee Benefits Office at 210-407-0187.

ALL BENEFITS ARE DEDUCTED IN THE CURRENT MONTH OF COVERAGE.

New hires are deducted for benefits they elect in the month that coverage is in effect. Benefits cannot be deducted until they have been elected in Employee Center. Any past due amounts will be deducted on the next available payroll check.

CERTIFIED EMPLOYEES	ADMINISTRATIVE & INSTRUCTIONAL SUPPORT STAFF	AUXILIARY EMPLOYEES WHO WORK 230 OR MORE DAYS PER YEAR	AUXILIARY EMPLOYEES WHO WORK LESS THAN 230 DAYS PER YEAR
Employees who are paid on a monthly basis, such as Administrators, Teachers, Counselors, Nurses, Librarians, etc., have benefits deducted based on an annual premium. The standard deduction rate for each paycheck is based on the annual premium divided by 12 paychecks.	Employees who are hired as Administrative & Instructional Support Staff, such as Secretaries, Bookkeepers, Specialists, Clerks, Teacher Assistants, Bilingual Assistants, Lunchroom Assistants, etc., have benefits deducted based on an annual premium. The standard deduction rate for each paycheck is based on the annual premium divided by 26 paychecks.	Auxiliary (hourly) employees who are hired as Custodians, Police Officers, Computer or Copier Technicians, Print Shop, or Maintenance who work on a year- round basis have benefits deducted based on an annual premium. The standard deduction rate for each paycheck is based on the annual premium divided by 26 paychecks.	Auxiliary (hourly) employees who are hired as Bus Drivers, Bus Assistants, Food Service Workers, and K.I.N. who work during the school year have benefits deducted based on an annual premium. The standard deduction rate for each paycheck is based on the annual premium divided by 20 paychecks. **Para Professionals who elect the pay-to-the-punch option are PA10 and receive 20 paychecks.**

EFFECTIVE DATES

MEDICAL, DENTAL, VISION, FLEXIBLE SPENDING ACCOUNTS, CANCER PLANS, AND CRITICAL ILLNESS	As a new hire, you have the first 31-days of employment to enroll in benefits. Your coverage will begin the first day of the month following your hire date. Once the elected plan has become effective, changes cannot be made. If you miss your New Hire deadline, your next natural opportunity to enroll in benefits will be in October during the annual Open Enrollment. The effective date for Open Enrollment elections would be January 1st.
DISABILITY INCOME PROTECTION	As a new hire, you have the first 31-days of employment to enroll in benefits. Your coverage will begin the first day of the month following your hire date. Employees must be actively at work for coverage to begin. If you miss your New Hire deadline, your next natural opportunity to enroll in benefits will be in October during the annual Open Enrollment.
GROUP TERM LIFE	As a new hire, you have the first 31-days of employment to enroll in benefits. Your coverage will begin the first day of the month following your hire date. Employees must be actively at work for coverage to begin. If you miss your New Hire deadline, your next natural opportunity to enroll in benefits will be in October during the annual Open Enrollment. The effective date would be January 1st. Group Term Life Policies: The effective date for any coverage amounts over the guaranteed issue amount will be determined by The Standard and is subject to underwriting.
WHOLE LIFE POLICIES	As a new hire, you have the first 31-days of employment to enroll in benefits. UNUM Provident must approve all applications. The effective date is determined by UNUM Provident Insurance.
CATASTROPHIC SICK LEAVE BANK	There is no monetary cost for joining the Catastrophic Sick Leave Bank, however, you must donate three days of your local sick leave or anticipated local sick leave to join as per District policy. For membership to be complete, an employee must work at least 108 days in a school year to earn the three days donated for membership. If you enroll within the first 31-days of employment, your effective date will be the first day of the month following your hire date. You may also join the Bank during the following District-wide Open Enrollment in the Fall of any subsequent year. If enrolling during Open Enrollment, your effective date will be January 1st of the following year. A member must have earned membership before any Catastrophic Sick Leave Bank days may be granted.

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SECTION 125 CAFETERIA PLAN

The Internal Revenue Service allows employees to pay some benefit premiums with before tax dollars. Health, dental, vision, flexible spending accounts, health savings accounts, and cancer insurances offered by the District are administered on a pre-tax basis. For many employees, this becomes a wonderful benefit because your employee premium contributions are deducted before taxes are calculated based on your income, thus reducing your taxable income. This in turn lowers the amount of federal income tax you pay each pay period! You see an immediate tax savings on each paycheck.

It costs you nothing. This is a service provided by North East ISD under the regulations from the IRS Tax Code, Section 125.

When you pay eligible premiums through the Cafeteria Plan, your selections are final for the current benefit year, unless you experience a qualifying event, as outlined in the Internal Revenue Code, Section 125, and related regulations. Unless you experience one of these changes that affects your family status, or another change described in the provisions of FMLA of the District's Cafeteria Plan, you may not drop your dependents or change your coverage for that benefit year.

If you wish to change or cancel your benefit elections, you can make your changes during the annual Open Enrollment period in October with an effective date of January 1, using Employee Center.

All new employees have 31 calendar days from, and including, their hire date to go to Employee Center to elect or waive participation in all NEISD benefits. Changes cannot be made once a benefit has gone into effect without a qualifying family status change.

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HEALTH INSURANCE

New for 2027

Low PPO ends December 31, 2026, and will no longer be available. Blue Essentials HMO plan starts January 01, 2027.

Blue Essentials HMO - 2027 In-Network Individual Deductible: **$2,500**. Out-of-Pocket limit is **$7,500**. The 2027 In-Network Family Deductible is **$6,500**. The out-of-pocket limit is $16,000, with no Out-of-Network coverage.

Blue Choice PPO - High Option - 2027 In-Network Individual Deductible is **$2,000**. Out-of-Pocket limit is **$5,000.** The 2027 In-Network Family Deductible is **$5,000.** The out-of-pocket limit is **$12,250**.

BlueEdge HDHP - 2027 In-Network Individual Deductible and Individual Out-of-Pocket limit is **$3,500**. The 2027 In-Network Family Deductible and Out-of-Pocket limit is **$10,400**. The 2027 Out-of-Network Individual Deductible and Individual Out-of- Pocket limit is **$7,000**. The 2027 Out-of-Network Family Deductible and Out-of-Pocket limit is **$20,800.**

GLP-1 injectables will no longer be approved for Weight Loss on all plans.

Good News! Delta Dental premiums will decrease for the 2027 plan year.

HSA limits for 2027:
For 2027, the maximum limits are:
- $4,500 for single coverage
- $9,000 for employee plus one dependent

FSA limits for 2027:
Health FSA - Annual Contribution Limit is $300 up to $3,300.

Dependent Care FSA - maximum amount is $7,500.

Well on Target is now GO Wellbeing.
Deadline to use all Blue Points is December 31, 2026.

Our health plans are administered by **BlueCross BlueShield of Texas (BCBS).**

We have three plans to choose from:
- Blue Essentials - HMO
- Blue Choice - High PPO
- Blue Edge - High Deductible Health Plan (HDHP)

BlueCross BlueShield of Texas

NEISD has one of the best health plans amongst other school districts in San Antonio. The District currently contributes $618.00 per employee per month towards the cost of their health insurance premiums. Below are the premium rates for plan year 2027. The rates shown are what the employee pays per paycheck. All premium deductions are calculated based on the number of paychecks you receive each year. Premiums may differ due to rounding.

Paraprofessionals who are paid to the punch (PA10) and Auxiliary 10-month employees who work less than 230 days a year use the column titled "20 Pay" for deduction amounts.

A summary of benefits for each plan is included on the next few pages. These pages come from the BCBS Get To Know Guide. For a full copy of the Get To Know Guide, visit our website: https://www.neisd.net/Departments/Employee-Benefits/Benefit-Options/Health-Plans/index.html

BENEFIT PLANS	ALL DEDUCTIONS		
BlueEdge High Deductible /HSA	**12 Pay**	**20 Pay***	**26 Pay**
Employee Only	$116.00	$69.60	$53.54
Employee/Children	$269.00	$161.40	$124.15
Employee/Spouse	$336.00	$201.60	$155.08
Employee/Family	$488.00	$292.80	$225.23
Blue Essentials HMO	**12 Pay**	**20 Pay***	**26 Pay**
Employee Only	$136.00	$81.60	$62.77
Employee/Children	$307.00	$184.20	$141.69
Employee/Spouse	$386.00	$231.60	$178.15
Employee/Family	$557.00	$334.20	$257.08
Blue Choice High Option PPO	**12 Pay**	**20 Pay***	**26 Pay**
Employee Only	$344.00	$206.40	$158.77
Employee/Children	$570.00	$342.00	$263.08
Employee/Spouse	$687.00	$412.20	$317.08
Employee/Family	$910.00	$546.00	$420.00
All Medical Plans	**12 Pay**	**20 Pay***	**26 Pay**
Tobacco Surcharge	$30.00	$18.00	13.85

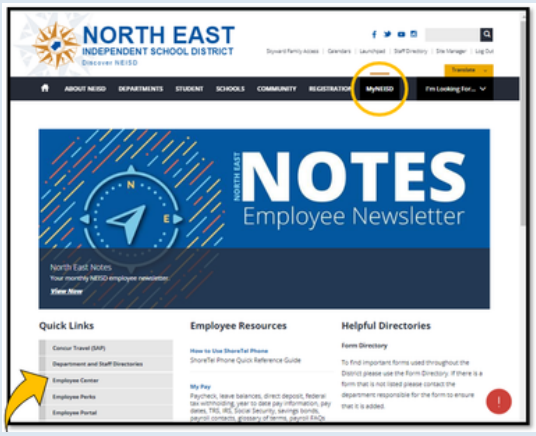
HOW TO ENROLL IN BENEFITS

employee center

CLICK HERE

Lawson ESS is located in **Employee Center** and can be used with Google Chrome, Mozilla Firefox, Safari, Microsoft Edge, and other browsers. **Lawson ESS is NOT available on Smartphones, iPad or other tablets**. Upon completion of your enrollment, you will be prompted to either email yourself or print out a confirmation page. Please make sure that a printer is available before you begin the enrollment process. This is your only opportunity to print the confirmation page and have proof of what you elected.

1. Go to **www.neisd.net** and click the **EMPLOYEE LOGIN** tab on the upper left side of your screen.
2. Click on the **SIGN IN WITH MICROSOFT** link.
3. Next, on the middle left side of the screen, click on the first tab labeled "EMPLOYEE CENTER".

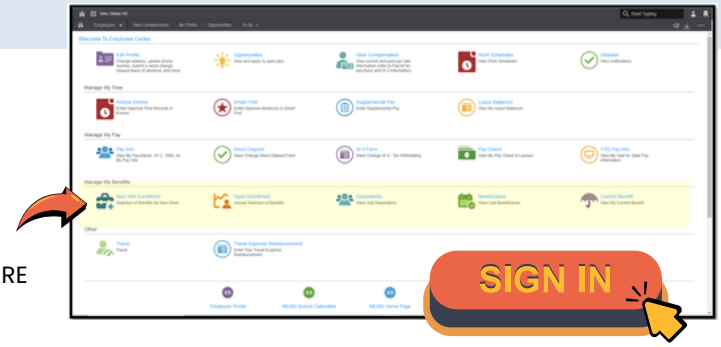


Username/Password

You will need to use your full email address to log in and the password that you previously created.
If you need assistance with your username and password, contact the **HELP DESK** at **210-356-4357**. Use prompts 1 and 1.

Dependents

- Social Security numbers are **required** for all dependents.
- Supporting documentation is **required** for dependents with different last names than yours. You may send a copy of birth certificate, marriage certificate or other supporting documentation to the Employee Benefits office.
- Dependents with different last names than yours will be removed and do not have coverage until our office receives the required supporting documentation.



Benefits Enrollment

- Under **Manage My Benefits,** you can access the links for New Hire Enrollment, Dependents, Beneficiaries, Current Benefits, and Open Enrollment.
- The OPEN ENROLLMENT link if you are enrolling in benefits or making changes to your existing benefits during Open Enrollment.
- If you are newly hired, and within your 31 day deadline, select NEW HIRE ENROLLMENT.
- The benefit enrollment process will begin on the screens that follow.
- The Dependent screen will prompt you to add dependents or make changes to any existing dependents you intend to cover under your NEISD benefits. **Note:** this step only creates the dependents profile. It does not enroll your dependents in any benefits. Follow the instructions on each screen to enroll. You will select the plan you want to enroll in or waive participation for each benefit offered.
- If changes are necessary, select the **MAKE CHANGES** option at the bottom of the page. If no changes are necessary select **OK** and confirm your elections.
- After confirming your elections, you will be prompted to either email or print your confirmation page. Make sure that there are no error messages on your confirmation page. This will be your only opportunity to print your confirmation page.
- If you **Exit** before you complete the new hire enrollment or open enrollment process, your benefit choices **WILL NOT** be saved. You will need to come back and complete the enrollment process at any point within the dates of your new hire enrollment or open enrollment period.
- If you have completed your **NEW HIRE ENROLLMENT**, and need to make a change before the benefit has gone into effect, you will need to contact the Employee Benefits Office to make changes.
- If you need to make changes to your **OPEN ENROLLMENT** elections, you may do so by logging back into Employee Center and repeat the process. You will need to Confirmation Page again after making your open enrollment changes and saving your elections.

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HOW TO REQUEST A CHANGE TO YOUR BENEFITS

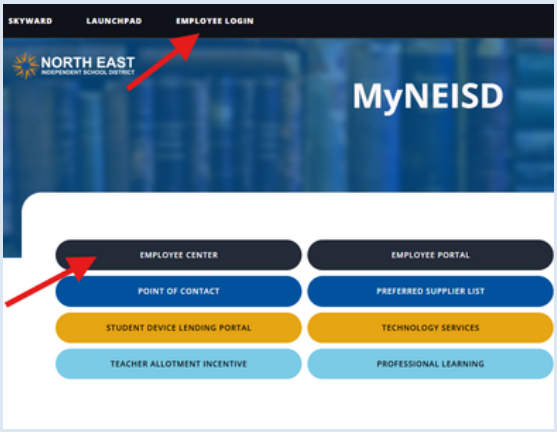
employee center

CLICK HERE

At times, throughout the course of the calendar year, 'events' take place in our lives that necessitate a change to our benefits. The IRS (Section 125 of the IRS Tax Code) provides eligible events that allow employees to make a change to their current benefit elections outside of Open Enrollment.

- Birth / Adoption
- Marriage
- Divorce
- Gain of new employment - gain new coverage / eligibility
- Loss of employment - loss of coverage / eligibility
- Gain or loss of eligibility of Medicaid / CHIP
- Dependent Open Enrollment
- Death of dependent spouse or child
- Leave of absence

When you experience an event, you don't want to pay for benefits at two different employers, nor do you want to be without benefits. The Employee Benefits office must be notified in writing within thirty-one (31) days of any applicable family status change in order to make election changes.



Username/Password

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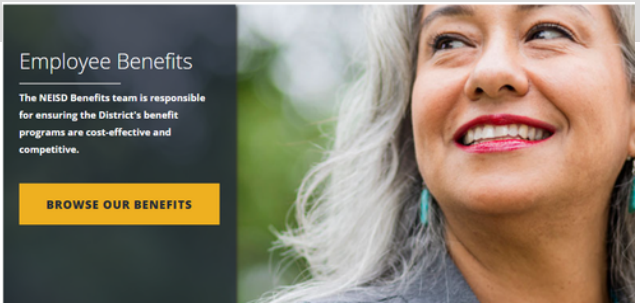
- Supporting documentation is **required** for dependents with different last names than yours. You may send a copy of birth certificate, marriage certificate or other supporting documentation to the Employee Benefits office.
- Dependents with different last names than yours will be removed and do not have coverage until our office receives the required supporting documentation.

Benefits Enrollment



- You have **31 days** from, and including, your loss of coverage/eligibility event to submit the required NEISD forms and supporting documentation to the Employee Benefits office to add yourself and/or your dependent(s) to your benefits.
- First, go to www.neisd.net/benefits. This is the Employee Benefits web page. (Please bookmark this page for future reference.)
- Second, if you are seeking general information, whether as an existing employee or as a new hire, review the bullet points below:
  - **"New Hires: Where to Start"** - The new hire benefits video presentation is available on the main Employee Benefits webpage, in the "New Hires" section, along with other helpful links. This video is a valuable resource if you are wanting to review some, or all, of the NEISD benefits offered, in a video format, prior to electing your NEISD benefits. If you don't want to watch the entire video again, you may fast forward to the benefit in which you seek more information.
  - **Benefits We Offer** – On the NEISD webpage above, click "BROWSE OUR BENEFITS". On the right side of next page, you will see each benefit listed separately. For more information on a specific benefit, click on the link for that benefit and scroll down.
  - **Current Employees** – general information for all current employees.
  - **Premium deductions** – All benefit premiums are deducted per paycheck.
    - Please note, if your request to change your benefits, in the middle of the plan year, after a paycheck has already been calculated and you miss a premium deduction(s), the missed premium deduction(s) will be taken from the next available paycheck. Please refer to your premium deduction sheet on the Employee Benefits webpage to confirm the proper deduction amounts. www.neisd.net/benefits
- Third, from the Employee Benefits webpage, select **Benefits Forms Library** in the "CURRENT EMPLOYEEES" section. All available enrollment/change forms are found on this page. Employee Benefits / NEISD Benefit Forms Library
  - The Cafeteria plan change form is required for all Family status changes
  - An enrollment/change form is required for any benefit you wish to change.
  - Supporting documentation confirming your qualifying event is also required before processing can begin.

PLAN HIGHLIGHTS

BlueCross BlueShield of Texas

NORTH EAST ISD

Compare the Plans

Using in-network doctors and hospitals will save you money. Go to **bcbstx.com** and click **Doctors and Hospitals** to look for a provider. Or call Customer Service at the number on your member ID card for help.

	Blue Essentials℠ - HMO Option		Blue Choice PPO℠ - High Option		BlueEdge HSA℠	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
General Information						
Calendar-Year Deductible						
Individual	$2,500	N/A	$2,000	$3,000	$3,500[2]	$7,000
Family	$6,500	N/A	$5,000	$9,000	$10,400	$20,800
Coinsurance Maximum						
Individual	$5,000/calendar year	N/A	$3,000/calendar year	$5,000/calendar year	$3,500/calendar year[2]	$7,000/calendar year
Family	$9,500/calendar year	N/A	$7,250/calendar year	$13,500/calendar year	$10,400/calendar year	$20,800/calendar year
Out-of-Pocket Limit[1]						
Individual	$7,500/calendar year	N/A	$5,000/calendar year	$8,000/calendar year	$3,500/calendar year[2]	$7,000/calendar year
Family	$16,000/calendar year	N/A	$12,250/calendar year	$22,500/calendar year	$10,400/calendar year	$20,800/calendar year
Lifetime Maximum (per person)	unlimited	N/A	unlimited	unlimited	unlimited	unlimited
Other						
Hospital Deductible (per admission)	$100	N/A	$100	$250	N/A	N/A
Penalty for Failure to Preauthorize	N/A	N/A	N/A	$500	N/A	$500
PCP Referral Required	Yes	N/A	No	No	No	No
Pre-Existing Conditions Limitation	No	N/A	No	No	No	No

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PLAN HIGHLIGHTS

BlueCross BlueShield of Texas

NORTH EAST ISD

	Blue Essentials℠ - HMO Option		Blue Choice PPO℠ - High Option		BlueEdge HSA℠	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Physician Services						
Office Visit	100% after $25 copay	N/A	100% after $25 copay	70% after deductible	100% after deductible	60% after deductible
Office Procedure	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Urgent Care Office Visit	100% after $45 copay	N/A	100% after $45 copay	70% after deductible	100% after deductible	60% after deductible
Office Procedure	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Specialist Office Visit/Airrosti	100% after $35 copay	N/A	100% after $35 copay	70% after deductible	100% after deductible	60% after deductible
Office Procedure	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Retail Health Clinic	100% after $25 copay	N/A	100% after $25 copay	70% after deductible	100% after deductible	60% after deductible
Office Procedure	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
MDLIVE Virtual Visit	100% after $15 copay	N/A	100% after $15 copay	N/A	100% after deductible	N/A
Office Procedure Routine Exams	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Gynecological Exam	100%	N/A	100%	70% after deductible	100%	60% after deductible
Cancer Screening	100%	N/A	100%	70% after deductible	100%	60% after deductible
Eye Exam (1 every 12 months)	100% after $25/$35[3] copay	N/A	100% after $25/$35[3] copay	70% after deductible	100% after deductible	60% after deductible
Hearing Exam	100% after $25/$35[3] copay	N/A	100% after $25/$35[3] copay	70% after deductible	100% after deductible	60% after deductible
Well-Child Care	100%	N/A	100%	70% after deductible	100%	60% after deductible
Immunizations • Influenza • Pneumoccocal • Zoster, minimum age of 50 • Rabies • Hep B • T-Dap • Tetanus Vaccines	100%	N/A	100%	70% after deductible	100%	60% after deductible

PLAN HIGHLIGHTS

BlueCross BlueShield of Texas

NORTH EAST ISD

	Blue Essentials℠ - HMO Option		Blue Choice PPO℠ - High Option		BlueEdge HSA℠	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Allergy Testing/Treatment						
Testing	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Injections	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Office Visit	100% after $25/$35 copay[3]	N/A	100% after $25/$35 copay[3]	70% after deductible	100% after deductible	60% after deductible
Diagnostic X-ray and Lab	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Pre-Existing Conditions Limitation	No	No	No	No	No	No
Hospital Services						
Inpatient Hospital Expenses	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Outpatient Surgery	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Emergency Medical Services	80% after $200 copay (copay waived if admitted)	N/A	90% after $200 copay (copay waived if admitted)	90% after $200 copay	100% after deductible	100% after deductible
(Facility Only)	deductible waived	N/A	deductible waived	deductible waived	100% after deductible	100% after deductible
Non-Emergency Use of ER	50% after deductible	N/A	50% after deductible	50% after deductible	100% after deductible	60% after deductible
Pre-Existing Conditions Limitation	No	N/A	No	No	No	No
Other Services						
Chiropractic Services						
Office Visit	100% after $25/$35 copay[3]	N/A	100% after $25/$35 copay[3]	70% after deductible	100% after deductible	60% after deductible
Other Services	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Maximum	35 visits/calendar year	N/A	35 visits/calendar year	35 visits/calendar year	35 visits/calendar year	35 visits/calendar year
Durable Medical Equipment	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Skilled Nursing or Convalescent Facility	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Max. Days/Calendar Year	120 Days	N/A	120 Days	120 Days	120 Days	120 Days

PLAN HIGHLIGHTS

BlueCross BlueShield of Texas

NORTH EAST ISD

	Blue Essentials℠ - HMO Option		Blue Choice PPO℠ - High Option		BlueEdge HSA℠	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Hospice Care	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Lifetime Maximum	Unlimited	N/A	Unlimited	Unlimited	Unlimited	Unlimited
Home Health Care	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Calendar Year Maximum	120 visits	N/A	120 visits	120 visits	120 visits	120 visits
Prescriptions						
Retail Pharmacy Card (copay for a 30-day supply)	100% after copay	Refer to Summary Plan Description	100% after copay	Refer to Summary Plan Description	100% after deductible	Refer to Summary Plan Description
Generic	$10		$10			
Non-Preferred Generic	50% ($25 min - $35 max)		50% ($25 min - $35 max)			
Preferred Brand Name	$40		$40			
Non-Preferred Brand Name	50% ($70 min - $100 max)		50% ($70 min - $100 max)			
Preferred Specialty	$100		$100			
Non-Preferred Specialty	50% ($150 min - $250 max)		50% ($150 min - $250 max)			
Immunizations Covered • Influenza • Pneumoccocal • Zoster, minimum age of 50 • Rabies • Hep B • T-Dap • Tetanus Vaccines	100%	Refer to Summary Plan Description	100%	Refer to Summary Plan Description	100% after deductible	Refer to Summary Plan Description
Mail Order Prescriptions copay for a 90-day supply) • Generic • Preferred Brand Name • Non-Preferred Brand Name	2 times retail copay	N/A	2 times retail copay	N/A	100% after deductible	N/A

PLAN HIGHLIGHTS

BlueCross BlueShield of Texas

NORTH EAST ISD

	Blue Essentials℠ - HMO Option		Blue Choice PPO℠ - High Option		BlueEdge HSA℠	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Mental Health Services						
Inpatient	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Partial Hospitalization	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible
Outpatient Counseling	80% after deductible	N/A	90% after deductible	70% after deductible	100% after deductible	60% after deductible

1. Out-of-pocket limit: deductible, coinsurance percentage, prescription drug copay and medical copay.
2. $100 increase due to IRS regulation.
3. If service is delivered by a primary care physician, the copayment is $25. If service is delivered by a specialist, the copayment is $35.

Benefits for the plans are paid at a percentage of the allowable amount as determined by Blue Cross and Blue Shield of Texas.
The comparison is not the summary plan description. Please refer to your summary plan description benefit booklet for a detailed description of your health plan, including limitations and exclusions. Benefits will be paid according to the summary plan description only.

DENTAL INSURANCE

Our dental plans are administered by Delta Dental. We have two plans to choose from. Both plans have a deductible of $50 per person / $150 per family each calendar year and cover Diagnostic and Preventative services at 100%.

DELTA DENTAL

Dental Benefits Overview CLICK HERE

- Low PPO- covers basic services only; 60% covered at in network providers; with a $ 750-per-person calendar-year maximum.
- High PPO – covers basic services
  - 80% covered at in-network providers
  - $1,750 per person per calendar year maximum
  - Major Services
    - Prosthodontics and orthodontic services (12-month waiting period for first-time enrollees);
    - 50% covered at in-network providers
    - $2,000 Lifetime maximum for orthodontics
- Both plans cover two (2) cleanings per year at 100%

For more detailed information, visit our website: https://www.neisd.net/Page/11167.

Premiums

Below are the premium rates for plan year 2027. Paraprofessionals who are paid to the punch (PA10) and Auxiliary 10-month employees who work less than 230 days a year use the column titled "20 Pay" for deduction amounts.

*Premiums may differ due to rounding.

Dental Insurance High Option	12 Pay	20 Pay*	26 Pay
Employee Only	$26.00	$15.60	$12.00
Employee/Children	$66.00	$39.60	$30.46
Employee/Spouse	$51.00	$30.60	$23.54
Employee/Family	$89.00	$53.40	$41.08
Dental Insurance Low Option	**12 Pay**	**20 Pay***	**26 Pay**
Employee Only	$12.00	$7.20	$5.54
Employee/Children	$33.00	$19.80	$15.23
Employee/Spouse	$25.00	$15.00	$11.54
Employee/Family	$51.00	$30.60	$23.54

VISION INSURANCE

Our vision plan is administered by Avesis.

Avesis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country. The Avesis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

For more detailed information, visit our website: www.neisd.net/Departments/Employee-Benefits/Benefit-Options/Vision-Plan/index.html

Premiums

Below are the premium rates for plan year 2027. Paraprofessionals who are paid to the punch (PA10) and Auxiliary 10-month employees who work less than 230 days a year, use the column titled "20 Pay" for deduction amounts.

*Premium may differ due to rounding.

Plan Highlight

There is a $150.00 allowance for contacts or lenses when purchased through a network provider.

Vision Insurance	12 Pay	20 Pay*	26 Pay
Employee Only	$6.70	$4.02	$3.09
Employee/Children	$14.66	$8.80	$6.77
Employee/Spouse	$11.72	$7.03	$5.41
Employee/Family	$17.40	$10.44	$8.03

HSA & FSA

HEALTH SAVINGS ACCOUNT (HSA)

HSA s an individually owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical expenses. With an HSA, you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options.

Our health savings account in administered by **HSA Bank**. Enrollment in the BlueEdge High Deductible (HDHP) plan is required to participate in this benefit.
For more detailed information visit our website: https://www.neisd.net/Departments/Employee-Benefits/Benefit-Options/Health-Savings-Account-HSA/index.html

Annual Contribution Limit:

For the calendar year 2027, the annual contribution limit is as follows:

Individual- $4,500	Family- $9,000

Plan Highlight

The District contributes $500 annually ($125 deposited each quarter) to employees with employee-only health coverage and $1,000 annually ($250 deposited each quarter) to employees with at least one dependent covered on their BlueEdge health plan. The quarterly deposits occur at the beginning of January, April, July, and October.

FLEXIBLE SPENDING ACCOUNTS (FSA)

If you do not qualify for an HSA account, perhaps an FSA account will work for you. Our flexible spending accounts are administered by **National Benefit Services (NBS)**.

We have two FSA accounts to choose from:
For the calendar year 2027, the contribution limits are as follows:

- Health FSA is used to pay for IRS-approved eligible out-of-pocket medical, dental, and vision expenses. It can be used by you and your dependents, whether or not they are covered under the health plans.
- Dependent Care FSA is used to reimburse expenses related to the care of your eligible dependents while you work. It can be used for daycare, before-school care, or after-school care for children under age 13.

Funds must be elected each year. "Use it or lose it" funds do not roll over and must be used by December 31st of the calendar year. For more detailed information on this benefit, visit our website:
https://www.neisd.net/Departments/Employee-Benefits/Benefit-Options/Flexible-Spending/index.html

Annual Contribution Limits

FSA-Health	**FSA-Dependent Care**
$300- $3,300	**$300-$7,500**

Plan Highlight:

Contribute to an FSA, have money available for out-of-pocket expenses, and pay less taxes!

HOSPITAL INDEMNITY & CATASTROPHIC SICK LEAVE BANK

HOSPITAL INDEMNITY BENEFIT (HIB)
The primary purpose of the Hospital Indemnity Plan is to provide a benefit for eligible employees who are not enrolled in any of the health plans offered by NEISD.

The plan provides a daily hospital benefit in the event you have an illness or injury that requires an inpatient hospital confinement. The Hospital Indemnity Benefit will pay a $250 daily benefit for any approved inpatient hospital confinement.

Our hospital indemnity benefit (HIB) is administered by NEISD. If you choose to waive enrollment in our health plans, you are automatically enrolled in HIB. This is not a health insurance plan.
For more detailed information visit our website: https://www.neisd.net/Page/11173

Premiums
No cost to the employee; the District pays for this.

Plan Highlight:
The Hospital Indemnity Benefit is a supplemental plan and benefits are paid directly to the employee.

CATASTROPHIC SICK LEAVE BANK (CSLB)

The NEISD **Catastrophic Sick Leave Bank** is a voluntary employee benefit program developed to provide up to 45 paid days to members who have suffered a catastrophic illness or injury. The Catastrophic Sick Leave Bank has strict criteria and is for such medical conditions that are usually considered life-threatening or with the threat of serious residual disability. Our catastrophic sick leave bank benefit is administered by NEISD.

For more detailed information visit our website: www.neisd.net/Page/11165

Premiums

Cost to participate in the CSLB program is a one-time donation of three (3) of your local sick days.

Plan Highlight

You only have to re-donate three (3) local sick days when you use three or more days from the bank the previous school year. If you use less than three (3) days, you only need to re-donate the number of days that were used.

DISABILITY INSURANCE

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness. Our disability insurance plan is administered by The Standard. There are many options to choose from depending on your needs.

BENEFIT PERCENTAGE* (PERCENTAGE OF YOUR EARNINGS)	BENEFIT	BENEFITS STARTS* (ELIMINATION PERIOD)	BENEFIT DURATION
66 2/3%	$100 Increments between $200 and $10,000, but not more than 66 2/3% of current monthly earnings Minimum $100	The elimination period you can select has two numbers: •The first number is the number of days you must be disabled by an accident before your benefits can begin. •Second number is the number of days you must be disabled by a sickness before the benefits can begin. Elimination period options: 0/7, 14/14, 30/30, 60/60. 90/90, 180/180	Plan A: Injury and Sickness Disabled before: Age 62 Benefit Duration: As long as you are disabled or to the end of the month age 65 is attained. Plan B: Injury Disabled before: Age 62 Benefit Duration: As long as you are disabled or to the end of the month age 65 is attained. Plan B: Sickness Disabled before : Age 63 Benefit Duration: As long as you are disabled or 3 years.
*Employees who elect an elimination period of 30 days or less. If you are confined to a hospital for 4 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of disability.			

Premiums

Premium rates for plan year 2027, visit www.neisd.net/Benefits

Plan Highlight

Protect your paycheck when you are unable to work during an injury or illness. For information on premiums for plan year 2027, visit www.neisd.net/Benefits

For more detailed information, visit our website: https://www.neisd.net/Departments/Employee-Benefits/Summary-of-Benefits/

LIFE INSURANCE & CANCER INSURANCE

Basic Life

The District provides a $15,000 life insurance policy for each employee, at no cost to the employee. Employees are automatically enrolled upon employment.

Group Term Life

This is a term life policy that includes a matching Accidental Death and Dismemberment (AD&D) policy.

Whole Life

Whole Life Insurance provides consistent coverage through retirement with premiums and benefits that won't change as you grow older. These are individual policies that can build cash value over time. Employees do not have to enroll in whole life coverage in order to purchase coverage for their spouse, children, or grandchildren. For more detailed information, visit our website: www.neisd.net/Page/11163

Premiums

Premium rates for plan year 2027 are available on the website above. For more information on Whole Life rates, please contact the Employee Benefits office at (210) 407-0187.

Plan Highlight

Did you know you can cover your grandchildren with a whole life policy? See plan details.

CANCER INSURANCE

Our cancer insurance plan is administered by The Standard. Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer Insurance from **The Standard Benefits**, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need. Our cancer plan offers options for the employee and their dependents.

For more detailed information, visit our website: https://www.neisd.net/Departments/Employee-Benefits/Benefit-Options/Cancer-Plan/index.html

Premiums

See our Standard flyer for premium rates. The flyer can be found at https://www.neisd.net/Departments/Employee-Benefits/Benefit-Options/Cancer-Plan/index.html

Plan Highlight

This plan offers a wellness benefit. Get paid for your annual checkup.

CRITICAL ILLNESS PLAN

Focus on how your health affects you, not your finances

North East ISD offers you a Voluntary Benefit coverage with guaranteed coverage for you and your eligible family members. Whether you have a family history of disease or worry about how an unexpected illness could affect your budget, MetLife Critical Illness Insurance provides a lump-sum cash benefit payment that can be used as you see fit upon a verified diagnosis of a covered condition.

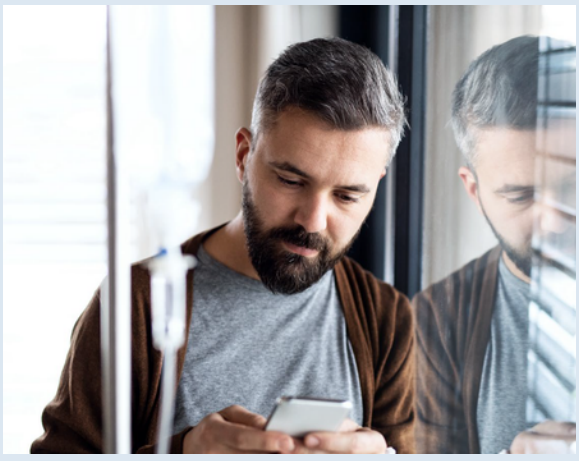
- Coverage is portable if you change jobs or retire.
- No waiting period, coverage begins on your effective date.
- Guaranteed coverage for you and your family members.
- Enroll in minutes with no health questions to answer.

Receive a cash benefit payment of $10,000, $20,000 or $30,000 for covered illnesses and conditions like these:

- Cancer
- Heart attack
- Stroke
- Kidney failure
- Coronary artery bypass
- Major organ transplants
  - To see all covered conditions, review your Plan Summary.

Protect yourself, your family and your budget

Critical illnesses can happen when you least expect them—and they can be costly. Even good medical plans can leave you with big expenses. Plan deductibles, co-pays and costs for out-of-network care can add up fast. Critical illness insurance may help protect your finances by providing you with one lump-sum payment (when there is a verified diagnosis of a covered condition). The cash can help you focus on getting back on track. Best of all, the payment is made directly to you, regardless of any other insurance you may have. It's yours to spend however you need, including for your or your family's everyday living expenses.



Monthly (12) Premium Rates Coverage options: $10,000, $20,000 or $30,000

Uni-Tobacco Premium per $10,000 of Coverage				
Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	$3.20	$5.30	$5.20	$7.40
25 - 29	$3.50	$5.80	$5.60	$7.90
30 - 34	$4.00	$6.60	$6.10	$8.70
35 - 39	$5.30	$8.40	$7.40	$10.40
40 - 44	$6.90	$10.70	$9.00	$12.80
45 - 49	$9.00	$13.90	$11.10	$16.00
50 - 54	$11.50	$18.10	$13.60	$20.20
55 - 59	$15.10	$24.10	$17.20	$26.20
60 - 64	$19.20	$31.00	$21.20	$33.00
65 - 69	$24.00	$38.70	$26.10	$40.80
70 - 74	$31.30	$50.10	$33.30	$52.20
75+	$43.70	$68.70	$45.70	$70.80

For more information, please go the Employee Benefits webpage at https://www.neisd.net/Departments/Employee-Benefits/Benefit-Options/Critical-Illness/index.html

EMPLOYEE ASSISTANCE PROGRAM (EAP) & EMPLOYEE WELLNESS PROGRAM

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Our employee assistance program is administered by **ComPsych**. Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Premiums

EAP is a benefit that is at no cost to the employee.

Plan Highlight:

EAP offers a variety of services to include legal assistance and financial planning assistance in addition to taking care of your emotional health.

Call: 833.475.0996
TTY: 800.697.0353
Online: guidanceresources.com
App: GuidanceNow™ Web ID: NEISD

For more detailed information visit our website: https://www.neisd.net/Departments/Employee-Benefits/Benefit-Options/Employee-Assistance-Program/index.html

ComPsych HEALTH AT WORK AWARD 2025 BRONZE WINNER

EMPLOYEE WELLNESS PROGRAM

NEISD understands that a healthy workforce leads to a productive workforce. We've teamed up with Blue Cross and Blue Shield of Texas (BCBSTX) to provide a complete wellness program that helps support employees in their health and wellbeing journey.

Your NEISD wellness program, **Discover Wellness**, has activities for all benefits eligible employees as well as supplemental activities for those covered under the District's Medical Plan with BCBSTX. If you have questions, please contact your BCBSTX Wellness Coordinator, Katherine Schneider, at wellness@neisd.net.

BCBSTX Incentive Program: Employees covered through NEISD's BCBSTX program may qualify to receive a $75 annual premium credit for completing specific health-related activities.

BCBSTX Fitness Program: This program offers four different tiered membership options for BCBSTX covered members to access thousands of gyms within a national network. No signed contracts are required, and you are not tied to any on facility.

Member Rewards: BCBSTX offers Member Rewards, a program administered through Zelis to help you determine how to save money when going for care, compare services across providers, and even potentially provide you with cash rewards when you choose an eligible location.

Blue365: Blue365 is a website for health-focused discounts. Discounts include health-related products such as fitness trackers and subscriptions, as well as health and fitness clubs, nutrition services and much more.

2025 Healthy Workplace Recognition Program
PLATINUM ACHIEVEMENT
SABGH

An Overview to Discover Wellness

CLICK HERE

CLICK HERE TO RETURN TO TABLE OF CONTENTS

RETIREMENT PLANS

As an NEISD employee you are contributing to TRS retirement, however, we do not contribute to social security. In order to retire comfortably, it is important to have additional retirement funds set aside.

NEISD offers three supplemental retirement plans:

- 403(b)
- 457(b)
- 457(b) Roth

The 403(b) and 457(b) are funded with your pre-tax dollars and the 457(b) Roth is funded with your after-tax dollars. Our retirement plans are administered by **National Benefit Services (NBS)** and **Empower Retirement**.

For more detailed information, visit our website: www.neisd.net/Departments/Employee-Benefits/Benefit-Options/District-Retirement-Accounts/

Annual Contribution Limits

For the calendar year 2027, the contribution limits are as follows:

Employees under the age of 50	We currently do not have the new 2027 limits from the IRS
Employees aged 50 and over	We currently do not have the new 2027 limits from the IRS

Plan Highlights

You can enroll and make changes to your contributions at any time during the year. No need to wait for Open Enrollment or a life event.

Teacher Retirement System of Texas (TRS)

1-800-223-8778
Monday–Friday, 7 a.m.–6 p.m.
Automated information available day or night, seven days a week

MYTRS MEMBER PORTAL

TRS Member Education Videos CLICK HERE

TRS Financial Awareness Video Series CLICK HERE

NOTICES

The following mandatory notices are included in this manual.

- Medicare Part D Letter
- COBRA

Important Notice from North East ISD About Your Prescription Drug Coverage and Medicare

This notice only applies to employees/retirees/COBRA participants and/or their dependents that are Medicare eligible and are:

- Over the age of 65 –OR-
- Under the age of 65 with a Disability

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with North East ISD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. North East ISD has determined that the prescription drug coverage offered by the North East ISD Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current North East ISD coverage will be affected. Generally, your North East ISD Plan is a Primary Plan if you are an active employee, and Medicare is a Primary Plan if you are a retired employee. See pages 1- 4 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current North East ISD coverage, be aware that you and your dependents will be able to get this coverage back if you are an active employee with a qualifying event or during Open Enrollment, and will not be able to get this coverage back if you are a retired employee.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with North East ISD and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join. .

If you have any questions regarding...	Contact
Blue Essentials HMO; **HMO NEISD group number: 432451** PPO Blue Choice High Option; **PPO NEISD group number: 093748** BlueEdge HSA™ Option; **NEISD group number: 190965**	**Blue Cross Blue Shield of Texas** **Customer Service Helpline** **1-800-521-2227**
NEISD Employee Benefits Office	**Francy Leal** Director of Employee Benefits (210) 407-0187

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through North East ISD changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

North East Independent School District

8961 TESORO DRIVE, SUITE 209 – SAN ANTONIO, TEXAS 78217
Phone 210-407-0187, Fax 210-804-7014
www.neisd.net eb@neisd.net

Risk Management and Employee Benefits Department

MEMO TO: All Employees and Eligible Dependents

SUBJECT: CONTINUATION OF HEALTH COVERAGE UPON GROUP INELIGIBILITY

North East Independent School District (NEISD) will offer continued health coverage to employees and their eligible dependents who no longer meet the District eligibility requirements. This coverage is offered under the conditions set forth by the Consolidated Omnibus Budget Reconciliation Act of 1985, more commonly called COBRA, and as amended by the Omnibus Budget Reconciliation Act of 1989. The "qualifying events" under which an employee and/or dependent will be eligible to continue coverage are:

- A reduction in hours;
- An employee's death;
- Voluntary or involuntary termination of employment (other than for gross misconduct);
- Retirement;
- Divorce or legal separation;
- The employee's or eligible dependent's entitlement to Medicare benefits;
- A dependent child who is no longer eligible for coverage under the applicable plan provisions; or
- Leaves other than FMLA, e.g., educational, military, workers' compensation (except when integrated with FMLA).

The coverage would apply to an individual (known as a "qualified beneficiary") who, on the day before the qualifying event, was:

- The covered spouse of the employee;
- A covered dependent child of the covered employee; or
- A covered employee, in the event of termination.

CONTINUATION OF HEALTH COVERAGE UPON GROUP INELIGIBILITY
Continued

A "qualified beneficiary" has at least sixty (60) days from the date of the termination or other qualifying event in which to elect continuing coverage, and no less than sixty (60) days after receiving notice of the right to continue coverage. In the case of a divorce or a dependent child who is no longer eligible, the covered employee or qualified beneficiary has the responsibility of notifying the Employee Benefits Office in writing within thirty-one (31) days of the status change. The continued coverage will be identical to the health coverage provided to the active employee and their dependents. Coverage would begin on the date of ineligibility due to the qualifying event and endson the earliest of the following:

- Eighteen (18) months for employee whose employment has terminated or whose hours have been reduced;
- Thirty-six (36) months for widows, divorced spouses, dependent children, and spouses of covered employees who become entitled to Medicare benefits;
- The date on which the employer ceases to provide a group health plan to any employee (the replacing carrier must cover the individual on continuation);
- The date on which coverage ceases under the plan because of failure, on the part of the beneficiary, to make timely payment of premium required;
- The date (after the date of election) on which the qualified beneficiary becomes entitled to benefits under Medicare;
- COBRA continuation coverage **WILL NOT** cease if a qualified beneficiary becomes covered under another group health plan that contains an exclusion with regards to pre-existing conditions (effective 12/31/89);
- Qualified beneficiaries determined to be disabled under the Social Security Act at the time a qualifying event occurs, can extend COBRA continuation coverage for eleven (11) additional months provided notification requirements are met.

The qualified beneficiary has a forty-five (45) day period from the date he or she elects continuation to pay the first premium. The cost will be the full premium, without district contribution, plus a two percent (2%) service charge to be paid directly to NEISD. Coverage cannot be verified until the first premium is received. For more information, please contact the Employee Benefits Office at 407-0187.

EMPLOYEE BENEFITS ASSISTANCE DIRECTORY

Main Number: 210-407-0187 Fax: 210-804-7014
www.neisd.net/benefits E-mail: eb@neisd.net

MEDICAL, DENTAL, VISION PLANS

Action	Contact	E-mail / Website	Phone #
Eligibility/Coverage	Andy McClung Silvia De la Garza	jmcclu7@neisd.net sdelag2@neisd.net	210-407-0490 210-407-0489
COBRA (Continuation of Coverage)	Monica Goff Michele Vasquez	mgoff@neisd.net mvasqu8@neisd.net	210-407-0491 210-407-0492
Payroll Deductions/Premiums	Monica Goff Michele Vasquez	mgoff@neisd.net mvasqu8@neisd.net	210-407-0491 210-407-0492
Medical ID Cards and Claims Assistance	BlueCross / BlueShield BlueEdge and PPO Plans	www.bcbstx.com	800-521-2227
Dental ID Cards and Claims Assistance	Delta Dental	www.deltadentalins.com/neisd	800-521-2651
Vision ID Cards and Claims Assistance	Avesis	www.avesis.com	800-828-9341

HOSPITAL INDEMNITY PLAN

Action	Contact	E-mail / Website	Phone #
Eligibility/Coverage Claim Forms / Processing	Andy McClung Silvia De la Garza	jmcclu7@neisd.net sdelag2@neisd.net	210-407-0490 210-407-0489

EMPLOYEE ASSISTANCE PROGRAM

Action	Contact	E-mail / Website	Phone #
Services	ComPsych	guidanceresources.com	833-475-0996
Eligibility/Coverage	Andy McClung Silvia De la Garza	jmcclu7@neisd.net sdelag2@neisd.net	210-407-0490 210-407-0489

THE STANDARD - LIFE INSURANCE

Action	Contact	E-mail / Website	Phone #
Eligibility/Coverage	Andy McClung Silvia De la Garza	jmcclu7@neisd.net sdelag2@neisd.net	210-407-0490 210-407-0489
Beneficiary Changes	Employee Center - Manage My Benefits section	Login to Employee Center (via NEISD website)	210-407-0187
Payroll Deductions/Premiums	Monica Goff Michele Vasquez	mgoff@neisd.net mvasqu8@neisd.net	210-407-0491 210-407-0492
Certificate/Policy	Janet Becerra	janet@highlander financial.com	210-407-0493
Claims Assistance	Andy McClung Silvia De la Garza	jmcclu7@neisd.net sdelag2@neisd.net	210-407-0490 210-407-0489

FLEXIBLE SPENDING ACCOUNTS

Action	Contact	E-mail / Website	Phone #
Enrollment/Election Changes	Andy McClung Silvia De la Garza	jmcclu7@neisd.net sdelag2@neisd.net	210-407-0490 210-407-0489
Claims Assistance	National Benefit Services 8523 South Redwood Rd. West Jordan, UT 84088	www.nbsbenefits.com	800-274-0503

CATASTROPHIC SICK LEAVE BANK

Action	Contact	E-mail / Website	Phone #
Enrollment/Claim Forms and Processing	Andy McClung Silvia De la Garza	jmcclu7@neisd.net sdelag2@neisd.net	210-407-0490 210-407-0489
Membership/Coverage Questions	Andy McClung Silvia De la Garza	jmcclu7@neisd.net sdelag2@neisd.net	210-407-0490 210-407-0489

THE STANDARD – DISABILITY INCOME REPLACEMENT

Action	Contact	E-mail / Website	Phone #
Eligibility/Coverage	Andy McClung Silvia De la Garza	jmcclu7@neisd.net sdelag2@neisd.net	210-407-0490 210-407-0489
Payroll Deductions/Premiums	Monica Goff Michele Vasquez	mgoff@neisd.net mvasqu8@neisd.net	210-407-0491 210-407-0492
Certificate/Policy	Janet Becerra Highlander Financial	janet@highlander financial.com	210-407-0493
Claims Assistance	Janet Becerra Highlander Financial	janet@highlander financial.com	210-407-0493

METLIFE - CRITICAL ILLNESS

Action	Contact	E-mail / Website	Phone #
Enrollment/Claim Forms and Processing	Andy McClung Silvia De la Garza	jmcclu7@neisd.net sdelag2@neisd.net	210-407-0490 210-407-0489
Payroll Deductions/Premiums	Monica Goff Michele Vasquez	mgoff@neisd.net mvasqu8@neisd.net	210-407-0491 210-407-0492
Certificate/Policy	Janet Becerra Highlander Financial	janet@highlander financial.com	210-407-0493
Claims Assistance	Janet Becerra Highlander Financial	janet@highlander financial.com	210-407-0493

TEACHER RETIREMENT SYSTEM OF TEXAS

Action	Contact	E-mail / Website	Phone #
Retirement Questions and General Information	Teacher Retirement System of Texas	www.trs.state.tx.us	800-223-8778
Beneficiary Designation/Change Forms	TRS	www.trs.state.tx.us	800-223-8778
Refund Request Form	TRS	www.trs.state.tx.us	800-223-8778

THE STANDARD - CANCER INSURANCE

Action	Contact	E-mail / Website	Phone #
The Standard Cancer Plan Claims Assistance	Janet Becerra Highlander Financial	janet@highlander financial.com	210-407-0493

TAX SHELTERED RETIREMENT ACCOUNTS

Action	Contact	E-mail / Website	Phone #
403(b)	National Benefit Services David Gracia Francy Leal	www.403benefits.com dgraci@neisd.net fleal@neisd.net	800-274-0503 210-407-0499 210-407-0488
457(b)/457(b) Roth	Empower Retirement David Gracia Francy Leal	www.empowermy retirement.com	800-701-8255 210-407-0499 210-407-0488
General Information and Assistance	David Gracia Francy Leal	dgraci@neisd.net fleal@neisd.net	210-407-0505 210-407-0499 210-407-0488

EMPLOYEE CHANGES & MISCELLANEOUS

Action	Contact	E-mail / Website	Phone #
Name Changes	Human Resources	"Manage My Profile" section in Employee Center	210-407-0188
Address Changes	Human Resources	"Manage My Profile" section in Employee Center	210-407-0188
Death Claim Assistance	Andy McClung Silvia De la Garza	jmcclu7@neisd.net sdelag2@neisd.net	210-407-0490 210-407-0489
Leave of Absence Requests	Michele Matheny Emiley Aragon	mmathe@neisd.net earago@neisd.net	210-407-0497 210-407-0469
Benefit Questions while on Leave of Absence	Monica Goff Michele Vasquez	mgoff@neisd.net mvasqu8@neisd.net	210-407-0491 210-407-0492
COBRA/Premium Payments	Monica Goff Michele Vasquez	mgoff@neisd.net mvasqu8@neisd.net	210-407-0491 210-407-0492
Beneficiary Changes for District-Provided Life Insurance and Group Term Life insurance	Andy McClung Silvia De la Garza	"Manage My Benefits" section in Employee Center	210-407-0490 210-407-0489
Long Term Care	Genworth		866-659-1970
ADA Accommodation Requests	Kirsten R. Carranco, ADA Coordinator	accommodations @neisd.net	210-407-0135

EMPLOYEE BENEFITS STAFF

Name	Title	E-mail	Phone #
David Gracia, CSRM, CISR	Senior Director of Risk Management & Employee Benefits, and Health Services	dgraci@neisd.net	210-407-0499
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Francy Leal, MBA, PHR, RTSBA	Director of Employee Benefits	fleal@neisd.net	210-407-0488
Michele Vasquez	Employee Benefits Technician	mvasqu8@neisd.net	210-407-0492
Monica Goff	Employee Benefits Technician	mgoff@neisd.net	210-407-0491
Silvia De la Garza	Employee Benefits Technician	sdelag2@neisd.net	210-407-0489
Andy McClung	Employee Benefits Technician	jmcclu7@neisd.net	210-407-0490
Roxanne Guillen-Ochoa	Wellness & Retirement Programs Specialist	rguill@neisd.net	210-407-0505
	Benefits Data Specialist		210-407-0496

THANK YOU FOR SHARING YOUR TALENTS WITH US!