

# FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT

## BENEFIT INFORMATION

EFFECTIVE FIRST OF THE MONTH FOLLOWING ELIGIBILITY PERIOD  
OF THIRTY DAYS

### **Group Life Insurance - \$10,000 Term Life**

Carrier: Jefferson Pilot Financial                      Effective: 01/01/2003  
**100% Premium paid by FISD**

### **Long-Term Disability**

Carrier: Jefferson Pilot Financial                      Effective: 01/01/2003  
Effective on 91st day of total disability. Disability income up to 66 2/3% of salary.  
**100% premium paid by FISD**

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### **Pre-Tax Benefit Plan - Section 125 (Cafeteria Plan)**

Premium payments may be tax sheltered on the following benefits paid by the employee:

Health, Dental, Vision and the Flexible Spending Plan (Unremibursed medical, orthodontia, and dependent care)

\*Plan year - January 1 through December 31

### **Third Party Administrator**

JEM Resource Partners provides plan administration and technical support services for the Section 125 (Cafeteria Plan).

### **Dental Coverage - Optional - Pre-Tax Deduction**

#### **Managed Care**

Carrier: CompDent  
100% premium paid by employee. Premiums Effective January 01, 2003  
**\$5.25 per pay period for employee only**  
**\$8.91 per pay period for employee+one**  
**\$12.33 per pay period for employee+family**

#### **Elite Preferred 700 Indemnity Plan**

Carrier: CompDent  
100% premium paid by employee. Premiums Effective January 01, 2003  
**\$13.38 per pay period for employee only**  
**\$25.75 per pay period for employee+one**  
**\$40.64 per pay period for employee+family**

**Vision Coverage - Optional- Pre-Tax Deduction**

Carrier: Spectera

100% premium paid by employee. Premiums effective January 01, 2003

**Employee Only - \$3.68 per pay period**

**Employee + One - \$6.70 per pay period**

**Employee + Family - \$11.33 per pay period**

**Health Insurance - Optional - Self-Funded Plan - Pre-Tax Deduction**

Third Party Administrator: BOON - CHAPMAN

The District currently has a PPO agreement with **PPO Next** (Medical Control - HHPO)

Deductible - \$300 per calendar year per person

Plan pays 80% In-Network / Plan pays 50% - Out of Network

Advanced PCS prescription card - \$50.00 deductible per calendar year per person.

Pharmacy - \$10 - Generic \$20 - Brand 50% Nonformulary Brand

Mail order - \$20 - Generic \$40 - Brand 50% Nonformulary Brand

\$500 Wellness benefit per family

**Employee Only Coverage: Monthly Premium - \$383.00**

**District pays: \$250.00 per month(\$125.00 per pay period)**

**Employee pays: \$133.00 per month (\$66.50 per pay period)**

**Employee Plus Family: Monthly Premium - \$700.00**

**District pay: \$250.00 per month(\$125.00 per pay period)**

**Employee pays: \$450.00 per month(\$225.00 per pay period)**

**Consolidated Omnibus Budget Reconciliation Act (COBRA)**

Under COBRA, qualifying individuals (and beneficiaries) are entitled to continue health coverage equal to or less than the coverage in which they are enrolled at termination. Information is available at the Insurance Office.

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**Short Term Disability - Optional - After-Tax Deduction**

Carrier: FIRD/BOON-CHAPMAN

Benefits payable at \$15 per day up to 90 days.

Benefits begin on first day for accident and fourth day for illness following doctor's visit.

100% premium paid by Employee

**\$3.75 per pay period.**

**Supplemental Group Term Life Insurance - Optional - After-Tax Deduction**

Carrier: Jefferson Pilot Financial                      Effective: 01/01/2004  
You may purchase up to seven (7) times your annual salary or a maximum of \$300,000 which ever is less. \$100,000 guarantee issue for employees. Any amounts over \$100,000 will go through under writing. **Premium are age rated.**

**Dependent Group Term Life Insurance - Optional - After- Tax Deduction**

Carrier: Jefferson Pilot Financial                      Effective: 01/01/2004  
**You must purchase the above supplemental coverage on yourself in order to purchase dependent coverage on your spouse and / or children.**

Spousal coverage can be purchased up to 50% of the employee’s benefit amount up to \$150,000. \$50,000 guarantee issue for a spouse. Any amounts over \$50,000 will go through under writing. **Premiums are age rated.**

Dependent children coverage-

(A) \$5,000 for children age 6 months to 19 years (up to 25 years if unmarried and a full time student). **Premium - \$1.00 for all children.**

(B) \$10,000 for children age 6 months to 19 years (up to 25 years if unmarried and a full time student). **Premium - \$2.00 for all children.**

(C) \$500 for children age 14 days to 6 months. Newborn children to age 14 days are not eligible for a benefit

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**457 Plan- Retirement Savings Plan**

A 457 plan is an employer sponsored deferred compensation plan that allows contributions to be made without federal income tax withholding (pre-Tax) on contributions or earnings. FISD has chosen the vendor for the district, but employees will chose the funds that they wish to contribute to.

**403B Individual Retirement Savings Plan**

A 403B is the same as the 457 plan in that it allows contributions to be made without federal income tax withholding (pre-Tax) on contributions or earnings. You must pick a TRS approved vendor for your contributions.

**WORKER’S COMPENSATION**

All injuries on school premises are covered under Worker’s Compensation. Injuries must be reported to the school nurse as soon as they occur and a report must be completed. Worker’s Compensation is covered by a different insurance company than the district’s health insurance plan. Please be sure and tell the health care personnel if it is a work related injury.

**\* All information, dates, premium amounts, etc. are subject to change.**