

2022 - 2023 Plan Year



East Texas Employee Benefits Cooperative **BENEFIT GUIDE**

EFFECTIVE: 09/01/2022 - 8/31/2023

WWW.ETXEBC.COM



Table of Contents



How to Enroll	4-5
Annual Benefit Enrollment	6-11
1. Benefit Updates	6
2. Section 125 Cafeteria Plan Guidelines	7
3. Annual Enrollment	8
4. Eligibility Requirements	9
5. Helpful Definitions	10
6. Health Savings Account (HSA) vs. Flexible Spending Account (FSA)	11
Hospital Indemnity	12
Telehealth	13
Dental	14
Vision	15
Disability	16
Critical Illness	17
Cancer	18
Accident	19-20
Life and AD&D	21
Identity Theft	22
Health Savings Account (HSA)	23
Flexible Spending Account (FSA)	24-25
Individual Life	26
Emergency Medical Transportation	27
FBS Benefits App Group # Index	28-29

FLIP TO...

PG. 4

**HOWTO
ENROLL**

PG. 6

**SUMMARY
PAGES**

PG. 12

**YOUR
BENEFITS**



Benefit Contact Information

ETXBC BENEFITS

Financial Benefit Services
(800) 583-6908
www.etxebc.com
Benefits Care Line: (866) 914-5202

DENTAL

MetLife
Group #5374366
(800) 638-5433
www.metlife.com

CRITICAL ILLNESS

Aetna
Group #802468
(800) 872-3862
www.aetna.com

LIFE AND AD&D

Unum
(866) 679-3054
www.unum.com

FLEXIBLE SPENDING ACCOUNT (FSA)

National Benefit Services
(800) 274-0503
www.nbsbenefits.com

HOSPITAL INDEMNITY

Aetna
Group #802468
(800) 872-3862
www.aetna.com

VISION

MetLife
Group #905080
(800) 638-5433
www.metlife.com

CANCER

American Public Life
Group #24732
(800) 256-8606
www.ampublic.com

IDENTITY THEFT

ID Watchdog
(800) 774-3772
www.idwatchdog.com

INDIVIDUAL LIFE

5Star Life Insurance
(866) 863-9753
www.5starlifeinsurance.com

TELEHEALTH

MDLIVE
(888) 365-1663
www.mdlive.com/fbsbh

DISABILITY

Lincoln Financial Group
(800) 423-2765
www.lfg.com

ACCIDENT

UnitedHealthcare
Group #304657
(866) 414-1959
www.UHC.com

HEALTH SAVINGS ACCOUNT (HSA)

EECU
(800) 333-9934
www.eecu.org

EMERGENCY MEDICAL TRANSPORT

MASA
Group #ETEBC
(800) 423-3226
www.masamts.com

All Your Benefits - One App

Employee benefits made easy
through the ***FBS Benefits App***!

Text **"FBS ETX"**
to **(800) 583-6908**
and get access to everything
you need to complete your
benefits enrollment:

- Benefit Resources
- Online Enrollment
- Interactive Tools
- And more!

App Group #:

**Go to PAGE 28 to find
your district's group #.**

Text
"FBS ETX"
to
(800) 583-6908

OR SCAN



(A) SCAN ME



Download on the
App Store



GET IT ON
Google Play



How to Log In

1

www.etxebc.com

2

SELECT YOUR SCHOOL
FROM THE DROP DOWN LIST

3

CLICK LOGIN

4

ENTER USERNAME &
PASSWORD

Your Username Is:

Your email in THEbenefitsHUB. (Typically your work email)

Your Password Is:

Four (4) digits of your birth year followed by the last four (4) digits of your Social Security Number

If you have previously logged in, you will use the password that you created, NOT the password format listed above.

Benefit Updates - What's New:

NEW CARRIER FOR VISION

- Lower rates on Base Plan
- Added Enhanced Plan that provides allowance for both frames and contact lenses within same year (or double frame/contact lens allowance)

PET INSURANCE now offered through MetLife

NEW FSA FLEX Administration through Higginbotham. Be on the lookout for new Flex cards!

Don't Forget!

- Login and complete your benefit enrollment from 07/05/2022 - 08/18/2022
- Enrollment assistance is available by calling Financial Benefit Services at (866) 914-5202.
- Update your information: home address, phone numbers, email, and beneficiaries.
- **REQUIRED!!** Due to the Affordable Care Act (ACA) reporting requirements, you must add your dependent's **CORRECT** social security numbers in the online enrollment system. If you have questions, please contact your Benefits Administrator.



Section 125 Cafeteria Plan Guidelines

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 30 days of your qualifying event and meet with your Benefit/HR Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

CHANGES IN STATUS (CIS):	QUALIFYING EVENTS
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain/Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Judgment/Decree/Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. Changes are not permitted during the plan year (outside of annual enrollment) unless a Section 125 qualifying event occurs.

- Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.
- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.

New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 30 days of benefit eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefits/HR department or you can call Financial Benefit Services at 866-914-5202 for assistance.

Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: www.etxebc.com. Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

How can I find a Network Provider?

For benefit summaries and claim forms, go to the ETXEBE benefit website: www.etxebc.com. Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can login to the carrier website and print a temporary ID card or simply give your provider the insurance company's phone number and they can call and verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.

If the insurance carrier provides ID cards, but there are no changes to the plan, you typically will not receive a new ID card each year.

Annual Benefit Enrollment

SUMMARY
PAGES

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 15 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2022 benefits become effective on September 1, 2022, you must be actively-at-work on September 1, 2022 to be eligible for your new benefits.

Dependent Eligibility Requirements

Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, through the maximum age listed below. Dependents cannot be double covered by married spouses within the district as both employees and dependents.

PLAN	MAXIMUM AGE
Accident	Through 25
Cancer	Through 25
Critical Illness	Through 25
Dental	Through 25
Dependent Flex	12 or younger or qualified individual unable to care for themselves & claimed as a dependent on your taxes
Healthcare FSA	Through 25 or IRS Tax Dependent
Health Savings Account	IRS Tax Dependent
Hospital Indemnity	Through 25
Medical	Through 25
Telehealth	Through 25
Vision	Through 25
Life and AD&D	Through 25
Individual Life	Through 23

Please note, limits and exclusions may apply when obtaining coverage as a married couple or when obtaining coverage for dependents.

Potential Spouse Coverage Limitations: When enrolling in coverage, please keep in mind that some benefits may not allow you to cover your spouse as a dependent if your spouse is enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on spouse eligibility.

FSA/HSA Limitations: Please note, in general, per IRS regulations, married couples may not enroll in both a Flexible Spending Account (FSA) and a Health Savings Account (HSA). If your spouse is covered under an FSA that reimburses for medical expenses then you and your spouse are not HSA eligible, even if you would not use your spouse's FSA to reimburse your expenses. However, there are some exceptions to the general limitation regarding specific types of FSAs. To obtain more information on whether you can enroll in a specific type of FSA or HSA as a married couple, please reach out to the FSA and/or HSA provider prior to enrolling or reach out to your tax advisor for further guidance.

Potential Dependent Coverage Limitations: When enrolling for dependent coverage, please keep in mind that some benefits may not allow you to cover your eligible dependents if they are enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on dependent eligibility.

Disclaimer: You acknowledge that you have read the limitations and exclusions that may apply to obtaining spouse and dependent coverage, including limitations and exclusions that may apply to enrollment in Flexible Spending Accounts and Health Savings Accounts as a married couple. You, the enrollee, shall hold harmless, defend, and indemnify Financial Benefit Services, LLC from any and all claims, actions, suits, charges, and judgments whatsoever that arise out of the enrollee's enrollment in spouse and/or dependent coverage, including enrollment in Flexible Spending Accounts and Health Savings Accounts.

If your dependent is disabled, coverage may be able to continue past the maximum age under certain plans. If you have a disabled dependent who is reaching an ineligible age, you must provide a physician's statement confirming your dependent's disability. Contact your HR/Benefit Administrator to request a continuation of coverage.

Actively-at-Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/2022 please notify your benefits administrator.

Annual Enrollment

The period during which existing employees are given the opportunity to enroll in or change their current elections.

Annual Deductible

The amount you pay each plan year before the plan begins to pay covered expenses.

Calendar Year

January 1st through December 31st

Co-insurance

After any applicable deductible, your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

Guaranteed Coverage

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during initial eligibility period. Actively-at-work and/or pre-existing condition exclusion provisions do apply, as applicable by carrier.

In-Network

Doctors, hospitals, optometrists, dentists and other providers who have contracted with the plan as a network provider.

Out-of-Pocket Maximum

The most an eligible or insured person can pay in co-insurance for covered expenses.

Plan Year

September 1st through August 31st

Pre-Existing Conditions

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescription drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services).

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
Employer Eligibility	A qualified high deductible health plan.	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	\$1,400 single (2022) \$2,800 family (2022)	N/A
Maximum Contribution	\$3,650 single (2022) \$7,300 family (2022)	\$2,850 (2022)
Permissible Use Of Funds	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	Yes, will roll over to use for subsequent year's health coverage.	No. Access to some funds may be extended if your employer's plan contains a 2 1/2-month grace period or \$500 rollover provision.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

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FOR HSA INFORMATION

PG. 23

FLIP TO
FOR FSA INFORMATION

PG. 24

Hospital Indemnity

Aetna

EMPLOYEE BENEFITS

ABOUT HOSPITAL INDEMNITY

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

For full plan details, please visit your benefit website: www.etxebc.com



The Hospital Indemnity Plan provided through Aetna helps with the high cost of medical care by paying you a set amount when you have an inpatient hospital stay. Unlike traditional insurance, which pays a benefit to the hospital or doctor, this plan pays you directly based on the care or treatment you receive. These costs may include meals and transportation, childcare or time away from work due to a medical issue that requires hospitalization.

Service	Benefit		
	Plan 1	Plan 2	Plan 3
Hospital/ICU Admission	\$1,500 per admission (one per calendar year)	\$3,000 per admission (one per calendar year)	\$5,000 per admission (one per calendar year)
Hospital/ICU Confinement	\$150 per day, limited to 30 days per insured per year	\$150 per day, limited to 30 days per insured per year	\$200 per day, limited to 30 days per insured per year

Monthly Rates			
	Plan 1	Plan 2	Plan 3
Employee	\$21.83	\$36.02	\$57.21
Employee + Spouse	\$45.59	\$73.39	\$115.99
Employee + Child(ren)	\$31.05	\$50.79	\$80.41
Family	\$50.34	\$81.77	\$129.33

ABOUT TELEHEALTH

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available.

For full plan details, please visit your benefit website: www.etxebc.com



Alongside your medical coverage is access to quality telehealth services through MDLIVE. Connect anytime day or night with a board-certified doctor via your mobile device or computer. While MDLIVE does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering a convenience care clinic, urgent care clinic or emergency room for treatment
- Are on a business trip, vacation or away from home
- Are unable to see your primary care physician

When to Use MDLIVE:

At a cost that is the same or less than a visit to your physician, use telehealth services for minor conditions such as:

- Sore throat
- Headache
- Stomachache
- Cold
- Flu
- Allergies
- Fever
- Urinary tract infections

Do not use telemedicine for serious or life-threatening emergencies.

Registration is Easy

Register with MDLIVE so you are ready to use this valuable service when and where you need it.

- Online – www.mdlive.com/fbsbh
- Phone – 888-365-1663
- Mobile – download the MDLIVE mobile app to your smartphone or mobile device
- Select –“MDLIVE as a benefit” and “FBS” as your Employer/Organization when registering your account.

Telehealth*	
Employee + Family	\$12.00

**Some districts may cover the cost of this benefit at no cost to you.*

Dental Insurance

MetLife

EMPLOYEE BENEFITS

ABOUT DENTAL

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

For full plan details, please visit your benefit website: www.etxebc.com



Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through MetLife Dental.

How to Find a Dentist

Visit <http://www.metlife.com/> or call (800) 638-5433 to find an in-network dentist.

DPPO Plan

Two levels of benefits are available with the DPPO plan: in-network and out-of-network. You may select the dental provider of your choice, but your level of coverage may vary based on the provider you see for services. You could pay more if you use an out-of-network provider.

Dental		
	High	Low
Employee	\$25.60	\$19.90
Employee + Spouse	\$54.42	\$42.26
Employee + Child(ren)	\$70.44	\$54.70
Family	\$96.04	\$74.58

PPO Dental Benefits	High PPO		Low PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Calendar Year Benefit Maximum				
Per Individual	\$1,700		\$1,200	
	You Pay		You Pay	
Preventive and Diagnostic Care				
Exams, cleanings, X-rays, fluoride treatments, sealants, space maintainers	100% Covered	100% Covered	100% Covered	100% Covered
Basic Restorative Care				
Fillings, simple extractions, oral surgery, endodontics, periodontics, repairs of bridges, crowns and inlays	80% after deductible	80% after deductible	50% after deductible	50% after deductible
Major Restorative Care				
Crowns, dentures, bridges, implants, TMJ	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia				
Children only	50%	50%	Not provided	Not provided
Orthodontia Lifetime Maximum	\$1000 per person		Not provided	

Vision Insurance

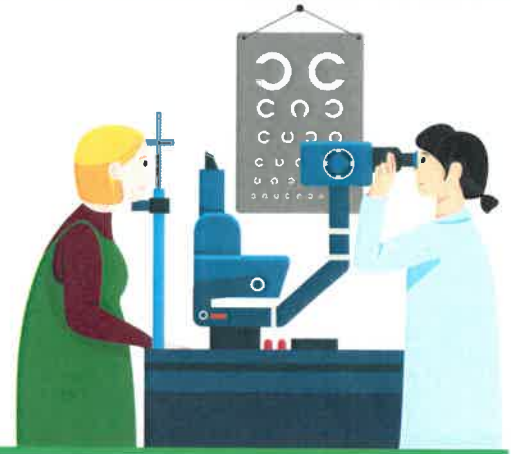
MetLife

EMPLOYEE BENEFITS

ABOUT VISION

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website: www.etxebc.com



Our vision plan provides quality care to help preserve your health and eyesight. In addition to identifying vision and eye problems, regular exams can detect certain medical issues such as diabetes and high cholesterol. You may seek care from any licensed optometrist, ophthalmologist or optician, but plan benefits are better if you use an in-network provider. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through MetLife.

Vision		
	High	Low
Employee	\$8.12	\$7.40
Employee + Spouse	\$18.02	\$16.38
Employee + Child(ren)	\$18.08	\$16.44
Family	\$23.38	\$21.26

How to Find a Vision Provider: Visit <http://www.metlife.com/> or call (800) 638-5433 to find an in-network vision provider.

Vision Benefits	High Plan*		Low Plan	
	In-Network You Pay	Out-of-Network Reimbursement	In-Network You Pay	Out-of-Network Reimbursement
Exam	\$10	Up to \$45	\$10	Up to \$45
Lenses				
• Single Vision	\$10	Up to \$30	\$10	Up to \$30
• Bifocals	\$10	Up to \$50	\$10	Up to \$50
• Trifocals	\$10	Up to \$65	\$10	Up to \$65
• Lenticular	\$10	Up to \$100	\$10	Up to \$100
	\$150 allowance		\$150 allowance	
Frames	\$170 allowance on featured frames	Up to \$70	\$170 allowance on featured frames	Up to \$70
Retinal Imaging	Up to \$39 copay	Applied to exam allowance	No Coverage	No Coverage
Contacts				
In lieu of frames and lenses**				
• Fitting and Evaluation	\$60	Applied to allowance	\$60	Applied to allowance
• Elective	\$150	Up to \$105	\$150	Up to \$105
• Medically Necessary	Covered in full after eyewear copay	Up to \$210	Covered in full after eyewear copay	Up to \$210

Benefit Frequency

Exam	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 12 months
Contacts	Once every 12 months

***Second Pair (High Plan Only):** This benefit gives you additional eyewear coverage. You can get: Two pairs of prescription eyeglasses, or; One pair of prescription eyeglasses and an allowance toward contact lenses, or; Double your contact lens allowance

****This restriction does not apply to the High Plan. You may use your benefits for both glasses and contacts on the High Plan.**

Disability Insurance

Lincoln Financial Group

EMPLOYEE BENEFITS

ABOUT DISABILITY

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.

For full plan details, please visit your benefit website: www.etxebc.com



Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. We offer Short Term Disability (STD) and Long Term Disability (LTD) insurance for you to purchase through Lincoln Financial Group.

Short Term Disability Insurance (STD)

LTD insurance pays a percentage of your monthly salary for a covered disability or injury that prevents you from working for more than 90 days. Benefits begin at the end of an elimination period and continue while you are disabled up to Social Security Normal Retirement Age (SSNRA) or two years.

Short Term Disability	
Benefits Begin	8th day or 15th day
Percentage of Earnings You Receive	60%
Maximum Monthly Benefit	\$2,000
Maximum Benefit Period	11, 12, or 24 weeks depending on elimination period
Pre-existing Condition Exclusion	3/6/12*

*Benefits may not be paid for any condition treated within 3 months prior to your effective date until you have been covered under this plan for 12 months or have been treatment free for 6 months.

Long Term Disability Insurance (LTD)

LTD insurance pays a percentage of your monthly salary for a covered disability or injury that prevents you from working for more than 90 days. Benefits begin at the end of an elimination period and continue while you are disabled up to Social Security Normal Retirement Age (SSNRA) or two years.

Long Term Disability	
Benefits Begin	91 st day or 181 st day
Percentage of Earnings You Receive	60%
Maximum Monthly Benefit	\$3,000 or \$9,000 depending on district
Maximum Benefit Period	SSNRA
Pre-existing Condition Exclusion	3/12*

*Benefits may not be paid for any condition treated within 3 months prior to your effective date until you have been covered under this plan for 12 months.

Please refer to your benefit website for group specific rates at www.etxebc.com.

Critical Illness Insurance

Aetna

EMPLOYEE BENEFITS

ABOUT CRITICAL ILLNESS

Critical illness insurance can be used towards medical or other expenses. It provides a lump sum benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke. The money can also be used for non-medical costs related to the illness, including transportation, child care, etc.

For full plan details, please visit your benefit website: www.etxebc.com



Critical Illness insurance from Aetna helps pay the cost of non-medical expenses related to a covered critical illness or cancer. The plan provides a lump sum benefit payment to you upon first and second diagnosis of any covered critical illness or cancer. The benefit can help cover expenses, such as lost income, out-of-town treatments, special diets, daily living and household upkeep costs.

Critical Illness

Benefit Amounts Available

You	\$10,000, \$15,000, \$20,000, \$25,000 or \$30,000
Spouse	100% of your benefit
Child(ren)	500% of your benefit

Condition	First Occurrence Benefit
-----------	--------------------------

Full Benefit

Full Benefit Cancer; Heart Attack; Stroke; Heart, Kidney or Organ Failure; Heart Transplant; Coronary Artery Bypass	100% of benefit amount
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Partial Benefit

Cancer	100% of benefit amount after 180 days
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Pre-existing Condition Limitation

3/12*

* If you were treated for a condition three months prior to your effective date, benefits may not be paid until you have been covered under this plan for 12 months.

Critical Illness

Coverage	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000 Employee Only	\$1.37	\$1.77	\$2.44	\$3.13	\$4.13	\$6.02	\$9.03	\$14.42	\$20.72	\$30.35	\$41.24	\$48.17
Employee + Spouse	\$3.17	\$4.03	\$5.21	\$6.80	\$9.26	\$13.62	\$20.67	\$32.11	\$47.86	\$67.24	\$90.11	\$109.70
Employee + Children	\$1.37	\$1.77	\$2.44	\$3.13	\$4.13	\$6.02	\$9.03	\$14.42	\$20.72	\$30.35	\$41.24	\$48.17
Employee + Family	\$3.17	\$4.03	\$5.21	\$6.80	\$9.26	\$13.62	\$20.67	\$32.11	\$47.86	\$67.24	\$90.11	\$109.70
\$15,000 Employee Only	\$2.05	\$2.65	\$3.66	\$4.70	\$6.20	\$9.03	\$13.54	\$21.63	\$31.07	\$45.52	\$61.86	\$72.26
Employee + Spouse	\$4.76	\$6.05	\$7.82	\$10.20	\$13.90	\$20.42	\$31.00	\$48.16	\$71.80	\$100.85	\$135.17	\$164.54
Employee + Children	\$2.05	\$2.65	\$3.66	\$4.70	\$6.20	\$9.03	\$13.54	\$21.63	\$31.07	\$45.52	\$61.86	\$72.26
Employee + Family	\$4.76	\$6.05	\$7.82	\$10.20	\$13.90	\$20.42	\$31.00	\$48.16	\$71.80	\$100.85	\$135.17	\$164.54
\$20,000 Employee Only	\$2.73	\$3.54	\$4.88	\$6.26	\$8.26	\$12.04	\$18.05	\$28.84	\$41.43	\$60.70	\$82.48	\$96.34
Employee + Spouse	\$6.35	\$8.07	\$10.42	\$13.60	\$18.53	\$27.23	\$41.33	\$64.21	\$95.73	\$134.47	\$180.23	\$219.39
Employee + Children	\$2.73	\$3.54	\$4.88	\$6.26	\$8.26	\$12.04	\$18.05	\$28.84	\$41.43	\$60.70	\$82.48	\$96.34
Employee + Family	\$6.35	\$8.07	\$10.42	\$13.60	\$18.53	\$27.23	\$41.33	\$64.21	\$95.73	\$134.47	\$180.23	\$219.39
\$25,000 Employee Only	\$3.41	\$4.42	\$6.09	\$7.83	\$10.33	\$15.05	\$22.57	\$36.05	\$51.79	\$75.87	\$103.10	\$120.43
Employee + Spouse	\$7.93	\$10.09	\$13.03	\$17.00	\$23.16	\$34.04	\$51.67	\$80.26	\$119.66	\$168.09	\$225.29	\$274.24
Employee + Children	\$3.41	\$4.42	\$6.09	\$7.83	\$10.33	\$15.05	\$22.57	\$36.05	\$51.79	\$75.87	\$103.10	\$120.43
Employee + Family	\$7.93	\$10.09	\$13.03	\$17.00	\$23.16	\$34.04	\$51.67	\$80.26	\$119.66	\$168.09	\$225.29	\$274.24
\$30,000 Employee Only	\$4.10	\$5.30	\$7.31	\$9.39	\$12.39	\$18.06	\$27.08	\$43.27	\$62.15	\$91.05	\$123.72	\$144.52
Employee + Spouse	\$9.52	\$12.10	\$15.63	\$20.40	\$27.79	\$40.85	\$62.00	\$96.32	\$143.59	\$201.71	\$270.34	\$329.09
Employee + Children	\$4.10	\$5.30	\$7.31	\$9.39	\$12.39	\$18.06	\$27.08	\$43.27	\$62.15	\$91.05	\$123.72	\$144.52
Employee + Family	\$9.52	\$12.10	\$15.63	\$20.40	\$27.79	\$40.85	\$62.00	\$96.32	\$143.59	\$201.71	\$270.34	\$329.09

Cancer Insurance

APL

EMPLOYEE BENEFITS

ABOUT CANCER

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

For full plan details, please visit your benefit website: www.etxebc.com



Treatment for cancer is often lengthy and expensive. While your health insurance helps pay the medical expenses for cancer treatment, it does not cover the cost of non-medical expenses, such as out-of-town treatments, special diets, daily living and household upkeep. In addition to these non-medical expenses, you are responsible for paying your health plan deductibles and/or coinsurance. Cancer insurance through American Public Life helps pay for these direct and indirect treatment costs so you can focus on your health.

Cancer		
	Low	High
Employee	\$21.24	\$34.30
Employee + Spouse	\$38.10	\$61.40
Employee + Child(ren)	\$26.24	\$42.30
Family	\$39.94	\$64.48

	Plan 1	Plan 2
Radiation and Chemotherapy Charges	\$15,000 maximum	\$20,000 maximum
Per 12-month period		
Hormone Therapy	\$50 per treatment	\$50 per treatment
Surgical	\$3,000 max per operation	\$6,000 max per operation
Anesthesia	25% of amount paid for covered surgery	
Bone Marrow Transplant- Max per lifetime	\$6,000	\$12,000
Stem Cell Transplant- Max per lifetime	\$600	\$1,200
Miscellaneous Care Benefits		
Hair piece- 1 per lifetime	\$150	\$150
Travel & Lodging-1 per lifetime	\$350	\$350
Second/ third surgical opinion- per dianosis	\$300/\$300	\$300/300
Blood, Plasma and Platelets	\$300 per day	\$300 per day
Drugs & medicine- Inpatient/Outpatient (max \$150 month)	\$150 per confinement \$50 per prescription	\$150 per confinement \$50 per prescription
Cancer Treatment Center Evaluation or Consultation- 1 per lifetime	\$750	\$750
Medical Equipment- Max 1 benefit per calendr year	\$150	\$150
Waiver of premium	Waive Premium	Waive Premium
Internal Cancer First Occurrence*	\$5,000 lump sum	\$10,000 lump sum
Lump sum for eligible dependent children- Max 1 covered person per lifetime	\$7,500	\$15,000
Heart Attack/Stroke First Occurrence Benefits	\$2,500	\$2,500
Lump sum for eligible dependent children- Max 1 covered person per lifetime	\$3,750	\$3,750
Hospital Intensive Care Unit Benefits	\$600 per day	\$600 per day

*Carcinoma in situ is not considered internal cancer

Accident Insurance

UnitedHealthcare

EMPLOYEE BENEFITS

ABOUT ACCIDENT

Do you have kids playing sports, are you a weekend warrior, or maybe accident prone? Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

For full plan details, please visit your benefit website: www.etxebc.com



Accident insurance provides affordable protection against a sudden, unforeseen accident. An Accident plan helps offset the direct and indirect expenses resulting from an accident, such as copayments, deductible, ambulance, physical therapy and other costs not covered by traditional health plans. Coverage for this plan is through United Healthcare.

Accident	
Employee	\$13.64
Employee + Spouse	\$20.22
Employee + Child(ren)	\$18.39
Family	\$24.97

Accidental Death and Dismemberment Benefits:

Life	\$50,000
Both hands or Both feet	\$50,000
One hand and One foot	\$50,000
One hand or One foot	\$25,000
Two or more of fingers or toes	\$10,000
One finger or one toe	\$5,000

For a Covered Person who is a Child, amounts are 50% of those shown next to the Loss for Employee or Spouse

Initial Care	
Ground Ambulance	\$400
Air Ambulance	\$2,400
Emergency Room Treatment	\$200
Physician office/ Urgent Care per visit:	\$200
Hospital Care	
Hospital Admission	\$1,600
Hospital Confinement	\$325
Hospital ICU Admission	\$5,000
Hospital ICU Confinement	\$1,000
Common Injuries	
Abdominal / Thoracic Surgery Benefit:	
Surgery to repair	\$2,000
Exploratory Surgery without repair	\$200
Blood/Plasma/Platelets Benefit:	\$500

Accident Insurance

UnitedHealthcare

EMPLOYEE BENEFITS

Burn Benefit:		
2nd Degree (at least 36% of body surface)	\$1,000	
3rd Degree (9 to 34 square inches)	\$2,000	
3rd Degree (35 or more square inches)	\$16,000	
Coma Benefit:	\$20,000	
Concussion Benefit:	\$300	
Fractures	Open Reduction	Closed Reduction w Anesthesia
Skull	\$9,000	\$4,500
Sternum	\$9,000	\$4,500
Hip, Femur	\$9,000	\$4,500
Leg	\$5,000	\$2,500
Pelvis	\$5,000	\$2,500
Vertebrae	\$5,000	\$2,500
Sacral/Sacrum	\$1,800	\$900
Face or Nose	\$1,800	\$900
Upper Arm	\$1,800	\$900
Upper Jaw	\$1,800	\$900
Ankle	\$1,800	\$900
Foot	\$1,800	\$900
Forearm	\$1,800	\$900
Kneecap	\$1,800	\$900
Lower Jaw	\$1,800	\$900
Shoulder or Collarbone	\$1,800	\$900
Dislocation (Separated Joint) Benefit:	Open Reduction	Closed Reduction w Anesthesia
Hip	\$9,000	\$4,500
Knee	\$4,500	\$2,250
Ankle or foot	\$3,000	\$1,500
Collar Bone	\$1,000	\$500
Lower Jaw	\$1,800	\$900
Shoulder	\$1,800	\$900
Elbow	\$1,800	\$900
Wrist	\$1,800	\$900
Hand	\$1,800	\$900
Toe or Finger	\$1,000	\$500

Description of Eligible Class:

Employees of East Texas Employee Benefits Cooperative who meet the Employer's eligibility requirements and are Actively at Work for at least 15 hours per week.

Dependents: As defined.

Employee Eligibility Waiting Period:

An Employee is eligible for insurance on the first day of the month following the date he begins continuous employment with the Policyholder.

Life and AD&D

Unum

EMPLOYEE BENEFITS

ABOUT LIFE AND AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

For full plan details, please visit your benefit website: www.etxebc.com



Life and Accidental Death and Dismemberment (AD&D) insurance through UNUM are important parts of your financial security, especially if others depend on you for support. With Life insurance, your beneficiary(ies) can use the coverage to pay off your debts, such as credit cards, mortgages and other final expenses. AD&D coverage provides specified benefits for a covered accidental bodily injury that causes dismemberment (e.g., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies). As you grow older, your Life and AD&D coverage amount reduces to 65% at age 65 and 50% at age 70.

Basic Life and AD&D

Basic Life and AD&D insurance are provided at no cost to you. You are automatically covered at no cost to you by your employer. Amounts vary by district.

Voluntary Life and AD&D

You may purchase additional Life and AD&D insurance for you and your eligible dependents. If you decline Voluntary Life and AD&D insurance when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (EOI) – proof of good health – may be required before coverage is approved. You must elect Voluntary Life and AD&D coverage for yourself in order to elect coverage for your spouse or children. If you leave the company, you may be able to take the insurance with you.

Life and AD&D Available Coverage	
Employee	Increments of \$10,000 up to \$500,000
Spouse	Increments of \$10,000 up to 100% of employee amount
Child(ren)	Increments of \$5,000 up to 100% of employee amount not to exceed \$10,000

Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your Life and AD&D insurance policies. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, you must identify the share for each.

Voluntary Group Life (per \$10,000 in coverage)	
0-29	\$0.37
30-34	\$0.56
35-39	\$0.65
40-44	\$0.93
45-49	\$1.40
50-54	\$2.14
55-59	\$4.00
60-64	\$6.14
65-69	\$11.07
70-74	\$17.67
75+	\$17.67

Spouse rates based on employee age.

Child(ren) Voluntary Life (per \$10,000 in coverage)	
0-26	\$1.60

Identity Theft

ID Watchdog

EMPLOYEE BENEFITS

ABOUT IDENTITY THEFT PROTECTION

Identity theft protection monitors and alerts you to identity threats. Resolution services are included should your identity ever be compromised while you are covered.

For full plan details, please visit your benefit website: www.etxebc.com



Identity theft is one of the fastest-growing crimes in the country. Millions of people have their identity stolen each year. Protect yourself and restore your identity with coverage from ID Watchdog. Benefits include:

- Identity consultation and advice
- Licensed private investigators
- Identity and credit monitoring
- Social media monitoring
- Identity restoration
- Threat and credit alerts
- 24/7 emergency ID protection access
- Mobile app

Identity Theft		
	1B	Platinum
Employee	\$8.95	\$12.95
Employee & Family	\$15.95	\$23.95

Health Savings Account (HSA)

EECU

EMPLOYEE BENEFITS

ABOUT HSA

A Health Savings Account (HSA) is a personal savings account where the money can only be used for eligible medical expenses. Unlike a flexible spending account (FSA), the money rolls over year to year however only those funds that have been deposited in your account can be used. Contributions to a Health Savings Account can only be used if you are also enrolled in a High Deductible Health Care Plan (HDHP).

For full plan details, please visit your benefit website: www.etxebc.com



A Health Savings Account (HSA) is more than a way to help you and your family cover health care costs – it is also a tax-exempt tool to supplement your retirement savings and cover health expenses during retirement. An HSA can provide the funds to help pay current health care expenses as well as future health care costs.

A type of personal savings account, an HSA is always yours even if you change health plans or jobs. The money in your HSA (including interest and investment earnings) grows tax-free and spends tax-free if used to pay for qualified medical expenses. There is no “use it or lose it” rule — you do not lose your money if you do not spend it in the calendar year — and there are no vesting requirements or forfeiture provisions. The account automatically rolls over year after year.

HSA Eligibility

You are eligible to open and contribute to an HSA if you are:

- Enrolled in an HSA-eligible HDHP (TRS ActiveCare HD or TSHBP HD Plan)
- Not covered by another plan that is not a qualified HDHP, such as your spouse’s health plan
- Not enrolled in a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else’s tax return
- Not enrolled in Medicare or TRICARE
- Not receiving Veterans Administration benefits

You can use the money in your HSA to pay for qualified medical expenses now or in the future. You can also use HSA funds to pay health care expenses for your dependents, even if they are not covered by the HDHP.

Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2022 is based on the coverage option you elect:

- Individual – \$3,650
- Family (filing jointly) – \$7,300

You decide whether to use the money in your account to pay for qualified expenses or let it grow for future use. If you are 55 or older, you may make a yearly catch-up contribution of up to \$1,000 to your HSA. If you turn 55 at any time during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

Opening an HSA

If you meet the eligibility requirements, you may open an HSA administered by EECU. You will receive a debit card to manage your HSA account reimbursements. Keep in mind, available funds are limited to the balance in your HSA. To open an account, go to <https://www.eecu.org/>.

Important HSA Information

- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through EECU are eligible for automatic payroll deduction and company contributions.

Flexible Spending Account (FSA)

NBS

EMPLOYEE BENEFITS

ABOUT FSA

A Flexible Spending Account allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit. This money is use it or lose it within the plan year (unless your plan contains a \$500 rollover or grace period provision).

For full plan details, please visit your benefit website: www.etxebc.com



Health Care FSA

The Health Care FSA covers qualified medical, dental and vision expenses for you or your eligible dependents. You may contribute up to \$2,850 annually to a Health Care FSA and you are entitled to the full election from day one of your plan year. Eligible expenses include:

- Dental and vision expenses
- Medical deductibles and coinsurance
- Prescription copays
- Hearing aids and batteries

You may not contribute to a Health Care FSA if you enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA).

How the Health Care FSAs Work

You can access the funds in your Health Care FSA two different ways:

- Use your NBS Debit Card to pay for qualified expenses, doctor visits and prescription copays.
- Pay out-of-pocket and submit your receipts for reimbursement:
 - ◊ Fax – 844-438-1496
 - ◊ Email – service@nbsbenefits.com
 - ◊ Online – my.nbsbenefits.com
 - ◊ Call for Account Balance: 855-399-3035
 - ◊ Mail: PO Box 6980
West Jordan, UT 84084

Contact NBS

- Hours of Operation: 6:00 AM – 6:00 PM MST, Mon-Fri
- Phone: (800) 274-0503
- Email: service@nbsbenefits.com
- Mail: PO Box 6980
West Jordan, UT 84084

Dependent Care FSA

The Dependent Care FSA helps pay for expenses associated with caring for elder or child dependents so you or your spouse can work or attend school full time. You can use the account to pay for day care or baby sitter expenses for your children under age 13 and qualifying older dependents, such as dependent parents. Reimbursement from your Dependent Care FSA is limited to the total amount deposited in your account at that time. To be eligible, you must be a single parent or you and your spouse must be employed outside the home, disabled or a full-time student.

Dependent Care FSA Guidelines

- Overnight camps are not eligible for reimbursement (only day camps can be considered).
- If your child turns 13 midyear, you may only request reimbursement for the part of the year when the child is under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.
- The dependent care provider cannot be your child under age 19 or anyone claimed as a dependent on your income taxes.

Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$2,850. The maximum per plan year you can contribute to a Dependent Care FSA is \$5,000 when filing jointly or head of household and \$2,500 when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.

Flexible Spending Account (FSA)

NBS

EMPLOYEE BENEFITS

- You can continue to file claims incurred during the plan year for another 90 days from August 31st.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.
- The IRS has amended the “use it or lose it rule” to allow you to carry-over up to \$570 in your Health Care FSA into the next plan year. The carry-over rule does not apply to your Dependent Care FSA.

Over-the-Counter Item Rule Reminder

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription to qualify as an eligible Health Care FSA expense. You will only need to obtain a one-time prescription for the current plan year. You can continue to purchase your regular prescription medications with your FSA debit card. However, the FSA debit card may not be used as payment for an OTC item, even when accompanied by a prescription.

Flexible Spending Accounts			
Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medications)	\$2,850	Saves on eligible expenses not covered by insurance, reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after-school programs or elder care programs) so you and your spouse can work or attend school full-time	\$5,000 single \$2,500 if married and filing separate tax returns	Reduces your taxable income

Individual Life Insurance

5Star

EMPLOYEE
BENEFITS

ABOUT INDIVIDUAL LIFE

Individual insurance is a policy that covers a single person and is intended to meet the financial needs of the beneficiary, in the event of the insured's death. This coverage is portable and can continue after you leave employment or retire.

For full plan details, please visit your benefit website: www.etxebc.com



Life insurance (Family Protection Plan) through 5 Star is important to financial security, especially if others depend on you for support. With Life insurance, you or your beneficiary(ies) can use the coverage to pay off debts, such as credit cards, loans and bills.

Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your Life insurance policy. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, you must identify the share each will get. Shares must equal 100%. Be sure to review your beneficiaries on a regular basis.

FAMILY COVERAGE You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children (14 days to 19 years old, 26 if full-time student) under your coverage or your spouse's. No matter what the future brings, you and your family are protected.

PORTABLE Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly

TERMINAL ILLNESS ACCELERATION OF BENEFITS Coverage pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

CONVENIENT Easy payments through payroll deduction.

PROTECTION YOU CAN COUNT ON Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

QUALITY OF LIFE Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

Quality of Life not available ages 66-70. Quality of Life benefits not available for children

Emergency Medical Transport

MASA

EMPLOYEE BENEFITS

ABOUT MEDICAL TRANSPORT

Medical Transport covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter, depending on the plan.

For full plan details, please visit your benefit website: www.etxebc.com



A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network. After the group health plan pays its portion, MASA MTS works with providers to deliver our members' \$0 in out-of-pocket costs for emergency transport.

Emergent Air Transportation In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

Emergent Ground Transportation In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

Non-Emergency Inter-Facility Transportation In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

Repatriation/Recuperation Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

Should you need assistance with a claim contact MASA at 800-643-9023. You can find full benefit details www.etxebc.com/.

Emergency Medical Transportation		
	Emergent Plus	Platinum
Employee	\$14.00	\$24.50
Employee & Family	\$14.00	\$32.50

ETXEBC Mobile App Login Group #'s

Use your District's group # to login to the FBS Benefits app.

District	GROUP #
Anahuac ISD	ETXA
Anderson-Shiro CISD	ETXB
Arrow Academy	ETXD
Avery ISD	ETXE
Big Sandy ISD	ETXF
Blue Ridge ISD	ETXG
Brazos ISD	ETXH
Bremond ISD	ETXI
Bridge City ISD	ETXJ
Buna ISD	ETXK
Burkeville ISD	ETXL
Burton ISD	ETXM
Calvert ISD	ETXO
Centerville ISD	ETXP
Chester ISD	ETXQ
Clarksville ISD	ETXR
Covenant Christian School	ETXS
Damon ISD	ETXT
Devers ISD	ETXU
Deweyville ISD	ETXV

District	GROUP #
East Bernard ISD	ETXW
East Chambers ISD	ETXX
East Texas Employee Benefits Cooperative	ETXY
Ehrhart School	ETXZ
Elkhart ISD	ETXAA
Evadale ISD	ETXAB
Franklin ISD	ETXAC
Gause ISD	ETXAD
Goodrich ISD	ETXAE
Groveton ISD	ETXAF
Hardin ISD	ETXAG
Hardin Jefferson ISD	ETXAH
High Island ISD	ETXAI
Hitchcock ISD	ETXAJ
Hull-Daisetta ISD	ETXAK
Jefferson ISD	ETXAM
Kirbyville ISD	ETXAN
Kountze ISD	ETXAO
Krum ISD	ETXAP
Leadership Prep School	ETXAQ

ETXEBC Mobile App Login Group #'s

Use your District's group # to login to the FBS Benefits app.

District	GROUP #
Leon ISD	ETXAR
Liberty ISD	ETXAS
Lumberton ISD	ETXAT
Madisonville ISD	ETXAU
Maud ISD	ETXAV
McLeod ISD	ETXAW
Milano ISD	ETXAX
Montgomery ISD	ETXAY
Mumford ISD	ETXAZ
Needville ISD	ETXAAA
New Boston ISD	ETXABB
Normangee ISD	ETXACC
North Zulch ISD	ETXADD
Orangefield ISD	ETXAEE
Queen City ISD	ETXAFF
Rice ISD	ETXAGG
Richards ISD	ETXAHH
Royal ISD	ETXAII
Sabine Pass ISD	ETXAJJ
Sealy ISD	ETXAKK

District	GROUP #
Silsbee ISD	ETXALL
Snook ISD	ETXAMM
Somerville ISD	ETXATNN
Tarkington ISD	ETXAOO
Teague ISD	ETXAPP
Texans Can Academies	ETXAQQ
The Bob Hope School	ETXARR
Tioga ISD	ETXASS
Vidor ISD	ETXATT
Warren ISD	ETXAUU
West Hardin ISD	ETXAVV
Westwood ISD	ETXAWW
Whitehouse ISD	ETXAXX
Winona ISD	ETXAYY

Notes

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard sheet of stationery. There is no handwriting or other markings on the page.

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2022 - 2023 Plan Year



Enrollment Guide General Disclaimer: This summary of benefits for employees is meant only as a brief description of some of the programs for which employees may be eligible. This summary does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at the ETXEBBC Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

Rate Sheet General Disclaimer: The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at the ETXEBBC Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

WWW.ETXEBBC.COM

