

# 2023-2024 Benefit Guide

Helping you make informed choices  
about your employee benefits.



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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/ Benefits Department.

## Welcome

Each year, Grand Prairie ISD strives to offer comprehensive benefit plans to our employees. In this employee benefits guide you will learn more about the benefits offered for the 2023-2024 plan year. Throughout this guide you will find interactive QR Codes that will take you deeper into your **employee benefits plan documents** and give you quick access to **needed claims forms**. To access, scan with a camera on your personal device or cell phone, or by clicking, if viewing electronically.

This year's Open Enrollment will run from July 31, 2023 – August 11, 2023. Your benefit elections and changes made during this period will become effective 9/1/2023 – 8/31/2024. Your deductibles and out-of-pocket maximums will run from January 1 to December 31. Please review your open enrollment materials thoroughly before making your elections.

### Employee Benefit Resources

Please visit the GPISD Benefits Hub for the latest information and benefit resources:

<https://www.mybenefitshub.com/grandprairieisd>

#### Enroll by Phone:

Enroll with a Benefits Counselor:

Make an appointment at

<https://myenrollmentschedule.com/grandprairie>

Monday - Friday, 9am - 5pm CST.

#### Enroll Online:

Simply login at <http://www.mybenefitshub.com/grandprairieisd>

### Employee Eligibility

The Group insurance coverage described in this guidebook is available to all full-time employees who work a minimum of 20 or more hours per week. The coverage effective date will begin on the 1st day of the month following your date of hire. All benefit elections must be made within 31 days from your date of hire. The insurance plan year is from September 1 through August 31 of each year. Once your enrollment window has closed, you may not make any changes to your elections unless you experience a qualified life event.

### Qualifying Life Events

If you experience a Qualifying Life Event (QLE), please contact the Benefits Department; proof of the QLE must be submitted within 31 days to change current benefit elections.

#### Qualifying Life Events Include:

- » A change in the number of dependents (birth, adoption, death, guardianship)
- » A change in marital status (marriage, divorce, death, legal separation)
- » A dependent's loss of eligibility (attainment of limiting age or change in student status)
- » A change in employee's, spouse's, or eligible dependents'

work hours

- » A termination or commencement of employment of employee's spouse or eligible dependents with coverage
- » An entitlement to Medicare or Medicaid
- » Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service

### Dependent Eligibility

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents. Eligible dependents include one or more of the following:

- » Your legal spouse
- » A child through age of 26
- » A child is defined as your natural child, legally adopted child, stepchild, and any child for whom you are the court-appointed guardian
- » A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance

**Please bring SSN# of dependents being added to the plan.**

**Beneficiary information must be updated for all applicable coverages**

**QUESTIONS** about your Paycheck deductions or other inquiries: Contact the GPISD Payroll and Benefits Team at [972.237.5513](tel:972.237.5513).

This Benefit Overview is only intended to highlight the major benefit provisions and should not be viewed as being a complete representation of the plan details. Please refer to the plans Summary of Benefits and Coverage (SBC) for further details. Should this benefit overview differ from the SBC, the SBC will prevail.

GPISD Benefits Hub



## Key Terms

### Deductible

The amount you pay for covered health care services before your insurance plan starts to pay. For example, with a \$3,500 deductible you pay the first \$3,500 of covered services yourself. After you pay your deductible you usually pay only a copayment or coinsurance for covered services, your insurance company pays the rest. **Deductibles are based on a CALENDAR YEAR (January – December).**

### Out-of-Pocket Maximum/Limit

The maximum dollar amount you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits. **Out-of-pocket maximum are based on a CALENDAR YEAR (January – December).**

The out-of-pocket limit doesn't include:

- » Your monthly premiums
- » Anything you spend for services your plan doesn't cover Out-of-network care and services
- » Costs above the allowed amount for a service that a provider may charge

### Copays

Copays are the set dollar amount paid for a specific service, doctor's office visit or medication and are typically collected at the time of service.

### Coinsurance

The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible. For example, let's say the following amounts apply to your plan and you need a lot of treatment for a serious condition. Allowable costs are \$12,000:

**Deductible:** \$3,000

**Coinsurance:** 20%

**Out-of-Pocket Maximum:** \$6,850

You will pay all of the first \$3,000 (your deductible).

You will pay 20% of the remaining \$9,000, or \$1,800 (your coinsurance).

So your total out-of-pocket costs would be \$4,800 — your \$3,000 deductible plus your \$1,800 coinsurance.

If your total out-of-pocket costs reach \$6,850, you'd pay only that amount, including your deductible and coinsurance. The insurance company would pay for all covered in-network services for the rest of your plan calendar year at 100%.



## Know Where to Go

### Controlling Your Health Care Cost

The rising cost of health care is a concern for all of us. Here are some tips on how you can reduce your cost of health care:

- » Use in-network providers and you will receive a higher level of benefit.
- » Request generic rather than brand name prescription drugs. Generic medications are considerably less expensive.
- » Schedule an annual physical with an in-network provider. It is covered at 100% with no copay.

VIRTUAL VISITS	DOCTOR'S VISITS	URGENT CARE	EMERGENCY ROOM
Access telehealth service to treat common medical conditions from anywhere. <ul style="list-style-type: none"> <li>• Colds and Flu</li> <li>• Allergies</li> <li>• Sore throats</li> <li>• Stomach aches</li> <li>• UTI's</li> </ul>	The best option for preventive care, ongoing maintenance medications or if you are needing a referral for a specialist <ul style="list-style-type: none"> <li>• Immunizations</li> <li>• Injury</li> <li>• Preventative care</li> <li>• General health issues</li> </ul>	For non-life threatening illness after normal business hours. When your regular doctor is unavailable and you need care quickly. <ul style="list-style-type: none"> <li>• High Fever</li> <li>• Injury</li> <li>• Sudden illness</li> <li>• Dehydration</li> <li>• Cuts needing stitches</li> </ul>	Go to the emergency room for immediate treatment of serious injury or illness. If a situation feels life-threatening, call 911 <ul style="list-style-type: none"> <li>• Chest pain or difficulty breathing</li> <li>• Serious Injury</li> <li>• Seizure</li> <li>• Fever with rash</li> <li>• Concussion / confusion</li> </ul>



## Medical – United Healthcare

Grand Prairie offers 4 medical plans administered by UHC. United Healthcare offers several convenient, affordable options when you need care now. Knowing the right place to go can save you time, money, and unpleasant financial surprises. The charts that follow provides a plan comparison overview illustrating the plan highlights.

**REMINDER:** Deductibles and OOP max are on calendar year (January – December).

Medical Plan Summary	Nexus HSA		Broad Plan (Premier PROformance POS)	
	In-Network ONLY		In-Network	Out-of-Network
Calendar Year Deductible	\$3,500 Ind / \$7,000 Fam		\$3,500 Ind / \$10,500 Fam	\$7,500 Ind / \$15,000 Fam
Calendar Year Out-of-Pocket Maximum	\$6,500 Ind / \$13,000 Fam		\$6,600 Ind / \$13,200 Fam	\$15,000 Ind / \$30,000 Fam
Member Coinsurance	20% / 40%		20%	50%
	Tier 1	Tier 2		
OFFICE VISITS				
Preventive Care	Covered 100%; deductible waived		Covered 100%; deductible waived	50% after deductible
Office Visits to PCP	20% after deductible	40% after deductible	\$15 copay	50% after deductible
Specialist Office Visits	20% after deductible	40% after deductible	\$50 copay/\$100 copay	50% after deductible
DIAGNOSTIC PROCEDURES				
Non-Complex X-ray and Laboratory	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Complex Imaging	20% after deductible	40% after deductible	20% after deductible	50% after deductible
EMERGENCY MEDICAL CARE				
Urgent Care Provider	20% after deductible	40% after deductible	\$25 copay	50% after deductible
Emergency Room	20% after deductible		\$300 copay; then 20% after deductible	
HOSPITAL CARE				
Inpatient Coverage	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Inpatient Mental Health Services	20% after deductible	40% after deductible	20% after deductible	50% after deductible
PRESCRIPTION DRUGS				
Retail (30 day supply)	\$10 / \$35 / \$70 copay (after deductible)		\$10 / \$35 / \$85 copay	\$10 / \$35 / \$85 copay
Mail Order (31-90 day supply)	\$25 / \$87.50 / \$175 copay (after deductible)		\$25 / \$87.50 / \$212.50 copay	Not covered

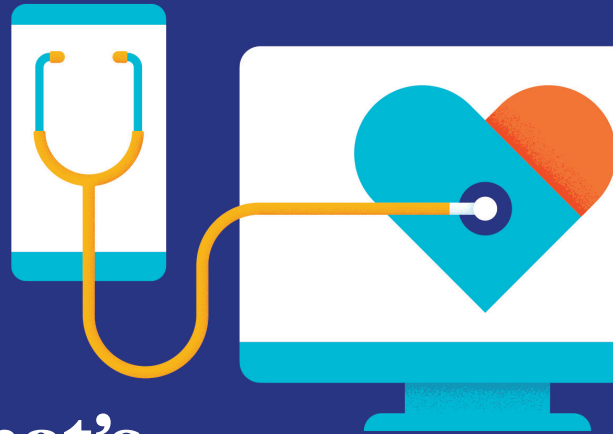
### 24/7 access to a doctor, for free.

Talk directly to a doctor 24/7 via our UnitedHealthcare app on your phone or computer at [myuhc.com](https://myuhc.com)—from home, at work or in transit. Take care of your nonemergency care needs like coughs, colds, flu, seasonal allergies, minor cuts or burns, or if you just need a question answered. It's 24/7 peace of mind, free for all plans! For more information, visit [myuhc.com](https://myuhc.com) or download the UnitedHealthcare app.

## Medical - United Healthcare

**REMINDER:** Deductibles and OOP max are on calendar year (January – December).

Medical Plan Summary	Low Plan (Nexus ACO In-Network Only)		High Plan (Nexus ACO In-Network Only)	
	In-Network ONLY		In-Network ONLY	
Calendar Year Deductible	\$3,500 Ind / \$10,500 Family		\$1,500 Ind / \$4,000 Family	
Calendar Year Out-of-Pocket Maximum	\$6,600 Ind / \$13,200 Family		\$5,500 Ind / \$11,000 Family	
Member Coinsurance	20%	40%	20%	40%
	Tier 1	Tier 2	Tier 1	Tier 2
OFFICE VISITS				
Preventive Care	Covered 100%; deductible waived		Covered 100%; deductible waived	
Office Visits to PCP	\$15 copay	\$45 copay	\$15 copay	\$45 copay
Specialist Office Visits	\$50 copay	\$125 copay	\$50 copay	\$125 copay
DIAGNOSTIC PROCEDURES				
Non-Complex X-ray and Laboratory	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Complex Imaging	20% after deductible	20% after deductible	20% after deductible	20% after deductible
EMERGENCY MEDICAL CARE				
Urgent Care Provider	\$50 copay		\$50 copay	
Emergency Room	\$300 copay then 20% after deductible		\$300 copay then 20% after deductible	
HOSPITAL CARE				
Inpatient Coverage	20% after deductible	\$500 copay then 40% after deductible	20% after deductible	\$500 copay then 40% after deductible
Outpatient Surgery	20% after deductible	\$250 copay then 40% after deductible	20% after deductible	\$250 copay then 40% after deductible
Inpatient Mental Health Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible
PRESCRIPTION DRUGS				
Retail (30 day supply)	\$5 / \$40 / \$90 copay		\$5 / \$40 / \$90 copay	
Mail Order (31-90 day supply)	\$12.50 / \$100 / \$225 copay		\$12.50 / \$100 / \$225 copay	



# A health plan that's always with you

Digital tools to keep you connected

## Get the most out of your benefits

Register for your personalized website on [myuhc.com](https://myuhc.com)<sup>®</sup> and download the UnitedHealthcare<sup>®</sup> app. These digital tools are designed to help you understand your benefits and make informed decisions about your care.

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits – Connect with providers by phone or video\* to discuss common medical conditions and get prescriptions,\*\* if needed
- View your health care financial account(s) such as HSA, FSA or HRA
- Compare prescription costs and order refills



**Download the app**

Available for iPhone and Android

## Register today



Scan the QR code or go to [myuhc.com](https://myuhc.com) and click **Register Now**  
See next page for registration steps

\* Data rates may apply.

\*\* Certain prescriptions may not be available, and other restrictions may apply.  
continued

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## How to register

- 1 Go to [myuhc.com](https://myuhc.com) or download the UnitedHealthcare app and click **Register Now**
- 2 Complete the required fields and create your username/password
- 3 Enter your contact information and security questions
- 4 Agree to the terms and conditions and select your email preferences
- 5 Go paperless—from your account settings, choose paperless in your communication preferences



## Go paperless

- Less paper, less clutter
- Get your required communications online



Get started at [myuhc.com](https://myuhc.com)

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24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Available only for insured plans and self-funded plans with Optum Rx integrated pharmacy benefits.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under the Find Care & Costs section.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Health plan coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA.

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## Visit with a doctor 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a doctor by phone or video<sup>1</sup> through **myuhc.com**<sup>®</sup> or the UnitedHealthcare<sup>®</sup> app.



### A convenient and faster way to get care

Doctors can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,<sup>2</sup> if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$0.<sup>3</sup>**

#### Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes
- and more

**\$0** cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000<sup>4</sup> cost down to \$0.

### Get started

Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) | Call **1-855-615-8335**  
Download the UnitedHealthcare app

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<sup>1</sup> Data rates may apply.

<sup>2</sup> Certain prescriptions may not be available, and other restrictions may apply.

<sup>3</sup> The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.

<sup>4</sup> Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated Urgent Care savings are based on the difference between average Urgent Care visit cost of \$180 and Virtual Visit cost of \$0; \$2,000.00 difference between the average Emergency Room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare<sup>®</sup> app is available for download for iPhone<sup>®</sup> or Android<sup>®</sup>. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

## Medical Deductions

Nexus HSA			
	Monthly	16 pay	Bi-weekly
Employee	\$77.96	\$58.47	\$35.98
Employee + Spouse	\$815.47	\$611.60	\$376.37
Employee + Child	\$612.78	\$459.59	\$282.82
Family	\$1,238.78	\$929.09	\$571.74

Broad Plan			
	Monthly	16 pay	Bi-weekly
Employee	\$237.93	\$178.45	\$109.81
Employee + Spouse	\$1,222.28	\$916.71	\$564.13
Employee + Child	\$951.75	\$713.81	\$439.27
Family	\$1,787.27	\$1,340.45	\$824.89

Low Plan			
	Monthly	16 pay	Bi-weekly
Employee	\$158.73	\$119.05	\$73.26
Employee + Spouse	\$1,020.88	\$765.66	\$471.18
Employee + Child	\$783.93	\$587.95	\$361.81
Family	\$1,515.72	\$1,136.79	\$699.56

High Plan			
	Monthly	16 pay	Bi-weekly
Employee	\$207.26	\$155.45	\$95.66
Employee + Spouse	\$1,144.29	\$858.22	\$528.13
Employee + Child	\$886.76	\$665.07	\$409.27
Family	\$1,682.11	\$1,261.58	\$776.36

Your life's busy enough, United Healthcare gives you the digital tools that make it east to access, manage and monitor your health care at home and on the go. Scan below for more details.

**For late hires on 16 pay and bi-weekly pay schedules, your premium may differ slightly than the listed amounts. Please contact payroll if you have questions.**



# For life's challenges, support is here

At UnitedHealthcare, we believe that care shouldn't stop at physical health. That's why we offer behavioral health resources that can help support your path toward mental and emotional well-being.



## Behavioral health is health

Behavioral health is about more than just mental health: It includes addiction issues, anger management, coping with grief, dealing with stress and other challenges. It's an important part of your overall well-being—because how you feel matters, and caring support from behavioral health providers is a part of your plan.

## Resources for better, brighter days

Get connected to self-care digital tools, behavioral health providers (in-person or virtual) and other helpful resources.

Feeling down and want to explore self-care tools and tips?	Dealing with life transitions and could use some support or guidance?	Have a concern that needs long-term support from a licensed therapist?
<b>Self Care from AbleTo</b> Get access to clinician-created self-care techniques, coping tools, meditations and more—anytime, anywhere. With Self Care, you'll get personalized content that's designed to help support your self-guided journey to better mental health. For on-demand support to help with: <ul style="list-style-type: none"> <li>Stress, anxiety and depression</li> </ul>	<b>Employee Assistance Program (EAP)</b> Your EAP offers up to 3 provider visits for \$0 by phone and in-person counseling sessions for short-term support and advice to help with: <ul style="list-style-type: none"> <li>Stress, anxiety and depression</li> <li>Personal challenges, including substance abuse and relationships</li> <li>Work/life balance, including legal and financial support</li> </ul>	<b>Behavioral health provider</b> Connect virtually or in-person with a licensed therapist, counselor, psychologist or psychiatrist for ongoing support to help with: <ul style="list-style-type: none"> <li>Bipolar and neuro-development disorders</li> <li>Compulsive habits and eating disorders</li> <li>Substance abuse, medication management and more</li> </ul>



Visit [ableto.com/begin](https://ableto.com/begin) and follow the steps to begin your self-care program; have your health plan ID card handy



Call 1-888-887-4114 for 24/7 in-the-moment phone support or to schedule in-person counseling with a masters-level EAP specialist



Answer a few questions and find support at [myuhc.com/mh-recommendations](https://myuhc.com/mh-recommendations) or call the number on the back of your health plan ID card

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Self Care by AbleTo should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained within Self Care is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Self Care may not be available for all groups in District of Columbia, Maryland, New York, Pennsylvania, Virginia or West Virginia and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the Self Care terms of use.

The material provided through this program is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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# Get support for your precious delivery



Whether you're thinking about having a baby or have one on the way, maternity support is here to provide information and support—throughout your pregnancy and after giving birth.

## Online maternity content and courses

Good news: As part of maternity support, you have access to online resources to help you on your journey toward a healthier pregnancy — and beyond. Tap into our library of pregnancy information, including custom video courses you can stream anytime, 24/7. You'll be able to track what you've learned and keep tabs on what you'll find out about next.

### Online maternity courses include:

- Preconception: Preparing for a Healthy Pregnancy
- Pregnancy Nutrition and Exercise
- Pregnancy in the First Trimester
- Pregnancy in the Second Trimester
- Pregnancy in the Third Trimester
- Postpartum: The Fourth Trimester after Pregnancy
- Exploring Breastfeeding

**Whatever your journey, maternity support is here to help—and it's available to you at no additional cost as part of your plan benefits.**

## Explore maternity courses

Visit [myuhc.phs.com/pregnancy-resources](https://myuhc.phs.com/pregnancy-resources)

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The information provided under maternity support is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. UnitedHealthcare makes no representation or warrant with regard to the accuracy of the information presented. If you believe that you may have any emergency medical condition you should immediately call 9-1-1. Participants should consult an appropriate health care professional to determine what may be right for them. If you have questions about the information presented or questions about health care services, supplies, or treatments, you should consult your health care provider before making any health care decisions. Employers are responsible for ensuring that any wellness programs they offer to their employees comply with applicable state and/or federal law, including, but not limited to, GINA, ADA and HIPAA wellness regulations, which in many circumstances contain maximum incentive threshold limits for all wellness programs combined that are generally limited to 30% of the cost of self-only coverage of the lowest-cost plan, as well as obligations for employers to provide certain notices to their employees. Employers should discuss these issues with their own legal counsel.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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# \$0 cost for certain medications\*

We're making medications that may be essential to your health more affordable.



The new UnitedHealthcare Vital Medication Program offers certain drugs at **no additional cost**.<sup>\*</sup> This means there may be no out-of-pocket costs for preferred insulins and certain other medications, including:

- ✓ **Insulin** – rapid, short and long-acting
- ✓ **Epinephrine** – allergic reactions
- ✓ **Glucagon** – hypoglycemia (low blood sugar)
- ✓ **Naloxone** – opioid overuse
- ✓ **Albuterol** – asthma



To see if you're eligible for no out-of-pocket costs on preferred insulins and other prescription drugs, sign in to [myuhc.com/rx](https://myuhc.com/rx)

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<sup>\*</sup> Available to eligible members. Check your coverage details at [myuhc.com/rx](https://myuhc.com/rx).

If you are not currently enrolled with UnitedHealthcare pharmacy benefit coverage, you may access your health plan's member website for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

Medications are categorized by common therapeutic conditions in this reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern. This document applies to commercial group members of UnitedHealthcare plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Health plan coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA. Optum Rx® is an affiliate of United HealthCare Insurance Company.

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## Dental – Aetna

Network: PDP Plus Group# 0166568	Low Plan PPO	High Plan PPO
Annual Deductible	\$25	\$25
Annual Maximum Benefit	\$1,500 per person	\$2,250 per person
Type A: Preventive (cleanings, exams, X-rays)	100% after deductible	100% after deductible
Type B: Basic restorative (fillings, extractions)	80% after deductible	80% after deductible
Type C: Major (bridges, dentures)	50% after deductible	50% after deductible
Type D: Orthodontia	50% after deductible	50% after deductible
Orthodontia lifetime Max (Child Only)	\$1,500 per person	\$2,000 per person

	Low Plan			High Plan		
	Monthly	16 pay	Bi-weekly	Monthly	16 pay	Bi-weekly
Employee	\$36.79	\$27.59	\$16.98	\$50.78	\$38.09	\$23.44
Employee + Spouse	\$77.35	\$58.01	\$35.70	\$101.53	\$76.15	\$46.86
Employee + Child	\$81.20	\$60.90	\$37.48	\$106.62	\$79.97	\$49.21
Family	\$116.05	\$87.04	\$53.56	\$152.30	\$114.23	\$70.29



## Vision – Avesis

Healthy eyes and clear vision are an important part of your overall health and quality of life. With Avesis vision, you have access to a national network of providers to help care for your eyes. Eye exams, eyeglasses, and contacts are available to you at the cost of applicable copays.

The Buy-up plan includes the following lens options and more covered in full: Polycarbonate, Standard scratch resistant coating, Standard.

Group# 10771-1597	Base Plan	Buy-Up Plan
	In-Network Benefits	
Eye Exam	\$10 copay	\$0
Single Vision Lenses	\$10	\$0
Bifocal Lenses	\$10	\$0
Trifocals Lenses	\$10	\$0
Lenticular Lenses	\$10	\$0
Progressive	Up to \$110 copay	\$120 allowance
Contact Lenses Elective Medically Necessary	\$130 allowance Covered in full	\$200 allowance Covered in full
Frames	Up to \$130 allowance	\$200 allowance
Frequencies	12/12/24	12/12/12

	Base Plan			Buy-up Plan		
	Monthly	16 pay	Bi-weekly	Monthly	16 pay	Bi-weekly
Employee	\$5.40	\$4.05	\$2.49	\$12.87	\$9.65	\$5.94
Employee + Spouse	\$9.46	\$7.10	\$4.37	\$22.94	\$17.21	\$10.59
Employee + Child	\$9.64	\$7.23	\$4.45	\$23.35	\$17.51	\$10.78
Family	\$15.78	\$11.84	\$7.28	\$34.42	\$25.82	\$15.89





## 24 hr Accident Plan – Aflac

After an accident you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

### Plan Highlights:

- » Benefits are paid directly to you unless otherwise assigned
- » Coverage is guaranteed-issue regardless of health
- » Benefits are paid regardless of any other medical insurance
- » \$50 Wellness benefit paid each year per covered person
- » 24 Hour coverage

Featured Basic Accident Benefits	Coverage Amount
Hospital Admission	\$1,500
Hospital Confinement	\$300 per day
Hospital Intensive Care	\$300 per day
Family Member Lodging	\$200 per day
Hospital ER / Urgent Care without x-ray	\$150
Doctor's Office or Facility without x-ray	\$75
Fractures	Up to \$6,000
Dislocations	Up to \$6,000
Lacerations (Scale On Size)	\$50-\$700
Follow Up Visits	\$50
Therapy	\$35
Appliances	\$40 - \$150

	Monthly	16 pay	Bi-weekly
Employee	\$15.54	\$11.66	\$7.17
Employee + Spouse	\$26.16	\$19.62	\$12.07
Employee + Child	\$28.35	\$21.26	\$13.08
Family	\$38.97	\$29.23	\$17.99

## Critical Illness – Aflac

### Plan Highlights:

- » Pays a lump sum percentage benefit for a covered critical illness
- » Coverage is guaranteed-issue regardless of health
- » No pre-existing condition limitations
- » Spouse eligible for 100% of what employee chooses
- » Children are covered at no additional cost
- » Additional and Re-occurrence benefits with only 1 month separation
- » Wellness benefit paid each year

Featured Critical Illness Benefits	Coverage Amount
<b>Cancer</b> (Internal Or Invasive)	100%
<b>Heart Attack</b> (Myocardial Infarction)	100%
<b>Stroke</b> (Ischemic or Hemorrhagic)	100%
<b>Major Organ Transplant</b>	100%
<b>Kidney Failure</b> (End-Stage Renal Failure)	100%
<b>Bone Marrow Transplant</b> (Stem Cell Transplant)	100%
<b>Sudden Cardiac Arrest</b>	100%
<b>Non-Invasive Cancer</b>	25%
<b>Coronary Artery Bypass Surgery</b>	25%
<b>Insured Placed on a Transplant List for a Major Organ Transplant</b>	25%
<b>Annual Wellness Benefit</b>	\$100
<b>Infectious Diseases Rider: Coronavirus, Pneumonia, Influenza, Ebola, H5n1, Bird Flu</b>	10%-40%

## Health Savings Account – Lively

### WHAT IS AN HSA?

An HSA is like a 401(k) for healthcare. It's yours for life, regardless of your employment or health plan. And unlike a flexible spending account (FSA), there's no "use it or lose it" rule.

With more tax advantages than any other savings vehicle, an HSA is one of the most efficient ways to manage healthcare costs. You can choose to put your money to work, or build a healthcare safety net. And after age 65, you can even use it for non-medical expenses just like a regular 401(k).

### HSA Tax Advantages:

Pre-tax or tax-deductible contributions Tax-free interest and investment earnings

Tax-free distributions when used for qualified expenses

**Am I eligible for an HSA?** You may be eligible for an HSA if your health plan meets the IRS criteria for a high-deductible health plan (HDHP). In 2023, this means your minimum deductible is \$1,400 for individuals or \$2,800 for families. And your maximum out-of-pocket is \$7,000 for individuals or \$14,000 for families.

**How much can I contribute to an HSA?** The IRS sets annual contribution limits for HSAs. In 2023, individuals may contribute up to \$3,850, and families may contribute up to \$7,300. If you are 55 or older, you may add another \$1,000 on top of that. These limits are subject to change year to year.

**What can I spend HSA funds on?** You can use your HSA for a wide range of qualified expenses, such as doctor's visits, prescription drugs, imaging, lab work, medical equipment, contacts lenses, dental work, physical therapy... the list goes on! Refer to IRS Publication 502 for comprehensive guidelines.



## Flexible Spending Account – NBS

### WITH AN FSA YOU CAN SAVE:

An FSA is a great way to pay for expenses with pre-tax dollars.

Spending is easy

Our convenient NBS Benefits Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. Or you may also utilize the “pay a provider” option on our web portal.

### Account access is easy

Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.

### What if I don't use it all?

Because an FSA is a planning tool with great tax benefits, you must use the account balance in its entirety before the end of the plan year or it will be forfeited. This is known as the “use-it-or-lose-it” rule.

Your employer may offer a grace period or a \$500 rollover to help if you miss the mark a little bit. Just make sure to plan carefully when you enroll.

	With FSA	Without
Annual taxable income	\$24,000	\$24,000
Health FSA	\$1,500	\$0
Dependent care FSA	\$1,500	\$0
Total pre-tax contributions	-\$3,000	\$0
Taxable income after FSA	\$21,000	\$24,000
Income taxes	-\$6,300	-\$7,200
After-tax income	\$14,700	\$16,800
After-tax health and welfare expenses	\$0	-\$3,000
Take-home pay	\$14,700	\$13,800
You saved	\$900	\$0



## Hospital Indemnity Plan – MetLife

This Hospital Indemnity plan by MetLife is available at ZERO COST to employees who decline the district medical plan offering. Dependents are not eligible. Benefits are payable for confinement to a hospital.

Hospital Benefits			
	Benefit Limits	Benefit	Benefit Amounts
Admission Benefit	1 time per calendar year	ICU Supplemental Admission (paid concurrently with the admission benefit)	\$1,000 \$1,000
Confinement Benefit	30 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement <sup>1</sup> ICU Supplemental Confinement (paid concurrently with the admission benefit)	\$100 \$100
Newborn Confinement benefit	2 days per confinement	Newborn Confinement <sup>2</sup>	\$50

1 If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

2 The period of newborn confinement, immediately following the child's birth.



## Supplemental Medical Expense Gap – Beazley

Beazley Insurance Company, Inc.'s Supplemental Medical Expense (Gap) insurance is designed to help cover part of your out-of-pocket costs incurred under your major medical plan (the copay, coinsurance, or deductible) in the event of inpatient hospitalization or eligible outpatient services.

### How do I submit a claim?

Submit an Explanation of Benefits (EOB) from your major medical plan showing the expenses (deductibles, coinsurance, and/or copays) you are responsible for paying out of pocket.

If the EOB does not show the services and diagnosis, then also submit the itemized bill from the provider. No claim form is necessary.

### Send by mail, fax, or email to:

#### By Email:

[beazleyclaims@healthplan.com](mailto:beazleyclaims@healthplan.com)

#### By Mail:

Beazley  
c/o Health Plan Services  
PO Box 3889  
Seattle, WA 98124-9998

#### By Fax:

813.289.7937

Attn: CLAIMS

#### SUPPLEMENTAL MEDICAL INSURANCE IDENTIFICATION CARD PRESENT TO PROVIDERS FOR INSURANCE COVERAGE

Provided by Beazley Insurance Company, Inc.

Group name: **GRAND PRAIRIE ISD**

Group #: **YD9002**

Insured name: \_\_\_\_\_  
Print your name on the line above

#### For Claim Questions/Service or Provider Eligibility Verification:

Please call **1-877-503-7064**, menu option **#4**

Include insured name and group ID number on all inquiries.

Possession of card does not guarantee eligibility for benefits.

**beazley**

Beazley Insurance Company, Inc.

Plan Features	Description
<b>Inpatient Benefit</b>	\$2,500 benefit amount: Reimburses eligible out-of-pocket expenses, up to the annual benefit maximum, that are incurred during inpatient hospitalization for hospital room and board and other inpatient hospital expenses.
<b>Outpatient Benefit</b>	\$1,500 benefit amount: Reimburses eligible out-of-pocket expenses, up to the annual benefit maximum, that are incurred in these select outpatient settings: Treatment in a hospital ER (but not admitted to inpatient) Surgery in an Outpatient Hospital facility or Freestanding Surgery Center, or Physician's Office / Urgent Care facility Radiological diagnostic testing in an Outpatient Hospital facility, or MRI facility, or Physician's Office / Urgent Care facility Chemotherapy or radiation therapy in a licensed facility
<b>Guarantee Issue</b>	You are eligible for this coverage (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage.
<b>Dependent Coverage</b>	You may also opt for coverage for your spouse or child(ren), as long as they participate in your employer's underlying major medical plan. Your family maximum will be two times the individual benefit amounts above.

	Monthly	16 pay	Bi-weekly
Employee	\$42.00	\$31.50	\$19.38
Employee + Spouse	\$81.50	\$61.13	\$37.62
Employee + Child	\$82.00	\$61.50	\$37.85
Family	\$115.00	\$86.25	\$53.08

## Term Life Insurance – The Standard

### GROUP BASIC LIFE AND AD&D

GPISD provides \$20,000 of Basic life insurance and Accidental Death & Dismemberment (AD&D) to eligible employees at no cost to you while you're employed by GPISD. Be sure to designate a beneficiary.

### SUPPLEMENTAL LIFE INSURANCE

Grand Prairie ISD gives you the opportunity to elect additional life insurance on a guaranteed issue (GI) basis, meaning no health questions up to the GI Amount.

- » **Employees** may elect up to 5 times annual earnings (not to exceed \$500,000)
- » **Spouse** coverage may be elected up to 100% of the employee elected amount (not to exceed \$100,000)
- » **Child** coverage may be elected in increments of \$1,000 up to a maximum benefit of \$10,000 (Not to exceed 100% of employees election)
- » Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, please visit [www.standard.com/mhs](http://www.standard.com/mhs)
- » To submit a medical history statement online, visit: [standard.com/mhs](http://standard.com/mhs)

### Guaranteed Issue Amounts

**Employee – \$250,000**

**Spouse – \$50,000**

Please enroll online or call your benefits service center for personalized rates.

## Universal Life – Transamerica

**Universal life insurance** – also known as permanent life insurance<sup>1</sup> – can help protect your family's quality of life after you're gone. But that's just one of several benefits when you enroll in TransElite® universal life insurance from Transamerica Life Insurance Company.

Universal life insurance offers greater flexibility than basic life insurance. In addition to the death benefit, universal life insurance allows you to build cash value – plus interest – over time. This cash value lets you to:

Borrow against the cash value<sup>2</sup> if you need money in a pinch and/or Use the cash value to cover the cost of your premiums down the road\* Plus, if you're diagnosed with a debilitating condition that is expected to be permanent, TransElite universal life insurance can help. It includes a feature that allows you to accelerate your death benefit to provide financial relief. The benefit can be used to pay for any expenses you may have, such as household or credit card bills, costs for an assisted living facility, or even for family members taking care of you – benefits can be paid even if care is being provided by a loved one such as a spouse or child. In short, there are no restrictions on how you use the benefit.

\*Using cash value to pay the monthly premium will decrease how long the policy will last.

### AT A GLANCE: UNIVERSAL LIFE INSURANCE WITH ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER AND EXTENSION OF BENEFITS(EXT) RIDER:

Guaranteed issue – no medical or blood tests required

Fully portable – you can take your policy with you if you retire or change employers, so long as you maintain the premiums

Group rates for this benefit are lower than if purchased individually

#### MORE ABOUT UNIVERSAL LIFE

Can be used as traditional life insurance to provide money to your loved ones after you pass away

Premiums never increase due to your age

Borrow from the policy amount in advance, if needed<sup>2</sup>

Build cash value with guaranteed 3% interest annually

### Benefit Amounts:

Employee – Up to \$150,000 not to exceed 5x salary

Spouse – \$25,000

Child Term Rider – \$20,000

### MORE ABOUT THE CHRONIC CONDITION RIDER AND EXTENSION OF BENEFIT RIDER<sup>3</sup>

Help cover unexpected costs, helping to reduce the physical, emotional, and financial burden associated with a chronic condition

Access 4% of the policy value each month for up to 50 months

Receive up to twice the policy's face amount, plus 25% as a paid-up policy

No restrictions on how you use the money

Please see plan documents located on the GPISD benefits hub for reference 1 2 3 This is a brief summary of TransElite® Universal Life Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy Form Series CPGUL300 and CCGUL300. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

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## Long-Term Disability – The Standard

Long-Term Disability Insurance provides income replacement benefits for you and your family in the unfortunate event you are unable to work due to injury or illness.

**Employee Benefit:** You may purchase a monthly benefit in \$100 increments, starting at a minimum of \$200, up to 66-2/3% of your monthly earnings rounded to the nearest \$100, but not to exceed a monthly maximum benefit of \$8,000. Please see your Plan Administrator for the definition of monthly earnings.

**Definition of Disability:** You are disabled when The Standard determines that: you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; you have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury; and during the elimination period, you are unable to perform any of the material and substantial duties of your regular occupation.

**Elimination Period:** The Elimination Period is the length of time of continuous disability, due to sickness or injury, which must be satisfied before you are eligible to receive benefits.

**You may choose an Elimination Period (injury days/sickness days) of 0/7, 14/14, 30/30, 60/60, 90/90, or 180/180 days.**

Elimination Period (Days)						
Injury (Days)	0*	14*	30*	60	90	180
Sickness (Days)	7*	14*	30*	60	90	180
MONTHLY INCREMENT OF \$100						
	3.90	3.50	2.96	1.92	1.66	1.24

**\*If because of your disability you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.**

**Pre-existing Condition Exclusion:** Benefits will not be paid for disabilities caused by, contributed to by, or resulting from a preexisting condition. You have a pre-existing condition if: you received medical treatment, consultation, care or services including diagnostic measures\*, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.

**Benefit Integration:** Your disability benefit will be reduced by deductible sources of income and any earnings you have while disabled.

\*Preexisting Exclusion will not apply for the first 90 days of disability. Waived for those previously enrolled.

## Employee Assistance Program – The Standard

# A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,<sup>1</sup> which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

## Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)<sup>2</sup> and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

### EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation and other legal documents



### Contact EAP

**888.293.6948**  
(TTY Services: 711)  
24 hours a day,  
seven days a week

[healthadvocate.com/standard3](http://healthadvocate.com/standard3)

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

## WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

## Online Resources

Visit [healthadvocate.com/standard3](http://healthadvocate.com/standard3) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.



## Finpath Financial Wellness Free Service



# Helping You Take Control of Your Money

Money management doesn't require a lot of money. It just involves a little extra planning.



### What is FinPath?

7 in 10 Americans report high levels of financial stress, but you shouldn't be part of that statistic. FinPath is a financial literacy program paid by your employer to help you take control of your money and help decrease your stress.

If you've ever felt like you're living paycheck to paycheck or like your dollar can go farther, we have just the tools to make a difference. FinPath can help you with topics like:

- Creating an emergency savings fund
- Managing and lowering your debt
- Improving your credit score
- Saving for big purchases like a home or a car
- Planning for retirement with savings plans
- Protecting your paycheck from insurance overcharges
- Exploring student loan forgiveness
- ...and more

### What You Get



#### FinPath University Courses

Participate in financial courses taught by professional investment advisors.



#### Wellness Score Tracker

Your personalized score helps you plan and track your improvement progress.



#### Budgeting Tools & Calculators

Ditch your old spreadsheet! Use FinPath to create budgets and track spending.



#### Unbiased & Confidential Personal Advice

Get access to a coach who will answer questions about managing your money.

**Ready to fight financial stress?**

Get started for free at [finpathwellness.com](https://finpathwellness.com) today!



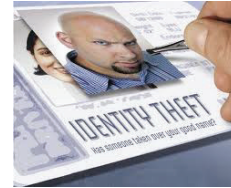
## SafetyNets Plus – National Benefit Plans

SafetyNets plus provides **5** Benefits

For You *and* Your Immediate Family  
All For **\$16.95 Per Month** + A Free Student  
Loan Analysis Powered by GotZoom



*Identity Fraud cost Americans a total of about \$56 Billion last year, with approximately 49 Million Consumers falling victim in 2020.<sup>1</sup>*



### Identity Fraud Protection:

- Studies show individuals who receive a data breach notification are over 4 times more likely to become victims of Identity Fraud
- Credit monitoring only shows changes to credit **AFTER** they are reported to the credit bureaus, and damage has been done
- **LifeLock Identity Alert® System with Privacy Monitor™ Tool** provides reduced public exposure of your personal information by using advanced technology to constantly monitor over a trillion data points.
- **LifeLock SSN & Credit Alerts** use proprietary technology scans millions of transactions\* every second for threats to your identity. If potential misuse of your information is found, they will alert\*\* you via text, phone or email.
- **LifeLock Alerts** for potential misuse on applications for many forms of retail credit cards, mortgage loans, tax refund anticipation loans and auto loans, as well as for other non-credit related transactions including wireless services, utilities and payday loans.
- **Lost Wallet Protection** helps you quickly cancel or replace credit/debit cards, license, Social Security card, insurance cards and more from a lost or stolen wallet, to help stop fraudulent charges before they can occur.
- **Black Market surveillance** LifeLock patrols over 10,000 criminal websites for the illegal selling or trading of your personal information and notifies you if they find your data.

<sup>1</sup> 2021 Identity Fraud Study, Javelin Strategy & Research

\* LifeLock does not monitor all transactions at all businesses.

\*\* Fastest alerts require member's current email address. Phone alerts made during normal business hours.

LifeLock membership Includes 3 adult memberships available to member, spouse, domestic partner, adult children elder parents, & membership for up to 5 dependent children under the age of 18.



### 24/7 Telemedicine:



- ✓ 24/7 access to a doctor is only a call or click away —anytime, anywhere with a **\$0 visit fee.**
- ✓ Talk to a doctor by phone, online video or mobile app
- ✓ Get a diagnosis, treatment options and prescription if medically necessary.
- ✓ Save time and money — simply use your phone, computer, smartphone or tablet to request a visit with a U.S. physician licensed in your state.
- ✓ Teladoc doctors respond on average within 10 minutes to treat non-emergency medical issues such as the following:

cold & flu symptoms  
sinus problems  
gastroenteritis  
pink eye

constipation  
allergies  
respiratory infection  
pharyngitis bronchitis

urinary tract infection  
diarrhea  
rash & other skin eruptions  
and many more....

#### Disclaimers:

© 2021 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse.

Disclosures: **This plan is NOT insurance.** This discount card program contains a 30-day cancellation period. This plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act.

## SafetyNets Plus – National Benefit Plans

### Legal Protection Plan:

Daily life is filled with exciting events like buying a home, to not so pleasant events like receiving a traffic ticket. When you need **legal help** to get through these events, the Family Protection Discount Legal Plan is there with **affordable, easy access** to a network of strictly credentialed experienced attorneys.

#### Four great ways to save:

1. No-Cost Services
2. Exclusive Flat Fee Services
3. LowHourly Plan Discount Rate Services
4. Discounted Contingency Fees

#### No-Cost services including :

Free Simple Will with free annual updates  
 Free Living Will substitution for Free Simple Will  
 One-on-one consultations for new legal matters  
 Unlimited phone consultations (for each new legal matter)  
 Phone calls made and letters written on your behalf  
 Attorney review of legal documents (6 page max per new matter)  
 Helpful advice on representing yourself in small claims court  
 Assistance in solving your problems with government programs

### Legal Access

Available to member, spouse or domestic partner, unmarried dependent children up to age 26. Also available to member and spouse's elder parents, step parents, adoptive parents and grandparents, even if not residing in member's household.

### Roadside Assistance:

- ❖ Service is available 24 hours a day, 365 days a year to assist members when owned or leased vehicles are disabled as a result of unavoidable circumstances.
- ❖ Members will only have to pay for any non-covered expenses or covered costs in excess of the 15 miles towing per occurrence maximum (up to \$80 retail value).
- ❖ Coverage is extended to the member, spouse, and dependent children up to 26 years of age permanently residing at registered address when driving any vehicles that they own (or lease for 12 months or longer).

Towing up to 15 miles  
 Battery jump start

Flat Tire changing to your spare  
 Lockout Assistance

Fluid Delivery -  
 gas, oil, water

Limit 1 service within 72 hours and maximum of 5 services per year.



### Reduce your Student Loan Debt by up to 80% without refinancing.

Educators and Public Service employees enjoy special status with the Department of Education (DOE). The Public Service Loan Forgiveness program (PSLF) helps make Educators among the highest loan forgiveness recipients.

- Gotzoom is the premier "White Glove" Financial Wellness company whose sole focus is on reducing the financial stress overtaking the workforce Please visit [www.safetynetsplus.com/gpsid](http://www.safetynetsplus.com/gpsid) and select the GotZoom benefit under the Products tab. Then simply follow the instructions.
- All administrative details are managed by GotZoom for the employee
- GotZoom monitors DOE programs and reviews the employee's status annually to find any additional debt reduction options.
- **Employee's loan analysis and Benefits Summary are free (no obligation)**
- Service fees apply only after the employee has reviewed and approved repayment/forgiveness programs
- Application Fee: \$407; Monthly Fee: \$32.95



**Participants can realize savings with both reduced monthly payments and shorter loan terms.**

We have helped participants save an average of **\$468** in monthly payments or **\$5,616** per year for up to ten years. A total savings of **\$56,160**.

**PLEASE NOTE: LifeLock account must be activated** direct with LifeLock **and Teladoc account must be registered** direct with Teladoc upon becoming effective. Instructions for both will be sent to your home address upon becoming effective, along with your SafetyNets plus ID cards.  
 All other benefits do not require activation and are ready to use upon becoming effective.

## Legal Updates Notices

### Model Language for Notice of Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26

The interim final regulations extending dependent coverage to age 26 provide transitional relief for a child whose coverage ended, or who was denied coverage (or was not eligible for coverage) under a group health plan or health insurance coverage because, under the terms of the plan or coverage, the availability of dependent coverage of children ended before the attainment of age 26. The regulation requires a plan or issuer to give such a child an opportunity to enroll that continues for at least 30 days (including written notice of the opportunity to enroll), regardless of whether the plan or coverage offers an open enrollment period and regardless of when any open enrollment period might otherwise occur. This enrollment opportunity (including the written notice) must be provided no later than the first day of the first plan year beginning on or after September 23, 2010. The notice may be included with other enrollment materials that a plan distributes, provided the statement is prominent. Enrollment must be effective as of the first day of the first plan year beginning on or after September 23, 2010.

The following model language can be used to satisfy the notice requirement:

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Grand Prairie ISD group health plans. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to September 1, 2019 beginning on or after September 23, 2010. For more information, contact your Payroll/Benefits Department.

### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial [877.KIDS.NOW](tel:877.KIDS.NOW) or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call [866.444.EBSA](tel:866.444.EBSA) (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your state for more information on eligibility.**

**ALABAMA – Medicaid**

<http://myalhipp.com>  
855.692.5447

**ALASKA – Medicaid**

The AK Health Insurance Premium Payment Program  
<http://myakhipp.com/> | 866.251.4861  
CustomerService@MyAKHIPP.com  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

**ARKANSAS – Medicaid**

<http://myarhipp.com>  
855.MyARHIPP (855.692.7447)

**CALIFORNIA – Medicaid**

Health Insurance Premium Payment (HIPP) Program  
<http://dhcs.ca.gov/hipp>  
916.445.8322 | Fax: 916.440.5676 | Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

**COLORADO – Medicaid and CHIP**

Health First Colorado (Colorado's Medicaid Program)  
<https://www.healthfirstcolorado.com>  
Member Contact Center: 800.221.3943 | State Relay 711  
Child Health Plan Plus (CHP+) <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>  
Customer Service: 800.359.1991 | State Relay 711  
Health Insurance Buy-In Program (HIBI) <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>  
HIBI Customer Service: 855.692.6442

**FLORIDA – Medicaid**

[www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html](http://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html)  
877.357.3268

**GEORGIA – Medicaid**

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
678.564.1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
678.564.1162, Press 2

**INDIANA – Medicaid**

Healthy Indiana Plan for low-income adults 19-64  
<http://www.in.gov/fssa/hip/> | 877.438.4479  
All other Medicaid  
<https://www.in.gov/medicaid/> | 800.457.4584

**IOWA – Medicaid and CHIP (Hawki)**

Medicaid: <https://dhs.iowa.gov/ime/members> | 800.338.8366  
Hawki: <http://dhs.iowa.gov/Hawki> | 800.257.8563  
HIPP: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp> | 888.346.9562

**KANSAS – Medicaid**

<https://www.kancare.ks.gov/>  
800.792.4884 | HIPP Phone: 800.766.9012

**KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
855.459.6328 | KIHIPP@KY.gov  
KCHIP: <https://kidshealth.ky.gov/Pages/index.aspx> | 877.524.4718  
Medicaid: <https://chfs.ky.gov>

**LOUISIANA – Medicaid**

[www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

**MAINE – Medicaid**

Enrollment: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
800.442.6003 | TTY: Maine relay 711  
Private Health Insurance Premium: <https://www.maine.gov/dhhs/ofi/applications-forms>  
800.977.6740 | TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

<https://www.mass.gov/masshealth/pa>  
800.862.4840 | TTY: 617.886.8102

**MINNESOTA – Medicaid**

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
800.657.3739

**MISSOURI – Medicaid**

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
573.751.2005

**MONTANA – Medicaid**

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
800.694.3084 | Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

**NEBRASKA – Medicaid**

<http://www.ACCESSNebraska.ne.gov>  
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

**NEVADA – Medicaid**

<http://dhcfp.nv.gov>  
800.992.0900

**NEW HAMPSHIRE – Medicaid**

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 5218

**NEW JERSEY – Medicaid and CHIP**

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>  
609.631.2392  
CHIP: <http://www.njfamilycare.org/index.html>  
800.701.0710

**NEW YORK – Medicaid**

[https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
800.541.2831

**NORTH CAROLINA – Medicaid**

<https://medicaid.ncdhhs.gov/>  
919.855.4100

**NORTH DAKOTA – Medicaid**

<http://www.nd.gov/dhs/services/medicalserv/medicaid>  
844.854.4825

**OKLAHOMA – Medicaid and CHIP**

<http://www.insureoklahoma.org>  
888.365.3742

**OREGON – Medicaid**

<http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
800.699.9075

**PENNSYLVANIA – Medicaid and CHIP**

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
800.692.7462  
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
CHIP Phone: 800.986.KIDS (5437)

<b>RHODE ISLAND – Medicaid and CHIP</b>
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
http://www.scdhhs.gov 888.549.0820
<b>SOUTH DAKOTA – Medicaid</b>
http://dss.sd.gov 888.828.0059
<b>TEXAS – Medicaid</b>
http://gethipptexas.com 800.440.0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
<b>VERMONT – Medicaid</b>
http://www.greenmountaincare.org Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access 800.250.8427
<b>VIRGINIA – Medicaid and CHIP</b>
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
<b>WASHINGTON – Medicaid</b>
https://www.hca.wa.gov/ 800.562.3022
<b>WEST VIRGINIA – Medicaid</b>
https://dhhr.wv.gov/bms/ or http://mywhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
<b>WISCONSIN – Medicaid and CHIP</b>
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
<b>WYOMING – Medicaid</b>
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

### **Womens' Health and Cancer Rights Act (WHCRA) Notice**

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 972.237.5511 for more information.

### **Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section/ However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **Important Notice from Grand Prairie ISD about your Prescription Drug Coverage and Individual Medicare Part D**

Grand Prairie ISD has determined that the prescription drug coverage offered by Grand Prairie ISD 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.

However, if you are enrolled under one of the HSA (Health Savings Account) plans your should strongly consider enrolling in an individual Medicare Part D plan, when you are first eligible. If you enroll later, you will face a significant Medicare Part D premium penalty. Prescription Drug coverage provided under the HSA plans are not considered to be creditable prescription coverage.

### **HIPPA Special Enrollment Rights**

Loss of other coverage—If you are declining or have declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends.

### **Health Insurance Portability and Accountability Act**

Grand Prairie ISD is in accordance with HIPPA, protects your Protected Health Information (PHI). Grand Prairie ISD discuss your PHI with medical providers and third-party administrators when necessary to administer the plan that provides your medical and dental benefits or as mandated by law.

### **Continuations Required by Federal Law for your and your Dependents (COBRA)**

Federal Law enables you or your dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your dependents(s) to continue health insurance if their coverage ceases due to your death, divorce, legal separation, or with respect to dependent children, failure to continue to qualify as a dependent. Continuation must be elected in accordance with the rules of your employer's group health plan(s) and is subject to federal law, regulations and interpretations.

### **HIPPA Privacy Notice Update**

HIPPA requires Grand Prairie ISD notify you that a Privacy Notice is available from the Human Resources Department.



### **Mental Health Parity and Addiction Equity Act (MHPAEA)**

The Mental Health Parity and Addiction Act of 2008 general requires group health plans and health insurance issuers to ensure that financial requirements (such as copays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

### **Genetic Information Nondiscrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

### **Women's Health and Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those establishes for other benefits under the plan.



## Contacts

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Payroll and Benefits department.

Benefit	Administrator	Phone	Website	Group Number
Medical	United Healthcare	844.471.6773	<a href="http://www.myuhc.com">www.myuhc.com</a>	932072
Hospital Indemnity	MetLife	800.438.6388	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	166568
Gap Insurance	Beazley	877.503.7064	<a href="http://www.beazleybenefits.com">www.beazleybenefits.com</a>	YD9002
Dental	Aetna	877.238.6200	<a href="http://www.aetna.com/docfind">www.aetna.com/docfind</a>	169568
Vision	Avesis	800.828.9341	<a href="http://www.avesis.com">www.avesis.com</a>	10771-1597
Basic Life and AD&D Voluntary Term Life / LTD	The Standard	855.757.4717	<a href="http://www.standard.com">www.standard.com</a>	165930
Employee Assistance Program (EAP)	The Standard	888.293.6948	<a href="http://www.standard.com">www.standard.com</a>	165930
Accident, Critical Illness	AFLAC	800.433.3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	27671
403(b)	Financial Pathway	833.777.6545	<a href="http://www.finpathwellness.com">www.finpathwellness.com</a>	NA
HSA	Livelyme	888.576.4837	<a href="http://www.Livelyme.com">www.Livelyme.com</a>	
FSA	NBS	800.274.0503	<a href="http://www.nbsbenefits.com">www.nbsbenefits.com</a>	
COBRA Administration	NBS	800.274.0503	<a href="http://www.nbsbenefits.com">www.nbsbenefits.com</a>	
Universal Life Insurance	Transamerica	888.763.7474	<a href="http://www.transamerica.com">www.transamerica.com</a>	G000046778
SafetyNets plus	SafetyNets plus	800.787.3988	<a href="http://www.safetynetsplus.com/gpisd">www.safetynetsplus.com/gpisd</a>	15111

Staff Member	Phone	Email
Twyla Peachy Myles, Benefits Coordinator	972.237.5513	<a href="mailto:Twyla.Peachy-Myles@gpisd.org">Twyla.Peachy-Myles@gpisd.org</a>
Vicki Dennis, Director of Payroll	972.237.5558	<a href="mailto:Vicki.Dennis@gpisd.org">Vicki.Dennis@gpisd.org</a>

This benefit summary prepared by



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