

EMPLOYEE

BENEFITS

PLAYBOOK



THREE RIVERS ISD

2022 OPEN ENROLLMENT

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ABOUT THIS BENEFITS GUIDE

This benefits guide describes the highlights of Three Rivers ISD's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this benefits guide. If there is any discrepancy between the description of the program elements as contained in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific and important legal and benefit-related documents by each of the respective carriers in the benefits website at ThreeRiversISD.fbmcbenefits.com.

You should be aware that any and all elements of Three Rivers ISD's benefits programs may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Three Rivers ISD.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see **page 17** for more details.

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Welcome



Three Rivers ISD offers a comprehensive, cost-effective and competitive benefits package. This package helps protect you and your family, but it works only if you take control and make thoughtful decisions about your benefits. To get the most from your benefits, you need to make wise enrollment decisions.

Three Rivers ISD gives you several tools, including this summary and the online enrollment website to help you in this decision-making.

NOTE: This is an outline of benefits and eligibility only. If there is a conflict between the terms of the outline of benefits and the insurance company's contract, the terms of the contract will prevail.

All newly eligible employees will have 31 days from date of employment (start date) to enroll in benefits. All benefits will be effective the first day of the month following the employment start date.

Changes made to all insurance plans during annual Open Enrollment are deducted from the first payroll check in September, and coverage is effective **Sept. 1, 2022**.

KEY THINGS TO KNOW

ACTIVE ENROLLMENT

Coverage will **NOT** automatically roll to the new benefit year, so employees need to enroll with an enroller or complete self enrollment through the Employee Navigator portal for the **2022 - 2023** plan year.



PLAN DOCUMENTS

To view provider plan documents, visit: ThreeRiversISD.fbmcbenefits.com

WHAT'S NEW & WHAT'S CHANGING

Please note that the following benefits have changed providers.

1. TRS ActiveCare Medical rates have decreased.
2. National Benefit Services has replaced TASC as the Flexible Spending Account administrator.
3. NEW - Health Savings Account benefit administered by National Benefit Services.



Enrollment



provided by: BCBSTX

Medical



ENROLLMENT

Once enrolled, coverage will begin on the first of the month following your hire date except for medical.

NOTE: If you select to enroll in medical coverage to be effective on your date of hire, then you are acknowledging that your monthly premium will be deducted in full.

This benefit will not be prorated based on the effective date. Example: If a new employee begins work in August with the first pay date being in September, there will be two deductions for the full medical premiums on your September pay check for August and September.

Carefully consider your benefit choices, since certain eligibility and qualifying event rules may apply to any changes you would like to make during the plan year.

(See the **Section 125 plan document** available for review from your employer for more information.)

Please be sure to check your first paycheck stub following your effective date to verify your insurance coverage. Report any discrepancies to the benefits department immediately.

ELIGIBILITY

All **full/part-time** employees, who work **17.5** or more hours a week are eligible for all benefit offerings through the District.

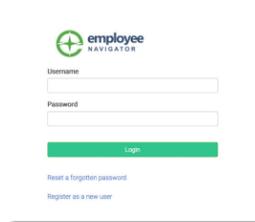
HOW TO ENROLL



1 ASSISTED ENROLLMENT WITH A BENEFITS COUNSELOR

Schedule an appointment with a benefits counselor by scanning the QR code or using the link below: FBMC-Scheduler.com/ThreeRivers-OE

2 SELF-ENROLL WITH EMPLOYEE NAVIGATOR



Utilize the Employee Navigator Portal to update your elections and/or your beneficiaries.

Use the link below to access the [Portal Registration Instructions](#)
Company ID: **TRISD**

You can make elections for benefits at www.employeenavigator.com. To prepare for enrollment, you will want to have the following items available to you when enrolling online:

- Social security numbers and birth dates for your eligible family members.
- Expense records for medical, dental, and vision care so you can plan your benefit choices.
- Information about other benefit coverages or insurances you may have, such as the coverage details for your spouse's plans.
- Beneficiary designation information, so you can properly identify your beneficiaries for your life insurance coverage.



While no one can predict the future, you can prepare for it. Your medical benefits provide you with access to people, resources, and tools to help you when you aren't feeling your best.

Three Rivers ISD offers **3** choices for health insurance. The plans have different levels of copays, deductibles, and out-of-pocket maximums. To make an informed decision, please continue reading for brief descriptions of your coverage options.

The medical program, administered by **BCBSTX (TRS ActiveCare)**, provides the framework for your health and well-being. To better meet the varying needs of our employees, **Three Rivers ISD** offers the medical plans described as follows.

KEY TERMS

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

IMPORTANT

Please remember that any premiums paid on a pretax basis are "locked in". Your benefit elections cannot be changed mid-plan year unless you have a qualifying life event. Some examples of this would include:

- Marriage or Divorce
- Birth or Adoption
- Death of a Dependent
- A Change in Residence that Affects Coverage
- Loss or Gain of Spouse's Employment
- CHIPRA (Children's Health Insurance Program Reauthorization Act)

MEDICAL PREMIUMS

Monthly	TRS-ACTIVECARE PLANS			
	PRIMARY	PRIMARY+	HD	AC2
Employee	\$176.00	\$279.00	\$189.00	\$788.00
Employee + Spouse	\$905.00	\$1006.00	\$938.00	\$2177.00
Employee + Child(ren)	\$496.00	\$585.00	\$517.00	\$1282.00
Employee + Family	\$1128.00	\$1323.00	\$1166.00	\$2616.00

Medical Plan Comparison



	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+
Plan Summary	<ul style="list-style-type: none"> Lowest premium of all three plans Copays for doctor visits before you meet your deductible Statewide network Primary Care Provider (PCP) referrals required to see specialists Not compatible with a Health Savings Account (HSA) No out-of-network coverage 	<ul style="list-style-type: none"> Lower deductible than the HD and Primary plans Copays for many services and drugs Higher premium Statewide network PCP referrals required to see specialists Not compatible with a Health Savings Account (HSA) No out-of-network coverage

PLAN FEATURES (Individual / Family)

Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Deductible	\$2,500/\$5,000	\$1,200/\$3,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible
Max Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800
Network	Statewide Network	Statewide Network
Primary Care Provider (PCP) Required	Yes	Yes

DOCTOR VISITS

Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

IMMEDIATE CARE

Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 20% after deductible
TRS Virtual Health-RediMD™	\$0 per consultation	\$0 per consultation
TRS Virtual Health-Teledoc®	\$12 per consultation	\$12 per consultation

PRESCRIPTION DRUGS (30 / 90-DAY SUPPLY)

Drug Deductible	Integrated with medical	\$200 brand deductible
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 for certain generics	\$15/\$45 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply, \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Medical Plan Comparison

	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2
Plan Summary	<ul style="list-style-type: none"> Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care 	<ul style="list-style-type: none"> NOTE: Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many drugs and services Nationwide network with out-of-network coverage No requirement for PCPs or referrals

PLAN FEATURES (Individual / Family)

Type of Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$3,000/\$6,000	\$5,500/\$11,000	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
Max Out-of-Pocket	\$7,050/\$14,100	\$20,250/\$40,500	\$7,900/\$15,800	\$23,700/\$47,400
Network	Nationwide Network		Nationwide Network	
Primary Care Provider (PCP) Required	No		No	

DOCTOR VISITS

Primary Care	You pay 30% after deductible	You pay 50% after deductible	\$30 copay	You pay 40% after deductible
Specialist	You pay 30% after deductible	You pay 50% after deductible	\$70 copay	You pay 40% after deductible

IMMEDIATE CARE

Urgent Care	You pay 30% after deductible	You pay 50% after deductible	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible		You pay a \$250 copay plus 20% after deductible	
TRS Virtual Health-RediMD™	\$30 per consultation		\$0 per consultation	
TRS Virtual Health-Teledoc®	\$42 per consultation		\$12 per consultation	

PRESCRIPTION DRUGS (30 / 90-DAY SUPPLY)

Drug Deductible	Integrated with medical	\$200 brand deductible
Generics (30-Day Supply/90-Day Supply)	You pay 20% after deductible; \$0 for certain generics	\$20/\$45 copay
Preferred Brand	You pay 25% after deductible	You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
Specialty	You pay 20% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
Insulin Out-of-Pocket Costs	You pay 25% after deductible	\$25 copay for 31-day supply; \$75 for 61-90 day supply



provided by: CleverRx

Prescription Benefits

www.cleverrx.com/trisd

NEVER OVERPAY FOR PRESCRIPTIONS AGAIN NOW THAT'S CLEVER.



Download your Clever RX card or Clever RX App to unlock exclusive savings.



Present your Clever RX App or Clever RX card to your pharmacist.



FREE to use. Save up to 80% off prescription drugs and beat copay prices.



STEP 1:

Download the FREE Clever RX App. From your App Store search for "Clever RX" and hit download. Make sure you enter in Group ID 1217 and in Member ID 10011 during the on-boarding process. This will unlock exclusive savings for you and your family!



STEP 2:

Find where you can save on your medication. Using your zip code, when you search for your medication Clever RX checks which pharmacies near you offer the lowest price. Savings can be up to 80% compared to what you're currently paying.



STEP 3:

Click the voucher with the lowest price, closest location, and/or at your preferred pharmacy. Click "share" to text yourself the voucher for easy access when you are ready to use it. Show the voucher on your screen to the pharmacist when you pick up your medication.



STEP 4:

Share the Clever RX App. Click "Share" on the bottom of the Clever RX App to send your friends, family, and anyone else you want to help receive instant discounts on their prescription medication. Over 70% of people can benefit from a prescription savings card.

NOW THAT IS NOT ONLY CLEVER, IT IS CLEVER RX.

DID YOU KNOW?

70%

Over 70% of people can benefit from a prescription savings card due to high deductible health plans, high copays, and being underinsured or uninsured.

30%

Over 30% of prescriptions never get filled due to high costs.

40%

40% of the top ten most prescribed drugs have increased in cost by over 100%

70%

Clever RX prices are lower than competitor prices 70% of the time.

CLEVER RX PRESCRIPTION SAVINGS CARD

SAVE UP TO 80% on prescription drugs at virtually all U.S. pharmacies!

BIN: 610378
PCN: SC1
Group: 1217
Member ID: 10011

For even greater savings, download the app for FREE!
Download on the App Store | Get it on Google Play

Pharmacist Help Line: 800-974-3135
Customer Help Line: 800-873-1195

This card valid exclusively at CVS, Target, Longs Drugs, Walmart, Kroger, Fry's, Harris Teeter, Walgreens, and Duane Reade. For thousands more pharmacies, download the Clever RX App.

THIS CARD IS NOT INSURANCE



provided by: Lincoln

Dental



Good dental care is critical to your overall well-being. With Lincoln Dental insurance, you can get the attention your teeth need — at a cost you can afford.

Lincoln Dental allows you to see any dentist you choose. To get the most from your benefits and reduce out-of-pocket costs, choose an in-network provider by utilizing our large national network. These providers have agreed to file your claims and uphold the highest quality standards. You can find in-network providers at LincolnFinancial.com/FindaDentist.

TYPES OF SERVICES

- **Class A** - Routine Exams, X-Rays, Cleanings, Fluoride Treatments for children up to age 16, etc.
- **Class B** - Space maintainers, simple restorative services, simple extractions, fillings, injections, etc.
- **Class C** - oral surgery(extractions and impacted teeth), repair crown, denture or bridge, surgical periodontics (gum treatments), crowns, bridges, dentures, inlays and onlays, etc.
- **Class D** - Orthodontic treatments (dependent children ONLY)

NOTE: The list above is an incomplete description of benefits. For full details, please review the relevant plan documents.

Monthly

DENTAL PLAN PREMIUMS

Employee	\$31.72
EE + Spouse	\$73.61
EE + Child(ren)	\$74.22
EE + Family	\$119.17

DENTAL BENEFITS SUMMARY

DEDUCTIBLES (per Benefit Year)

Individual*	\$50.00
Family*	\$150.00

PLAN CO-INSURANCE (In & Out-of-Network)

Class A - Preventive	100%
Class B - Basic	80%
Class C - Major	50%
Class D - Orthodontics	50% (Adults NOT Covered)

MAXIMUM BENEFIT

Class A, B, & C (per Calendar Year)	\$1,500
Class D (while covered by plan)	\$1,500

*Waived for Class A (applies to Class B and C Services)

Terms of the Prior Carrier Credit Provision May Apply, see provider documents for full details.



Your vision health is an important part of complete wellness. Vision benefits are designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health. This plan encourages yearly exams along with the frames and lenses you want.

VISION BENEFITS SUMMARY		
	IN-NETWORK	OUT-OF-NETWORK
EXAM	Covered in full	Up to \$35 retail
FRAMES	\$150 retail allowance	Up to \$70 retail
LENSES (STANDARD) PER PAIR		
Single Vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ¹	Up to \$45 retail
Lenticular	Covered in full	Up to \$80 retail
Tints	Covered in full	Up to \$15 retail
Polycarbonate	Covered in full	Up to \$20 retail
Scratch resistant coating	Covered in full	Up to \$25 retail
CONTACT LENSES²	\$175 retail allowance	Up to \$80 retail
Medically Necessary	Covered in full	Up to \$150 retail
LASIK VISION CORRECTION	\$200 allowance	

¹ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay
² Contact lenses are in lieu of eyeglasses and frames

Monthly	VISION PLAN PREMIUMS
Employee	\$9.13
EE + Spouse	\$15.75
EE + Child(ren)	\$16.83
EE + Family	\$25.18
CO-PAYS	
Exam	\$10.00
Materials	\$25.00
FREQUENCIES (Based on Date of Service)	
Exam	12 Months
Frame	12 Months
Lenses	12 Months
Contact Lenses*	12 Months

* Contact lenses are in lieu of eyeglasses and frames

FLEXIBLE SAVINGS ACCOUNT



AT-A-GLANCE

The FSA Plan Year:

- Sep. 1, 2022 - Aug. 31, 2023

Max Annual Contribution:

- HCFSAs: **\$2,850**
- DCFSAs: **\$5,000**

Carryover Provision:

- HCFSAs: **\$570**

A **Flexible Spending Account (FSA)** lets you pay for eligible expenses with tax-free money. You contribute to an FSA with pre-tax money from your paycheck each pay period. This, in turn, may help lower your taxable income. There are several types of FSAs:

- **Healthcare FSA** - Helps pay for qualifying medical expenses not covered by insurance (co-pays, deductibles, prescription costs, etc.)
- **Dependent Care FSA** - Helps pay for eligible care expenses for eligible dependents such as your children, spouse and/or relative.

HEALTH SAVINGS ACCOUNT NEW BENEFIT



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IRS Max Annual Contribution:

- Employee: **\$3,650**
- EE + Spouse: **\$7,300**
- EE + Family: **\$7,300**
- Catch-up: **\$1,000**
 (Contributions for Individuals age 55+)

A **Health Savings Account** (also known as an HSA) is a tax-advantaged bank account you can open when you are enrolled in a qualified HDHP. The HSA provides a way to save for current and future health care expenses - with tax advantages along the way. HSAs are commonly referred to as a triple-tax-advantaged account, meaning:

- Your individual contributions to an HSA can be tax-free, up to an annual maximum set by the IRS
- Earnings on contribution (through interest and investments) can be tax-free
- You can use the money in your HSA, tax-free, for eligible health care expenses, prescription costs, etc.)
- Your HSA is owned by and goes with you if you become unemployed, change jobs, or retire you can:
 - You can leave the money in your current account
 - You can transfer the money to another HSA
 - However, if you make an early withdrawal - or use your HSA for non-eligible expenses - the money may be subject to penalty or taxes.



provided by: Lincoln

Life/AD&D Insurance



provided by: Standard

Educator Disability Insurance

BASIC LIFE/AD&D INSURANCE

EMPLOYER PAID



ADDITIONAL FEATURES:

- **Death Benefit Extension** - your life insurance will continue if you become totally disabled.
- **"Living" Benefit Option** - an advanced partial payment of your Life Insurance to you that is available once during your lifetime.
- **Conversion Privilege** - if you or your covered dependent terminates the policy, you may purchase an individual policy without evidence of insurability

LIFEKEYS AND TRAVELCONNECT

- Included with our Basic Life/AD&D
- **LifeKeys** provides services such as Will Preparation Services, Identity Theft Resources and Legal Support. It also offers assistance to help your loved ones during difficult periods with unlimited phone contact with grief counselors, memorial planning assistance, child and elder care referrals, etc.
- **TravelConnect** provides assistance for employees and their immediate family focusing on travel, medical and safely related services. Services include destination information (weather and travel) emergency travel arrangements, lost or stolen travel document assistance, language translation, emergency evacuation, medical and dental referrals, etc.

Protecting your family's future is no doubt one of your highest priorities. One way to help achieve this goal is through life insurance. **Three Rivers ISD** provides you with a valuable Basic Life/AD&D insurance plan at no cost to you.

REDUCTIONS DUE TO AGE OR RETIREMENT

- At age 70, Life and AD&D Insurance benefits will reduce to 50% of the original amount.

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Basic Life/AD&D Insurance Benefit:
• \$20,000

VOLUNTARY LIFE/AD&D INSURANCE

In addition to your Basic Life/AD&D Insurance, you have the opportunity to purchase additional life insurance protection. This benefit is designed to help provide financial security for you and your family. This coverage is an employee-paid benefit.

REDUCTIONS DUE TO AGE OR RETIREMENT

- At age 65, benefits reduce by 65% of the original amount; and at age 70, benefits reduce by 50%.
- If the employee first enrolls for Voluntary Life and AD&D Insurance at age 70 or older, the above age reductions will apply to:
 - Any Guarantee Issue Amount available without evidence of insurability; and
 - The maximum amount of insurance for which he or she is eligible.

GUARANTEED ISSUE & EVIDENCE OF INSURABILITY

- **Guaranteed Issue** - The amount of coverage you can purchase without having to provide Evidence of Insurability
- **Evidence of Insurability (EOI)** - A record of a person's past and current health events used to determine a person's overall health.

	COVERAGE AMOUNTS		
	EE	SPOUSE	CHILD
Guaranteed Issue	\$150,000	\$50,000	\$10,000
Increments	\$10,000	\$5,000	\$10,000
Minimum	\$10,000	\$5,000	\$10,000
Maximum	\$500,000 - OR- 5 x Annual Income	\$250,000	\$10,000

NOTE: One Policy will covers all dependent Children until their 26th birthday.



You always have bills to pay, even when you can't get to work due to injury, illness, or surgery. **The Standard's Disability Insurance** is designed to help you make ends meet during difficult times and protect your income should you become disabled as a result of a covered accident or illness.

A LOT RIDES ON YOUR PAYCHECK

Most of us take our health and ability to work for granted. You know how much you'd be missed at school, but consider how a temporary loss of income would affect your family's financial security. If a disability kept you from earning an income, how would you pay your mortgage, your car payment and other expenses? That's why Disability Insurance is so important.

	BENEFIT DETAILS
Coverage Amounts	\$300 - \$8,000
Increments	\$100
Minimum	25% of your Max benefit
Maximum	66.67% of your Predisability income
Max Benefit Period	Depends on when you become disabled (See LTD Certificate & Amendments for full details)
Other Features	<ul style="list-style-type: none"> • First Day Hospital Benefit - If you are hospitalized on the first date of disability for at least 4 hours, charged room & board, and have elected waiting period Options 1 or 2, benefits are payable on the 1st day of hospitalization.

THE AFFORDABLE SOLUTION

The Standard's Disability insurance is offered to you at a competitive group rate, with the ease and convenience of payroll deductions. Best of all, you choose the benefit amount that suits the needs of your family and you do not have to answer any health questions or have a medical exam when you apply for coverage.

BENEFIT COSTS & WAITING PERIODS

The **Benefit Waiting Period** is the period of time that you must be continuously disabled before benefits become payable. To the below is a list of the available waiting periods and their cost per \$100 of benefit.

DISABILITY INSURANCE PREMIUMS		
Monthly	COST OF LTD* (per \$100 Benefit)	WAITING PERIOD
Option 1	\$3.84	0/7 days*
Option 2	\$3.38	14/14 days
Option 3	\$2.87	30/30 days
Option 4	\$1.86	60/60 days
Option 5	\$1.61	90/90 days
Option 6	\$1.18	180/180 days

* 0 days for Accidental Injury / 7 days for Physical Disease, Pregnancy, or Mental Disorder.

NOTE: Options 3, 4, 5, & 6 are **NOT** eligible for the *First Day Hospital Benefit*.

Other Benefits



ACCIDENT INSURANCE provided by: Standard

You do everything you can to keep your family safe, but accidents do happen. Take comfort knowing you have help to manage the medical costs associated with accidental injuries that occur both on- and off-the-job. **Accident Insurance** provides additional coverage to help cover medical expenses and living costs when you get hurt. All funds from the policy are paid directly to you to use however you see fit.

Monthly	ACCIDENT INSURANCE PREMIUMS
Employee	\$14.30
EE + Spouse	\$22.41
EE + Child(ren)	\$27.05
EE + Family	\$42.27

CRITICAL ILLNESS COVERAGE provided by: Allstate

Critical Illness Coverage protects you and your family in the event of a serious illness or other medical condition with portable coverage. Payments are made directly to the employee and can be applied to claims, household bills, or other expenses as needed.

BENEFIT DETAILS	
Coverage Amounts Available	\$10,000, \$20,000, & \$30,000
Annual Wellness Benefit	\$50 per insured/year
Other Features	Guarantee Issue with Pre-Existing Condition Limitation, Fully Portable, No Lifetime Max, and Waiver of Premium

HOSPITAL INDEMNITY provided by: Transamerica

Hospital Indemnity Coverage can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children and are paid directly to you to use for whatever you need.

BENEFIT DETAILS	LOW	HIGH
	1 st day Stay Benefit (1 per Year)	\$750
Hospital Admission (Max: 1 per Year)	\$1,000	
Daily Hospital Confinement (Max: 31 Days)	\$100/Day	
ICU Confinement (Max: 30 Days)	\$100/Day	
Wellness Benefit (Max: 1 per Year)	\$50	

Monthly	LOW	HIGH
Employee	\$17.18	\$24.27
EE + Spouse	\$36.59	\$52.18
EE + Child Only	\$28.82	\$39.45
EE + Family	\$44.04	\$61.75

CANCER INSURANCE provided by: Transamerica

While treatments have greatly improved, the cost of treating cancer poses an enormous financial strain on those diagnosed and their families. **Cancer Insurance** helps fill the financial gaps when benefits stop being paid, or expenses are not covered under a basic health insurance policy. All funds from the policy are paid directly to you to use however you see fit.

Annual Cancer Screening \$50 per Insured/Yr.

CANCER INSURANCE PREMIUMS

Monthly	LOW	HIGH
Employee	\$16.12	\$25.82
EE + Children	\$18.26	\$28.93
EE + Family	\$29.12	\$46.03

MEDICAL TRANSPORT provided by: MASA Global

Most people assume that their health insurance will cover most, if not all, the costs for these transports. Usually, the opposite is true, leaving you with financial responsibilities. **Medical Transport** coverage pays these costs so you don't have to.

MEDICAL TRANSPORT PREMIUMS

Monthly	EMERGENT +	PLATINUM
Employee	\$14.00	\$39.00
EE + Family	\$14.00	\$39.00

LEGAL PROTECTION PLAN provided by: Legal Club

No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. When they do, it's reassuring to know that help and support are close at hand. That's where the **Legal Club's Family Protection Plan** has you covered!

Monthly	LEGAL PROTECTION PREMIUMS
Family Protection Plan*	\$16.00
Family Protection Plus with Credit Monitoring*	\$20.00

* Identity Theft included

AT-A-GLANCE

Allows you to access a variety of services including:

- Select Free & Discounted Legal Services
- Online Legal Forms
- Advice regarding Tax Preparation, IRS letters/audits & tax implications of every day financial matters
- Privacy Plus Software
- Identity, Bank Takeover, & Social Media monitoring
- Lost Credit Card/Document Recovery Services

PERMANENT LIFE INSURANCE provided by: Chubb Life

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses. Cash benefits can also be paid directly to you while you are living for long term care expenses.

- Lifelong protection with premiums beginning as low as \$3 per week.
- Guaranteed life insurance premium and death benefits last a lifetime.
- Your coverage is portable & cannot be canceled as long as premiums are paid as due.
- Family Coverage - Coverage is available for your spouse, children and dependent grandchildren.



provided by: Lincoln

EMPLOYER PAID

Employee Assistance Program



Important Notices



You have hopes, dreams and goals for your future. So, when you encounter bumps along the road, you'll be glad to know the EmployeeConnectSM program is on your side. Whether it's a helping hand during tough times or a bit of professional guidance, we're here for you with the support you need to keep moving forward.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills, and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

IN-PERSON GUIDANCE

Some matters are best resolved by meeting with a professional in person. With EmployeeConnect, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings

UNLIMITED 24/7 ASSISTANCE

You & your family can access the following services any time — online, on the mobile app, or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more
- Legal information and referrals for family law, estate planning, and consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

AT-A-GLANCE

With EmployeeConnect, help is available 24/7 for you and your dependents at no additional cost to you for things like:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress

ONLINE RESOURCES

EmployeeConnect offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNowSM mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets, and more

IMPORTANT NOTICE FROM THREE RIVERS ISD ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **BCBSTX (TRS ActiveCare)** about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- **BCBSTX (TRS ActiveCare)** has determined that the prescription drug coverage offered by **BCBSTX (TRS ActiveCare)** 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.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **BCBSTX (TRS ActiveCare)** coverage will be affected. You can keep this coverage if you elect to join a Medicare drug plan, and your **BCBSTX (TRS ActiveCare)** health plan will coordinate your benefits with Medicare for drug coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

*If you do decide to join a Medicare drug plan and drop your current **BCBSTX (TRS ActiveCare)** coverage, be aware that you and your dependents will not be able to get this coverage back.*

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **BCBSTX (TRS ActiveCare)** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through **BCBSTX (TRS ActiveCare)** changes. You also may request a copy of this notice at any time.

For More Information about Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call: **1-800-MEDICARE (1-800-633-4227)**
TTY users should call: **1-877-486-2048**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Last Updated: **July 1, 2022**

Name of Entity: **Three Rivers ISD**

Contact: **Angelia Anderson**
Address: **351 South School Road, Three Rivers, TX 78071**
Phone: **(361) 786-3603; Ext: 103**

COBRA Q&A/CONTINUATION COVERAGE RIGHTS

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage plus a 2% administrative fee.

Important Notices



If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child".

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator (NBS) of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's loss of eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Human Resources Director, including the appropriate paperwork (divorce decree; legal separation document, etc.) to support your claim if applicable.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage.

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage.

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions:

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes:

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

National Benefits Services

8523 S. Redwood Rd.
West Jordan, UT 84088

(801) 532-4000

www.nbsbenefits.com

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

If you or your spouse have had or are going to have a mastectomy, you/she may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA).

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 covered 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.

If you would like more information on WHCRA benefits, call the customer service number on the back of your medical ID card.

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 insurers 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).

HIPAA SPECIAL ENROLLMENT NOTICE

Federal If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll

yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

As a result of the COVID-19 national emergency, the DOL, IRS, and HHS have extended both 30- and 60-day special enrollment periods. The extension is accomplished by requiring group health plans and health insurers to disregard the COVID-19 outbreak period when counting the 30- or 60-day enrollment. The COVID-19 outbreak period started March 1, 2020, and generally will end 60 days after the end of the COVID-19 national emergency.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Three Rivers ISD

Contact: **Angelia Anderson**

Address: **351 South School Road, Three Rivers, TX 78071**

Phone: **(361) 786-3603**; Ext: **103**

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 healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Florida, 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 1-877-KIDS NOW or 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 askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in Florida, you may be eligible for assistance paying your employer health plan premiums. If you reside outside of Florida, view the entire CHIP Model Notice online at: <https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.doc>

Contact your state for more information on eligibility.

TEXAS – MEDICAID

Website: <https://hhs.texas.gov/services/health/medicaid-chip>
Phone: 800-335-8957

To locate the list of states, current as of January 31, 2022, or to view states that have recently added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. DEPARTMENT OF LABOR
Employee Benefits Security Administration

1-866-444-EBSA (3272)
dol.gov/agencies/ebsa

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

1-877-267-2323, Menu Option 4, Ext. 61565
dcms.hhs.gov



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Three Rivers ISD c/o: Benefits Dept. 351 South School Rd. Three Rivers, TX 78071 (361) 786-3603

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Three Rivers Independent School District		4. Employer Identification Number (EIN) 74-6002404	
5. Employer address 351 South School Rd		6. Employer phone number 361-786-3603	
7. City Three Rivers	8. State TX	9. ZIP code 78071	
10. Who can we contact about employee health coverage at this job? Angelia Anderson			
11. Phone number (if different from above) 361-786-3603 Ext. 103		12. Email address aanderson@trisd.org	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Teachers, administrative personnel, substitutes, bus drivers, librarians, crossing guards, cafeteria workers, among others, are all eligible for coverage, provided no exception applies, if they are employees of the district/entity, not volunteers, and are either active contributing TRS members or are employed by a participating district/entity for 10 or more regularly scheduled hours each week. Substitutes and return-to-work retirees are always considered part-time regardless of the number of hours worked. However, in order to be eligible for TRS-ActiveCare benefits they must have a minimum of 10 or more regularly scheduled hours per week.

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

- A spouse, including a common law spouse (A common law spouse is not considered eligible unless there is a Declaration of Informal Marriage filed with an authorized government agency.)
- A child under 26, who is one of the following:
 - A natural child
 - An adopted child or a child who is lawfully placed for legal adoption
 - A stepchild
 - A foster child
- A child under the legal guardianship of the employee
- A grandchild under 26 whose primary residence is the household of the employee and who is a dependent of the employee for federal income tax purposes for the reporting year in which coverage of the grandchild is in effect.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



THREE RIVERS ISD

351 South School Rd.
Three Rivers, TX 78071
(361) 786-3603
[ThreeRiversISD.fbmcbenefits.com](https://www.threeriversisd.fbmcbenefits.com)

FBMC SERVICE CENTER

(877) 532-8473

MEDICAL (TRS ACTIVECARE)

▶ BCBSTX

GRP #'s:

- Primary: **385003**
- Primary+: **385001**
- HD: **385000**
- AC2: **385002**

(866) 355-5999

[BCBSTX.com/TRSActiveCare](https://www.bcbstx.com/TRSActiveCare)

ACCIDENT/DISABILITY INSURANCE

▶ The Standard

GRP#: **752376**

(800) 368-1135

[Standard.com](https://www.standard.com)

HOSPITAL INDEMNITY/CANCER

▶ Transamerica

GRP#: **G000047064**

(888) 763-7474

[TransamericaEmployeeBenefits.com](https://www.transamericaemployeebenefits.com)

CRITICAL ILLNESS

▶ Allstate

GRP#: **56513**

(800) 255-7828

[Allstate.com](https://www.allstate.com)

VISION

▶ Superior Vision

GRP#: **03772501**

(800) 507-3800

[SuperiorVision.com](https://www.superiorvision.com)

FSA / HSA / COBRA

▶ National Benefit Services

GRP#: **NBS606306**

(800) 274-0503

[NBSBenefits.com](https://www.nbsbenefits.com)

DENTAL / LIFE / AD&D

▶ Lincoln Financial Group

GRP #'s:

- Dental: **00001D037958**
- Life/AD&D: **000010245295**

(800) 423-2765

[LFG.com](https://www.lfg.com)

PERMANENT LIFE

▶ Chubb Life

(800) 252-4670

[Chubb.com](https://www.chubb.com)

MEDICAL TRANSPORTATION

▶ MASA Global

GRP#: **MKTRISD**

Phone #'s

- Global Emergency: **(800) 643-9023**
- Customer Service: **(800) 423-3226**

[MASAGlobal.com](https://www.masaglobal.com)

LEGAL PROTECTION PLAN

▶ Legal Club

GRP#: **THREE RIVERS ISD**

(800) 305-6816

[LegalClub.com](https://www.legalclub.com)

EMPLOYEE ASSISTANCE PROGRAM

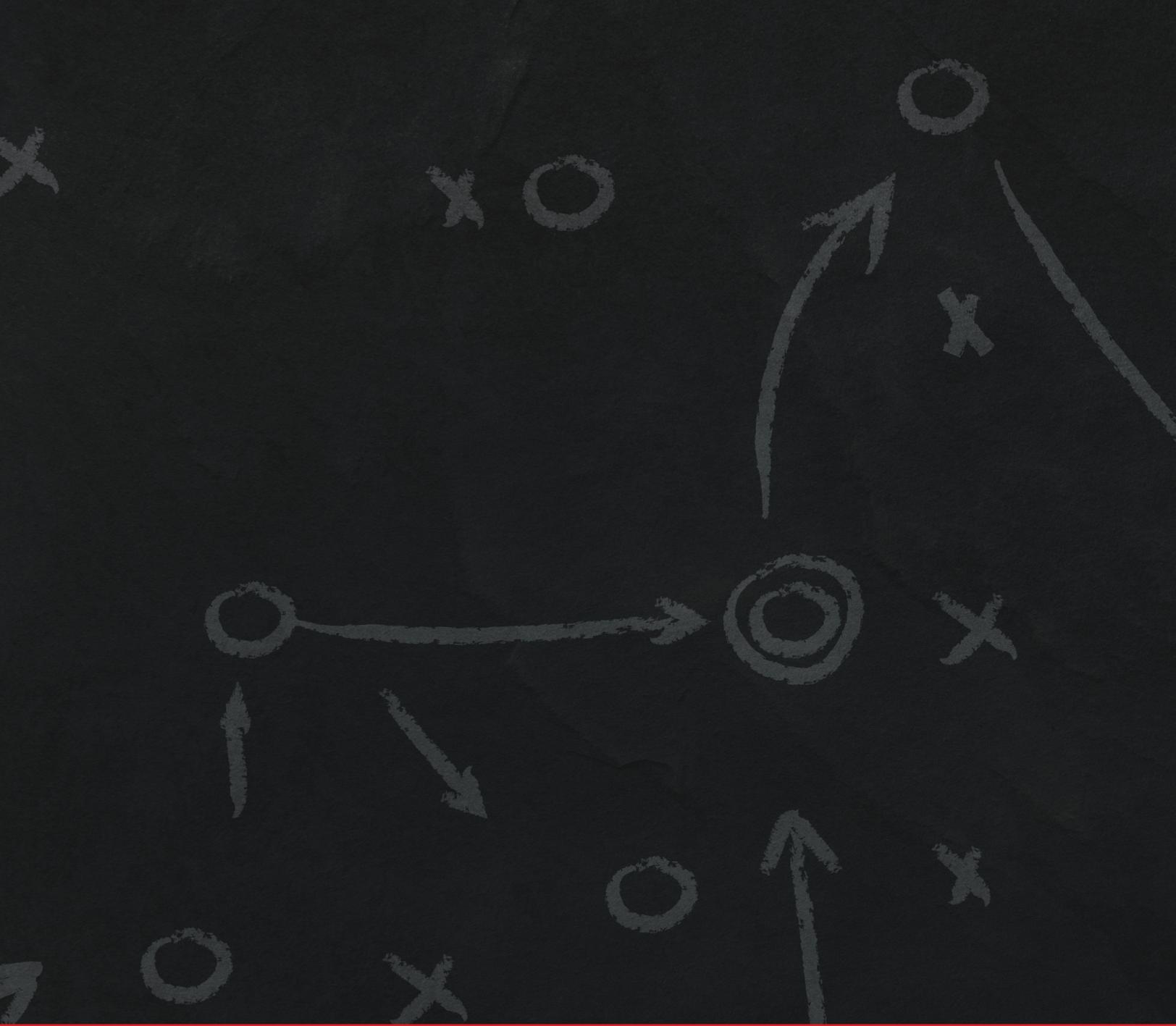
▶ ComPsych EmployeeConnect

Login:

- Username: **LFGSupport**
- Password: **LFGSupport1**

(888) 628-4824

[GuidanceResources.com](https://www.guidanceresources.com)



Contract Administrator

FBMC Benefits Management, Inc.

📍 PO Box 1878, Tallahassee, FL 32302-1878

📞 (877) 532-8473

Monday - Friday, 7 a.m. - 6 p.m. CST

Information contained herein does not constitute an insurance certificate or policy.
Certificates or policies will be provided to participants following the start of the plan year, if applicable.