

BROWNSVILLE ISD 2024 BENEFITS ENROLLMENT INFORMATION

Brownsville ISD

Vision Plan Benefits Effective January 1, 2024

Healthy eyes and clear vision are an important part of your overall health and quality of life. With the rising cost of eyewear, you can't afford not to be covered through a managed vision care plan. Providing BISS employees with flexibility and choice is our goal to help you maintain your health, healthy vision, and enrich your lives. We are continuing to offer the dual choice vision plans offered through Davis Vision by MetLife for the 2024 plan year. **This year's enrollment is a passive enrollment, meaning you only need to take action if you would like to make any changes to your coverage. If you are happy with your coverage elections, your benefits will roll forward automatically and no action is required for the vision plan.** You will continue to have the choice of selecting one of two plan offerings. Your vision plan helps you care for your eyes while saving you money by offering:

- **Paid-in-full eye examinations, eyeglasses and contacts!**
 - Davis Vision Exclusive Frame and Contact Lens Collections: Your plan includes a selection of designer, name-brand frames and popular contact lens brands that are completely covered-in-full.
- **One-year eyeglass breakage warranty included on plan eyewear at no additional cost!**
- **Convenient network locations**
 - A national network of credentialed preferred eye care professionals throughout the 50 states and Puerto Rico. You have access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners. And remember, you can use your in-network benefits to shop at *1-800-Contacts, Befitting.com, and Glasses.com.*

BENEFITS FOR 2024...

YOU WILL HAVE A CHOICE BETWEEN THE HIGH AND THE LOW PLAN

High Plan (2-Pair Benefit)	Low Plan
<ul style="list-style-type: none"> • Allows you to purchase both glasses AND contact lenses in the same year. • Increases your availability to buy FRAMES EVERY YEAR, instead of every other year. 	<ul style="list-style-type: none"> • Keeps the benefits exactly the same as the prior year. • You can continue to purchase FRAMES EVERY OTHER YEAR.
<ul style="list-style-type: none"> • Both plans will provide you with an additional benefit for Retinal Imaging for just a \$39 copayment. • Both plans will allow your benefits to refresh on January 1. You no longer have to wait until the exact date to obtain services from year to year. • Both plans keep your frame allowance at \$200. • Both plans keep your contact lens allowance at \$130. • Both plans cover the majority of lens options and upgrades in full. • Both plans provide you with opportunity to obtain FREE FRAMES and FREE CONTACTS through the Davis Vision Exclusive Collection. 	

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What are the premiums for the 2024 benefit year?

Premiums for both plans are outlined below. Please note that if you are a 9-month employee, your prorated monthly amount is also illustrated.

Employee rates	High plan (2-Pair Benefit)			Low plan		
	Per Check (24)	Monthly (9-Month)	Monthly (Regular)	Per Check (24)	Monthly (9-Month)	Monthly (Regular)
Employee	\$9.47	\$25.25	\$18.94	\$5.88	\$15.68	\$11.76
Employee plus One	\$17.88	\$47.66	\$35.75	\$11.10	\$29.58	\$22.19
Employee plus Family	\$26.20	\$69.85	\$52.39	\$16.26	\$43.36	\$32.52


All coverage changes will become effective on January 1, 2024, unless you are newly hired after that date. New hires will have their coverage start on the 1st of the month following the date we receive your enrollment.

How do I enroll?

- If you have existing Davis Vision coverage and you do NOT wish to make any changes, NO ACTION is needed on your part. Your coverage will renew as is.
- If you would like to change the plan in which you are enrolled, you MUST enroll using the designated portal, or complete an enrollment session with a designated enroller.

IMPORTANT: Open Enrollment runs from Monday, October 2 through Friday November 10, 2023

- **ON CAMPUS (October 2 – November 10):** Enrollment sessions* with a benefit enroller will be held according to the attached schedule.
- **SELF-ENROLL (October 2 - November 10):** To complete your enrollment online on your own, the website is <https://harmony.benselect.com/BrownsvilleISD>.



Step 1

Enter your full Social Security Number (no dashes)

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Step 2

Enter your Personal Identification Number (PIN)

(Last 4 digits of your SSN, followed by 2 Last digits of your Year of Birth)

Example (John Test with a SSN of 123-45-6789 and date of birth 02-27-1967)

Social Security Number: 123456789 = PIN: 678967

- **CALL CENTER (October 2 – November 10):** You will have access to the dedicated enrollment call center 8:30 AM-5:00PM. The phone number is 956-546-3663, extension 300.
- **BROKER'S OFFICE (November 2 – November 10):** You may also enroll at our broker's office, 9 AM to 5:30PM. The office is located at: National MGA Insurance Alliance, 405 W. Jefferson St., Brownsville, TX.
- Your enrollment must be completed in its entirety by completing the name and date of birth for each covered person. Also, remember to include the employee's social security number, mailing address, and preferred phone number. If enrolling via the portal, be sure to complete all fields and **click Submit/Finish** to ensure your elections are captured. It is recommended that you print and save a copy of your completed enrollment.
- You must complete your enrollment during this time if you would like to make any changes to your plan selection, or if you would like to add or remove a dependent. Changes will NOT be allowed during the year unless you have a qualifying life event as described in Section 125 of the IRS Tax Code.
- If you would like the premium deducted from your pay on a pre-tax basis, please select "**pre-tax**" when making your enrollment elections. Otherwise, select "**after-tax**". Please note that selecting "pre-tax" may lower your net cost but is subject to the terms of your employer's IRS Section 125 cafeteria plan. If you do not mark either option, we will assume your election is after-tax. For questions, contact your Section 125 cafeteria plan administrator.

For questions or assistance, please use the following contacts:

Enrollment Call Center: Dalia at 956-982-3998, extension 300

Benefits or Provider Questions: Davis Vision at 1-833-393-5433, or on the web at www.metlife.com/mybenefits

How to locate an in-network eye care professional

Visit metlife.com/mybenefits or call 1-833-393-5433 and enter "Brownsville Independent School District" as the Organization and click Next. Then scroll down to "Find a Davis Vision provider", enter your zip code and click "find".

BROWNSVILLE ISD 2024 BENEFITS ENROLLMENT INFORMATION

**Lower costs and more benefits!
Your savings add up:**

Services	Cash price without Davis Vision	Controlled costs with Davis Vision iDEALChoice Plans	
		High plan (2-Pair Benefit)	Low plan
Eye examination	\$103	\$10	\$10
Lenses			
Bifocals	\$116	\$20	\$20
Scratch-resistant coating	\$25	\$0	\$0
Transitions [®]	\$110	\$65	\$65
Frame	\$160	\$0	\$0
Total cost	\$514	\$95	\$95
Annual premium (employee only, monthly schedule)		\$227.28	\$141.12
Total savings		\$322.28	\$236.12

Employee rates	High plan (2-pair benefit)			Low plan		
	Per Check (24)	Monthly (9-Month)	Monthly (Regular)	Per Check (24)	Monthly (9-Month)	Monthly (Regular)
Employee	\$9.47	\$25.25	\$18.94	\$5.88	\$15.68	\$11.76
Employee plus One	\$17.88	\$47.66	\$35.75	\$11.10	\$29.58	\$22.19
Employee plus Family	\$26.20	\$69.85	\$52.39	\$16.26	\$43.36	\$32.52

2024 Enrollment will be completed with a designated enroller or via the enrollment call center.

For more details about the plan, just log on to our member website at metlife.com/mybenefits or call **1-833-393-5433**

iDEALChoice Plan coverage and cost comparison

In-network benefits		High plan (2-pair benefit)	Low plan
Frequency	Eye examination	Once every January 1	Once every January 1
	Contact lens evaluation and fitting	Once every January 1	Once every January 1
	Frame	Once EVERY January 1: 1 set of glasses AND 1 set of contacts EVERY YEAR *	Once EVERY OTHER January 1 INSTEAD OF CONTACT LENSES
	Spectacle lenses	Once every January 1	Once every January 1
	Contact lenses	Once EVERY January 1 1 set of glasses AND 1 set of contacts EVERY YEAR *	Once every January 1 INSTEAD OF EYEGLASSES
Copay	Eye examination	\$10	\$10
	Retinal imaging – additional scanning service to detect eye disease	\$39	\$39
	Contact lens evaluation, fitting, and follow-up care	\$20	\$20
	Spectacle lenses	\$20	\$20

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Frames	In-network benefits	High plan (2-pair benefit)	Low plan
Spectacle lenses*	Davis Vision's Exclusive Frame Collection ² (in lieu of allowance)		
	Fashion frame	\$0	\$0
	Designer frame	\$0	\$0
	Premier frame	\$25	\$25
	Or use your Retail Frame Allowance	\$200	\$200
	Single vision, lined bifocal, lined trifocal, lenticular, oversize	\$20	\$20
	Gradient tint	\$0	\$0
	Solid tint	\$0	\$0
	Standard Scratch-resistant coating**	\$0	\$0
	Polycarbonate lenses (adults and children)	\$0	\$0
	Ultraviolet (UV) coating	\$0	\$0
	Standard anti-reflective (AR) coating	\$0	\$0
	Premium anti-reflective (AR) coating	\$0	\$0
	Ultra anti-reflective (AR) coating**	\$0	\$0
	Standard progressive lenses	\$0	\$0
	Premium progressive lenses	\$0	\$0
	Ultra progressive lenses**	\$0	\$0
	High-index lenses 1.67 only**	\$55	\$55
	Polarized lenses	\$0	\$0
	Photochromic lenses (i.e., Transitions®, etc.) ³	\$65	\$65
Scratch protection plan (single vision multifocal)	\$20 \$40	\$20 \$40	
Contacts	Contact lens evaluation and fitting		
	- Davis Vision Collection contact lenses ²	Covered-in-full	Covered-in-full
	- Non-Collection contact lenses	\$60 allowance plus 15% discount ¹	\$60 allowance plus 15% discount ¹
	Non-collection contact lenses	\$130 allowance plus 15% off balance ¹	\$130 allowance plus 15% off balance ¹
	Davis Vision's Contact Lens Collection ²	\$0 (up to 4 boxes)	\$0 (up to 4 boxes)
Visually required (with prior approval)	\$0 after \$20 copay	\$0 after \$20 copay	
Out-of-network reimbursement schedule			
Up to amounts	Eye examination	Up to \$45	Up to \$45
	Frames	Up to \$50	Up to \$50
	Spectacle lenses (single vision bifocal trifocal lenticular)	Up to \$40 \$60 \$80 \$90	Up to \$40 \$60 \$80 \$90
	Contact lenses (elective visually required)	Up to \$120 Up to \$225	Up to \$120 Up to \$225

* When using the 2-pair benefit, the plan provides for the purchase ONLY of a pair of glasses and a set of contact lenses in the same benefit year. The plan **does NOT** allow for the purchase of 2 sets of glasses or 2 sets of contact lenses (i.e., no doubling).

* This list may not be all-inclusive.

** Ultimate-level products are excluded.

1. At Walmart, Costco, or Sam's Club locations, members will receive the full allowances toward Walmart's/Sam's Club everyday low prices. Additional discounts not applicable. Additional discounts not applicable for online retailers. 2. Collection is available at most participating independent eye care professional offices. Collection is subject to change. All contact lenses in collection are single vision spherical lenses. 3. Transitions® is a registered trademark of Transitions Optical Inc.

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Frequently Asked Questions (FAQs)

If I have current coverage and do not wish to make any changes, do I need to re-enroll or do anything else?

If you already have Davis Vision coverage and you DO NOT wish to make any changes, NO ACTION is needed on your part. Your coverage will renew as is.

If I have current coverage and want to cancel or make changes, what do I need to do and when would these changes take effect?

If you would like to enroll in a new plan, make changes to a current plan, add or delete dependents, or cancel your current coverage, you MUST enroll using the designated portal, the call center, or complete an enrollment session with a designated enroller. All changes are effective for the period of January 1 through December 31, 2024.

How can I find out what coverage I have now?

You can access your current vision benefits by logging on to www.metlife.com/mybenefits. You may also contact our Member Service Center 7 days a week by calling 1-833-393-5433 for automated service 24 hours a day, 7 days a week. Live representatives are available seven days a week: Monday-Friday, 7 a.m. -10 p.m.; Saturday, 8 a.m. - 3 p.m.; and Sunday, 11 a.m. - 3 p.m. (Central Time). TTY services are available by calling 1.800.523.2847.

What are the highlights for the 2024 plan year?

For the 2024 plan year, BISD will continue to offer **2 plans** to choose from to meet your vision care needs:

- **The High Plan** allows you to purchase both glasses AND contact lenses in the same year, and you can purchase materials every year.
- **The Low Plan** allows you to choose between either glasses OR contact lenses during the benefit year.
- BOTH Plans will provide you with an additional benefit for Retinal Imaging for just a \$39 copayment.
- BOTH Plans will allow your benefits to refresh on January 1. You no longer have to wait until the exact date to obtain services from year to year.

What is the RETINAL IMAGING benefit?

Retinal imaging is a digital image taken of the retina, blood vessels, and optic nerve located at the back of your eyes. These images can assist in the early detection and management of certain eye diseases, including glaucoma, macular degeneration, diabetes, and hypertension. We have negotiated a set price of \$39 for this service with in-network participating providers.

What is the difference between using the FRAME ALLOWANCE or purchasing a DAVIS VISION EXCLUSIVE COLLECTION FRAME?

The Davis Vision Exclusive Collection is a compact, rotating fixture of 222 fashion-forward, trendy frames available to Davis Vision members for little or no out-of-pocket expense. Consisting of three levels of frames – Designer, Fashion, and Premier – the Exclusive Collection offers different price points of frames for you to select. The Exclusive Collection provides members an expanded selection of frames that are valued up to \$195. In addition to providing you with a low out-of-pocket cost option, all frames within the Exclusive Collection come with a free one-year breakage warranty. The Davis Vision Exclusive Collection of frames is available at participating independent eye care professionals' offices (OD's and MD's).

Or if you prefer, you can use your \$200 frame allowance toward any frame from your provider's inventory and at retail locations. Your plan gives you control with flexibility and choice.

What is the difference between using the CONTACT LENS ALLOWANCE and the DAVIS VISION COLLECTION CONTACTS?

In the same way that you have a choice of selecting a frame from the Davis Vision Exclusive Collection, you can also purchase your contacts through the Davis Vision Collection of contact lenses. Providers that carry our Exclusive Collection of frames can order your contact lenses directly from Davis Vision. When contacts are supplied through our Collection, you pay only your \$20 copayment, and you will receive up to 4 boxes of contact lenses that are fully

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covered, including the contact lens fitting. Or, if you prefer to use your allowance of \$130, you can select any contact lenses from the providers' supply, including retail locations. Participating providers will provide a 15% discount for amounts that exceed the \$130 allowance.

How does the **ACCIDENTAL BREAKAGE WARRANTY** and **SCRATCH PROTECTION PLAN** work?

All Davis Vision Exclusive Collection frames and spectacle lenses made in our laboratories* are warranted against breakage for one (1) year from the original date of dispensing. The warranty is limited to one replacement during the one (1) year coverage period.

*** Important:** The terminology “**Our Laboratories**” refers to glasses that your independent provider office sends to a Davis Vision/Essilor contracted laboratory for manufacturing and includes only lenses and frames from the Davis Vision Exclusive Collection and provider-supplied frames produced in a contracted laboratory. The warranty does NOT include purchases from other locations such as Walmart and Costco.

Note: If a member changes frames within the 30-day material change period, this counts as a replacement, and the new frames will not be covered by the breakage warranty. The prescription and frames (when available) must match the original order.

All lenses except CR39 (plastic standard lens) include scratch coating. We will replace all lenses except CR39 within (1) year from the original dispense date if they become scratched under normal usage (i.e., if the scratch coating is defective, not scratches from wear and tear). This warranty covers only 1 replacement for scratched lenses.

Members can purchase an optional Scratch Protection Plan at the time of their purchase. All spectacle (eyeglass lenses) lenses are under a 1-year warranty if the Scratch Protection program is purchased by the member. Multiple replacements are allowed for scratched lenses. We will replace, within one (1) year from the original dispensing date, spectacle lenses that have become scratched under normal usage, only if the Scratch Protection warranty option was selected at the time of purchase. This policy applies to all lens types and materials at the time of service.

For a period of one (1) year from the original date of dispensing, all lenses that have had an anti-reflective coating (ARC) applied and which are peeling or crazing, will be replaced with new AR coated or uncoated lenses (member choice) of the same material, style and prescription, at no charge. This ARC replacement policy does not cover scratches.

If a patient requests a change to a dispensed item, for a period of thirty (30) calendar days from the original date of dispensing, the patient may return any pair of Davis Vision Exclusive Collection frames and/or lenses to the eye care professional for changes.

How does my plan work in Mexico?

Services obtained in Mexico are subject to the out-of-network level of benefits as described in your benefits summary. The member is responsible for paying for their eye care at the time of service and submitting itemized bills and the Direct Reimbursement Claim Form to Davis Vision. The claim form can be found on our website at www.metlife.com/mybenefits. Upon receipt of the claim, the charges will be converted at the currency exchange rate in effect on the date of processing of the claim. Reimbursements are made directly to the employee via check or direct deposit.

If I have current coverage, will I be getting a new ID CARD?

If you are keeping your current benefits and not making any changes, you will not receive a new ID card. You can continue to use the card that was previously issued to you. If you are changing benefits between the High Plan (2-pair benefit) and the Low Plan, you will receive a new ID card within 10 business days following the processing of your enrollment election. You can also view your ID card on our member website at www.metlife.com/mybenefits, and on our mobile app. Our friendly Member Service Representatives can also order cards upon request.

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When is the deadline to enroll or make changes?

Open Enrollment runs from **Monday October 2 through Friday November 10, 2023**. All enrollment changes must be made during this Open Enrollment window. Once the Open Enrollment period ends, you will not be able to make changes to your coverage until the next Open Enrollment period for the 2025 plan year unless you have a life qualifying event as required under IRS Section 125 Cafeteria Plan rules.

For NEW EMPLOYEES, when would new coverage begin?

Full-time new hires that work 32 or more hours per week are eligible for benefits on their date of hire. If your hire date commences during the Open Enrollment period, your information will be sent to Davis Vision as part of the Open Enrollment process, and you will receive your ID card in conjunction with your coverage start date.

Can the cost of coverage be deducted from my check on a PRE-TAX basis under my employer's IRS Section 125 Cafeteria Plan? If so, what do I need to do?

If you would like the premium deducted from your pay on a pre-tax basis, please select "**pre-tax**" when making your enrollment elections. Otherwise, select "**after-tax**". Please note that selecting "pre-tax" may lower your net cost but is subject to the terms of your employer's IRS Section 125 cafeteria plan. If you do not mark either option, we will assume your election is after-tax. For questions, contact your Section 125 cafeteria plan administrator.



2023 VISION PLAN ENROLLMENT SCHEDULE



Monday, October 2, 2023	Tuesday, October 3, 2023	Wednesday, October 4, 2023	Thursday, October 5, 2023	Friday, October 6, 2023
<p>8:00 AM - 12:00 PM / 12:30 PM - 5:00 PM LOPEZ ECHS (188)</p> <p>RIVERA ECHS (212)</p>	<p>8:00 AM - 12:00 PM / 12:30 PM - 5:00 PM LOPEZ ECHS (188)</p> <p>RIVERA ECHS (212)</p>	<p>7:00 AM - 12:30 PM BESTEIRO MS (71)</p> <p>LUCIO MS (78)</p> <p>1:15 PM - 5:00 PM PERKINS MS (73)</p> <p>GARZA ES (33)</p>	<p>7:30 AM - 12:30 PM GONZALEZ ES (70)</p> <p>AIKEN ES (60)</p> <p>1:15 PM - 5:00 PM SOUTHMOST ES (43)</p> <p>1:00 PM - 4:00 PM BAC (42)</p>	<p>7:00 AM - 12:00 PM CANALES (72)</p> <p>CASTANEDA (58)</p> <p>12:45 PM - 4:15 PM CROMACK (53)</p> <p>DEL CASTILLO (36)</p>
Monday, October 9, 2023	Tuesday, October 10, 2023	Wednesday, October 11, 2023	Thursday, October 12, 2023	Friday, October 13, 2023
<p style="text-align: center;">COLUMBUS DAY (HOLIDAY)</p>	<p>7:30 AM - 11:30 AM / 12:15 PM - 5:00 PM PULLAM ES (84)</p> <p>7:30 AM - 12:30 PM ORTIZ ES (61)</p> <p>PENA ES (50)</p> <p>1:15 PM - 5:00 PM YTURRIA ES (60)</p> <p>KELLER ES (56)</p>	<p>7:30 AM - 12:00 PM VILLANUEVA ES (45)</p> <p>SKINNER ES (43)</p> <p>12:45 PM - 5:00 PM SHARP ES (48)</p> <p>PUTEGNAT ES (52)</p>	<p>7:30 AM - 10:30 AM AQUATIC CENTER (14)</p> <p>11:00 AM - 1:30 PM MEDIA SERVICE (15)</p> <p>2:15 PM - 5:00 PM INSTRUCTIONAL TECHNOLOGY (13)</p> <p>7:30 AM - 5:00 PM GRANTS SPECIAL SERVICES (141)</p> <p>POLICE & SECURITY (145)</p>	<p>7:15 AM - 10:30 AM BROWNSVILLE ECHS (25)</p> <p>10:45 AM - 12:45 PM BLA MS (9)</p> <p>1:30 PM - 5:00 PM BLA HS (21)</p>
Monday, October 16, 2023	Tuesday, October 17, 2023	Wednesday, October 18, 2023	Thursday, October 19, 2023	Friday, October 20, 2023
<p>8:00 AM - 12:00 PM / 12:30 PM - 5:00 PM HANNA ECHS (221)</p> <p>PORTER ECHS (189)</p>	<p>8:00 AM - 12:00 PM / 12:30 PM - 5:00 PM HANNA ECHS (221)</p> <p>PORTER ECHS (189)</p>	<p>7:00 AM - 11:00 AM / 11:45AM - 4:00 PM FAULK MS (97)</p> <p>GARCIA MS (90)</p> <p>OLIVERIA MS (90)</p>	<p>7:30 AM - 11:30 AM / 12:15 PM - 5:00 PM CHAMPION ES (78)</p> <p>BREEDEN ES (70)</p> <p>7:30 AM - 12:15 PM BEN BRITE ES (56)</p> <p>1:00 PM - 5:00 PM PALM GROVE ES (35)</p>	<p>7:30 AM - 5:00 PM BENAVIDES ES (83)</p> <p>7:30 AM - 12:15 PM EGLY ES (62)</p> <p>1:00 PM - 5:00 PM PEREZ ES (68)</p>
Monday, October 23, 2023	Tuesday, October 24, 2023	Wednesday, October 25, 2023	Thursday, October 26, 2023	Friday, October 27, 2023
<p>8:00 AM - 12:00 PM / 12:30 PM - 5:00 PM PACE ECHS (189)</p> <p>VETERANS ECHS (205)</p>	<p>8:00 AM - 12:00 PM / 12:30 PM - 5:00 PM PACE ECHS (189)</p> <p>VETERANS ECHS (205)</p>	<p>7:00 AM - 11:00 AM / 11:45AM - 4:00 PM STILLMAN MS (100)</p> <p>MANZANO MS (89)</p> <p>STELL MS (85)</p>	<p>7:30 AM - 12:15 PM RUSSELL ES (58)</p> <p>MARTIN ES (54)</p> <p>1:00 PM - 5:00 PM GARDEN PARK ES (48)</p> <p>VERMILLION ES (69)</p>	<p>7:30 AM - 12:15 PM MORNINGSIDE ES (50)</p> <p>GALLEGOS ES (52)</p> <p>1:00 PM - 5:00 PM LINCOLN PARK (20)</p> <p>EL JARDIN (37)</p>
Monday, October 30, 2023	Tuesday, October 31, 2023	Wednesday, November 1, 2023	Thursday, November 2, 2023	Friday, November 3, 2023
<p>7:00 AM - 11:00 AM / 11:45AM - 4:00 PM VELA MS (73)</p> <p>BURNS ES (70)</p>	<p>6:30 AM - 10:30 AM / 11:15 AM - 4:00 PM Maintenance (167)</p> <p>6:30 AM - 12:00 PM Facilities Records (57)</p> <p>12:45 PM - 4:00 PM Management Warehouse (26)</p> <p>7:30 AM - 11:30 AM / 12:15 PM - 5:00 PM TRANSPORTATION (232)</p>	<p>6:30 AM - 10:30 AM / 11:15 AM - 4:00 PM Maintenance (167)</p> <p>7:30 AM - 11:30 AM / 12:15 PM - 5:00 PM TRANSPORTATION (232)</p>	<p>9:00 AM - 5:30 PM National MGA Insurance Alliance Office 405 W. Jefferson St.</p>	<p>9:00 AM - 5:30 PM National MGA Insurance Alliance Office 405 W. Jefferson St.</p>
Monday, November 6, 2023	Tuesday, November 7, 2023	Wednesday, November 8, 2023	Thursday, November 9, 2023	Friday, November 10, 2023
<p>7:30 AM - 12:00 PM / 12:45 PM - 6:00 PM CAB (Palm Blvd) / Athletics / Wellness</p> <p>Main Building (Price) / FNS / CAREER&TECH</p> <p>9:00 AM - 5:30 PM National MGA Insurance Alliance Office 405 W. Jefferson St.</p>	<p>7:30 AM - 12:00 PM / 12:45 PM - 6:00 PM CAB (Palm Blvd) / Athletics / Wellness</p> <p>Main Building (Price) / FNS / CAREER&TECH</p> <p>9:00 AM - 5:30 PM National MGA Insurance Alliance Office 405 W. Jefferson St.</p>	<p>7:30 AM - 11:30 AM / 12:15 PM - 5:00 PM PAREDES ES (80)</p> <p>HUDSON ES (74)</p> <p>9:00 AM - 5:30 PM National MGA Insurance Alliance Office 405 W. Jefferson St.</p>	<p>7:30 AM - 12:00 PM / 12:45 PM - 6:00 PM CAB (Palm Blvd) / Athletics / Wellness</p> <p>Main Building (Price) / FNS / CAREER&TECH</p> <p>9:00 AM - 5:30 PM National MGA Insurance Alliance Office 405 W. Jefferson St.</p>	<p>7:30 AM - 12:00 PM / 12:45 PM - 6:00 PM CAB (Palm Blvd) / Athletics / Wellness</p> <p>Main Building (Price) / FNS / CAREER&TECH</p> <p>9:00 AM - 5:30 PM National MGA Insurance Alliance Office 405 W. Jefferson St.</p>

For enrollment questions, please call National MGA Insurance Alliance at 982-3998.



BROWNSVILLE ISD Enrollment/Change Form

Please print and complete all sections.

EMPLOYER INFORMATION

Employer Name **Brownsville Independent School District – XD4** Effective Date: _____

EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Employee)	First Name	M.I.	Date of Birth
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Social Security #	Home Street Address	City/State/Zip	Home Phone ()
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FAMILY INFORMATION (Only those eligible may be enrolled.)

A: Add (enroll) T: Terminate C: Change (change of name)

<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name	M.I.	Date of Birth
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<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
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<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
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<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
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<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
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<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
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PLEASE INDICATE DESIRED COVERAGE AND S125 CAFETERIA PLAN PREFERENCE

(Indicate with an "X")

LOW Plan _____ Employee Only: \$11.76 _____ Employee + One: \$22.19 _____ Employee + Family: \$32.52

2-PAIR Plan _____ Employee Only: \$18.94 _____ Employee + One: \$35.75 _____ Employee + Family: \$52.39

Pre-tax _____ After-tax _____ (Indicate with an "X")

I hereby authorize and direct my employer, BISD, to deduct the premium for this voluntary insurance policy from my pay on either a pre-tax or after-tax basis, as indicated below. I understand my salary deduction may vary from the amount indicated above due to the number of pay periods I have for the year and/or my pay frequency. I further authorize automatic adjustments in my salary deduction in the event that the cost of the coverage increases in the future. I also understand that this coverage will not take effect until the policy has been issued by DAVIS VISION and that any deductions made from my pay on a pre-tax basis cannot be cancelled or changed during my employer's section 125 cafeteria plan year, unless the revocation and new election are on account of and consistent with a change in status, or as otherwise allowed under IRS regulations.

Employee Signature: _____ Date: _____

Instructions

Family Information: List only eligible family members who are enrolling. Dependent eligibility is the same as employer's health plan.

(A) Add: To add individual to coverage.

(T) Terminate: To terminate enrollment.

(C) Change: A change of name, employee address or employee phone.

FOR INTERNAL USE ONLY:

EFFECTIVE DATE: _____

COBRA DATE: _____

CLIENT CODE: Low 2194, High 2016