FAQ'S
Updated 3/17/14

1. In the "what's missing" category of employee benefits, I wondered about TRS or 403B contributions. Did I hear that the new TRS rules passed last year require districts to make a small contribution to TRS accounts? ***District's that do not participate in Social Security will be required to pay a 1.5% fee to TRS for TRS eligible employees. These funds do not go into employees accounts and will cost the District over $5 million annually.*** What would be the estimated expense to the district of putting .5 or 1% in employee accounts? ***It will cost the district between $1.8 and $3.6 million annually.***

2. As you mentioned, several years ago employees were given an account with small contributions tied to attendance. My only concern about that is I have been told that the little bit of money in my account is untouchable. I can't have it, transfer it, add to it, etc. Is there any way to address that? It just sits, which seems odd. ***At the implementation of the Employee Incentive Program (EIP), the criteria for distribution of EIP funds occurred for the following reasons: Separation/Termination, Retirement, Permanent and Total Disability or Death.***

3. Do different medical plan carriers have different negotiated rates with doctors and pharmacies? For example, the Cigna rate I pay to my sons' pediatrician is about $80 for a standard visit. If we changed carriers, would that rate possibly go up or down? Or are there "industry norms" for negotiated rates? ***Negotiated rates are determined between the carriers and individual doctors. Not all doctors have the same negotiated rates.***

4. Does having more employees on the plan lower our cost in any way? I've wondered if that's why large corporations like Exxon seem to have such affordable benefits - they have tens of thousands of employees. ***The demographics of the group and claims spend is what drives the cost of the plan, not necessarily the size of the group. As an example TRS Active Care has approximately 477,000 employees and dependents (1,127 school districts) but is not delivering a better value.***

5. I know lots of folks asked about what other districts have. Would there be any benefit in looking at corporations in addition to just other districts? Sometimes I think even the district view is too limited - compared to many local companies, our benefits are actually quite good. ***There really wouldn't be a benefit in looking at the benefits corporations offer. What drives the cost and helps determine the level of benefit that the district can offer is based on our demographics and claims spend. With regards to premium cost, how an employer or the district is able to subsidize the premiums is what determines the employee's portion of the premium.***

6. Why can't our FSA money automatically be sent or deposited when claims are processed? It is so much work to get them reimbursed. ***Fort Bend ISD offers a debit card for its FSA plan; therefore, the auto-claim forwarding or direct deposit features are not an option.***

7. Why is the first money our HRA which can carry over each year? Why can't our FSA cards be used at doc offices? If you want HRA used first, then why can't they be activated once the HRA is used up***?*** ***IRS guidelines indicate that HRA/FSA order of reimbursement is established by the client. Cigna's recommendation for clients who elect not to cover all IRS Section 213(d) expenses under their HRA, is to have the HRA process first and the FSA process second. This way, FSA dollars can be used to cover expenses that aren't covered under the medical plans, such as vision or dental expenses. If FSA processes second, employees have an option to auto forward any remaining customer obligation to their FSA. Any remaining customer responsibility is sent to the FSA.***

8. There should be a discount for 2 married FBISD employees (and family). ***When we look at cost we are looking at a per employee, per month rate. Unfortunately having a married couple on the plan would not cost the plan less; therefore, we are unable to pass any reductions on to a husband/wife that both work for the district.***

9. Out of pocket expenses are too high. ***While we would like to have lower out of pocket costs reducing this would only cause the cost of the plan to have to be increased. As the plan pays out more in benefits this will work against us in that the cost to the plan increases. We will always keep the out of pocket costs in mind when evaluating our benefits each year.***

10. There should be a cheaper option for 1 child not just children of family. ***This is difficult because there really isn't a good way to determine where you draw the line. For example those with two children would like the coverage to be cheaper for them than those with 5 children. The way the rates are derived in the market is based on child or children, and then child(ren) and spouse who make up the family rate.***

11. From a teacher….If the district cares about wellness as a whole… our mental health benefits are lacking. Prescriptions, office visits, etc. for things such as clinical depression, anxiety, and bipolar are almost too expensive to even consider for some. Mental health professionals require that you go to the office once a month or even twice a month just to receive your medication. ***Mental Health & Substance Abuse are treated as any other illness under Fort Bend ISD's medical plans. Mental health, behavioral health and substance abuse visits are covered with either a copay, with coinsurance or copay and coinsurance, depending on the plan you are enrolled in, with no visit limit. We are looking at the cost to add an Employee Assistance Program which could include 5 to 7 visits at no cost to the employee.***

12. Do we have a cancer policy? If we do, it isn't advertised. ***Cancer policies are available through AFLAC***