



**Employee Health Insurance
Information Packet**

March 1, 2007 – February 28, 2008

**Medical: United Healthcare
Website: www.uhc.com**

**Dental: Principal
Website: www.principal.com**



www.intonline.com
Customer Service: 866-745-5703

Employer –Provided Benefits:

- Group Medical – Employer contributes 100% of employee cost and 50% of dependent cost - **UHC**
- Group Dental – Employer contributes 100% of employee cost and 50% of dependent cost – **Principal**
- Group Term Life / Accident Death and Dismemberment – Employer pays 100% - **Principal**
- FSA – Employer contributes \$500, employee can contribute up to \$4500 with an annual max. of \$5000 and Daycare Expenses; \$5,000 limit per plan year - **Principal**

Voluntary Products:

- Section 125 - **Principal**
- Personal Accident - **Colonial**
- Personal Cancer Insurance - **Colonial**
- Critical Illness - **Colonial**
- Term Life - **Colonial**
- Short-term Disability - **Colonial**
- Hospital Confinement - **Colonial**

Section 125

As in the years past, the cost you pay for you and your dependents' medical coverage will be available as a pre-tax deduction from your pay check via an IRS Section 125 Cafeteria Plan. By choosing this option you can reduce your Federal income tax and Social Security taxes. The disadvantage to choosing this option is that it will reduce the amount the U.S. Government credit to your Social Security account.

Again, when you decide whether to accept or decline the pre-tax deduction of you and your dependents' medical insurance cost, your decision will bind you for one year. The IRS will not allow you to change unless you experience a qualifying event, such as a divorce, a marriage, an adoption, or a birth. Otherwise, you will not be able to change your decision until our next annual enrollment.

If you do not choose the pre-tax deduction for you and your dependents' medical insurance premium, you will have the option to change or drop you or your dependents' coverage at the end of any month. If you drop the coverage, however, you will not be able to add coverage for yourself or your dependent again until our next annual enrollment.

Medical, dental and any voluntary products offered can be pre-taxed.

Travis County ESD #2

is keeping their **Medical** coverage the same for the new plan year.

Carrier Name	March 1, 2007 UnitedHealthcare
Plan Name	AN-A / H9
IN NETWORK	
Up Front Benefit	No
Physician Copay	\$20
Preventive Care	\$20
ER Copay	\$100
Deductible	\$1,000
Family Deductible	\$3,000
Hospital	100% after deductible
Coinsurance	100%
Out of Pocket (includes Ded.)	\$1,000 Ind./\$3,000 Fam.
Rx Copay	\$10/\$30/\$50
OUT OF NETWORK	
Up front Benefit	No
Physician Copay	80% after deductible
Preventive Care	80% after deductible
ER Copay	\$100
Deductible	\$2,000
Family Deductible	\$6,000
Hospital	80% after deductible
Coinsurance	80%
Out of Pocket (includes Ded.)	\$5,000 Ind./\$10,000 Fam.
Lifetime Maximum	In/Out Network \$5 million

Rates for 2007	Monthly Rate	Employer Pays Monthly	Employee Pays Semi-Monthly
Employee only	\$265.40	\$265.40	\$0
Employee & Child(ren)	\$524.48	\$394.94	\$64.77
Employee & Spouse	\$610.89	\$438.15	\$86.38
Employee & Family	\$787.35	\$526.38	\$130.49

Travis County ESD #2

is not making any changes to **Dental** for new plan year.

Dental Plan	March 1, 2007 Principal
Percentile Paid	90 th
Preventive Services	100%
Basic Services	80%
Major Services	50%
Annual Deductible	\$25 Ind./\$75 Fam.
Orthodontics Lifetime Max	50% - child only \$1,500
Endodontics (Root Canal)	Covered as Basic
Periodontics (Gum Disease)	Covered as Basic
Annual Max.	\$2,000

Rates for 2007	Monthly Rate	Employer Pays Monthly	Employee Pays Semi-Monthly
Employee only	\$27.11	\$27.11	\$0
Employee & Child(ren)	\$70.74	\$48.93	\$10.91
Employee & Spouse	\$59.82	\$43.47	\$8.18
Employee & Family	\$114.35	\$70.73	\$21.81

Group Term Life / AD&D

Travis County ESD #2 recognizes the need to provide a compressive employee benefits program. In coordination with *Insurance Network of Texas and Principal*, we have design the following group term life plan.

Eligibility: All active full time employees working 35 hours or more per week, except any person working on a temporary or seasonal basis.

Contribution: Employer pays for eligible employees' coverage.

Benefits: Flat \$50,000.

Accelerated Benefit: Provides advance payment of 50% of the death benefit if the insured employee is terminally ill and is expected to result in death within 12 months.

Accident Benefit: An additional benefit of your coverage will be provided in the event your death is the result of an accident.

Age Reduction: Benefits will reduce to 65% at age 70, to 45% at age 75, and to 45% at age 80.

Flexible Spending Account (FSA)

Covered & Excluded Expenses

HEALTH CARE EXPENSES ELIGIBLE FOR REIMBURSEMENT Allowable health care expenses must be submitted under medical, vision, dental, and/or prescription drug coverage before they can be considered for reimbursement. Only the portion of the qualified expense that is not covered by any other coverage can be paid under a health care flexible spending account. Qualified expenses include:

Acupuncture	Legal abortions
Alcoholism and drug treatment	Legal fees (to authorize treatment for mental illness)
Ambulance costs	Mental nervous disorders
Artificial limbs and teeth	Nursing services
Birth control pills	Obesity (call for details)
Braille books and magazines (the added cost of having materials created in Braille)	Obstetrical expenses
Car controls for the handicapped	Operations, if medically necessary
Chiropractors and Chiropractic care	Organ transplants
Christian science practitioners	Orthodontic treatment (call for details)
Contact lens, solutions, cleaners and replacement coverage	Orthopedic shoes (call for details)
Copays	Over-the-counter drugs (to alleviate or treat illness or injuries)
Crutches	Oxygen
Deductibles	Periodontal fees
Dental fees, exams, and cleanings	Prescription drugs (drugs with Rx #)
Dental implants, Dentures and Bridges	Psychiatric care
Diagnostic tests	Psychoanalysis
Experimental medical treatment	Psychologist fees (see exclusions)
Eye examinations	Radial keratotomy
Eyeglasses, prescription sunglasses and reading glasses	Smoking cessation programs (includes nicotine gum or patches)
Guide dogs (purchase, training, and maintenance)	Telephone for the deaf
Hearing treatment including devices and batteries	Television with audio display for the hearing impaired (call for details)
Hospital services	Transportation for medical care
In vitro fertilization	Vaccinations
Inpatient therapy	Walkers
Insulin injections	Weight loss treatments and prescriptions (restrictions apply - call for details)
Laboratory fees	Wheelchairs
Lasik (laser) eye surgery	X-rays
Lamaze classes (for mothers only)	
Lead based paint removal	
Learning disabilities - tuition or fees for special schools (call for details)	

*And other items as may be allowed by the IRS under Section 213

Following is a partial list of health care expenses that are usually **not** covered under the health care spending account. Contact your Human Resources department or call 877-372-4730, prompt #2 for further details.

- Cosmetic surgery or procedures
- Dancing lessons (even if recommended by a doctor)
- Diaper services
- Domestic help fees (for non-medical services)
- Electrolysis
- Funeral expenses
- Health Insurance Premiums
- Homeopathic items
- Household help
- Illegal operations and treatments
- Liposuction
- Marriage counseling
- Maternity clothes
- Medical savings account deposits
- Over-the-counter drugs, products, or formulas for general health (vitamins, beauty aids, lotion, toothpaste)
- Personal use items
- Physical or massage therapy for general health
- Solutions for the care and maintenance of eyeglasses
- Supplements prescribed by alternative providers (i.e., Naturopath, Acupuncturist)
- Swimming lessons (even if recommended by a doctor)
- Teeth bleaching
- Union dues

HEALTH CARE EXPENSES: CLAIM FILING INSTRUCTIONS

1. The total annual election for eligible medical expenses (less any previous reimbursements paid) is available upon request.
2. Refer to the provisions in your Summary Plan Document for the minimum and maximum annual election amounts.
3. To be reimbursed, you must include the patient's name, date of service, name of service provider, description of the expense, and the amount of the claim (net of any amount that has been or is going to be paid by insurance or other sources).
4. IRS Section 125 regulations indicate that an expense is considered incurred at the time the service giving rise to the expense is provided, and not when you are formally billed for, charged for or pay for an expense. The expense must be incurred during the period you and your dependents are covered under this plan.
5. The documentation necessary to reimburse an OTC drug expense will be similar to that requested for all other types of health care FSA expenses. We will require an itemized receipt that includes the name of the provider, the name of the product purchased, the cost of the item, and the date it was purchased, (i.e., Walgreen's, 01/10/04: Tylenol-\$6.99, Vicks 44 - \$4.99, etc).

If a cash register receipt from the provider includes all the information listed above, it will be considered acceptable documentation. If the cash register receipt does not include all that information, and (for example) is missing the name of the provider, the date, or just lists OTC and an amount, rather than the actual name of the OTC drug, we will not be able to reimburse the participant for that OTC drug.

WE UNDERSTAND WHAT YOU'RE WORKING FOR™



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