Westwood
Independent School District

# EMPLOYEE BENEFITS GUIDE

# 2023 - 24

*Make Positive Connections for Health & Happiness*

# Table of Contents

## About this Benefits Guide

This benefits guide describes the highlights of Westwood 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 **www.EmployeeNavigator.com.**

You should be aware that any and all elements of Westwood ISD's benefits programs may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Westwood 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 18 for more details.**

# Welcome

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Westwood 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.

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

All newly eligible employees will have 30 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, 2023.**

**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.

## Key Things to Know

### Mandatory Enrollment

Coverage will NOT automatically roll to the new benefit year, so all employees must enroll with a Licensed Benefits Counselor for the 2023-2024 plan year.

### Plan Documents

To view provider plan documents, visit:
**www.EmployeeNavigator.com**

### What's New & What's Changing

Please note that the following benefits have changed:

1. Accident Insurance, Critical Illness, and Hospital Indemnity are changing to Reliance Standard.

# Enrollment

## 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 **20** or more hours a week are eligible for all benefit offerings through the District.

## How to Enroll

### Assisted Enrollment with a Benefits Counselor

Schedule an appointment with a benefits counselor by scanning the QR code or using the link below:
**3mpwr-Enroll.com//Westwood-OE**

To prepare for enrollment, you will want to have the following items available to you:

- 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.

## 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)

provided by: **BCBSTX**

# Medical

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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.

**Westwood 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**, Westwood 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.

## Medical Premiums

| | TRS-ActiveCare Plans | | | |
|---|---|---|---|---|
| **Monthly** | **PRIMARY** | **PRIMARY+** | **HD** | **AC2** |
| Employee | $167.00 | $244.00 | $181.00 | $738.00 |
| Employee + Spouse | $919.00 | $1075.00 | $957.00 | $2127.00 |
| Employee + Child(ren) | $477.00 | $608.00 | $501.00 | $1232.00 |
| Employee + Family | $1228.00 | $1438.00 | $1276.00 | $2566.00 |

# Medical Plan Comparison

| | TRS-ActiveCare Primary | TRS-ActiveCare Primary+ |
|---|---|---|
| Plan Summary | • Lowest premium of all three plans<br>• Copays for doctor visits before you meet your deductible<br>• Statewide network<br>• Primary Care Provider (PCP) referrals required to see specialists<br>• Not compatible with a Health Savings Account (HSA)<br>• No out-of-network coverage | • Lower deductible than the HD and Primary plans<br>• Copays for many services and drugs<br>• Higher premium<br>• Statewide network<br>• PCP referrals required to see specialists<br>• Not compatible with a Health Savings Account (HSA)<br>• 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/$2,400 |
| Coinsurance | You pay 30% after deductible | You pay 20% after deductible |
| Max Out-of-Pocket | $7,500/$15,000 | $6,900/$13,800 |
| Network | Statewide Network | Statewide Network |
| Primary Care Provider (PCP) Required | Yes | Yes |
| **DOCTOR VISITS** | | |
| Primary Care | $30 copay | $15 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 (TM) | $0 per medical consultation | $0 per medical consultation |
| TRS Virtual Health-Teladoc® | $12 per medical consultation | $12 per medical consultation |
| **PRESCRIPTION DRUGS (31/ 90-DAY SUPPLY)** | | |
| Drug Deductible | Integrated with medical | $200 deductible per participant (brand drugs only) |
| Generics (31-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 (31-Day Max) | $0 if SaveOnSP eligible;<br>You pay 30% after deductible | $0 if SaveOnSP eligible; You pay 30% after deductible |
| Insulin Out-of-Pocket Costs | $25 copay for 31-day supply;<br>$75 for 61-90 day supply | $25 copay for 31-day supply;<br>$75 for 61-90 day supply |

PLAN DOCS Click Here

| | TRS-ActiveCare HD | | TRS-ActiveCare 2 | |
|---|---|---|---|---|
| Plan Summary | • Compatible with a Health Savings Account (HSA)<br>• Nationwide network with out-of-network coverage<br>• No requirement for PCPs or referrals<br>• Must meet your deductible before plan pays for non-preventive care | | • NOTE: Closed to new enrollees<br>• Current enrollees can choose to stay in plan<br>• Lower deductible<br>• Copays for many drugs and services<br>• Nationwide network with out-of-network coverage<br>• 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 | $7,500/$15,000 | $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 (TM) | $30 per medical consultation | | $0 per medical consultation | |
| TRS Virtual Health-Teladoc® | $42 per medical consultation | | $12 per medical consultation | |
| **PRESCRIPTION DRUGS (31/ 90-DAY SUPPLY)** | | | | |
| Drug Deductible | Integrated with medical | | $200 brand deductible | |
| Generics (31-Day Supply/90-Day Supply) | You pay 20% after deductible; $0 coinsurance 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 SaveOnSP 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: **Alliance Work Partner**

**EMPLOYER PAID**

# Alliance Workplace EAP

An EAP plan is designed to help you lead a happier and more productive life at home and at work. It provides you and your family with access to additional benefits free of charge, courtesy of Westwood ISD.

## YOUR EAP BENEFITS

AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you. Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

- Law Access: Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.
- Helpnet: Customized EAP website featuring resources, skill-building tools, online assessments and referrals.
- WorkLife: Resources and referrals for everyday needs. Available by telephone.
- SafeRide: Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.
- 1 to 6 Counseling Sessions: Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. (Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)

## ALL BENEFITS CAN BE ACCESSED BY:

**By phone: Toll free 800-343-3822**

- for our deaf and hearing impaired callers, please dial 7-1-1
- Teen line: (800)334-TEEN (8336)
- We are available to take your call 24 hours a day seven days a week.

**Create an online account:**

- Visit your eAP website at awpnow.com
- To create a cusomized account, select "Access Your Benefits". Registration code: AWP-WWISD-5240

provided by: **Unum**

# Dental

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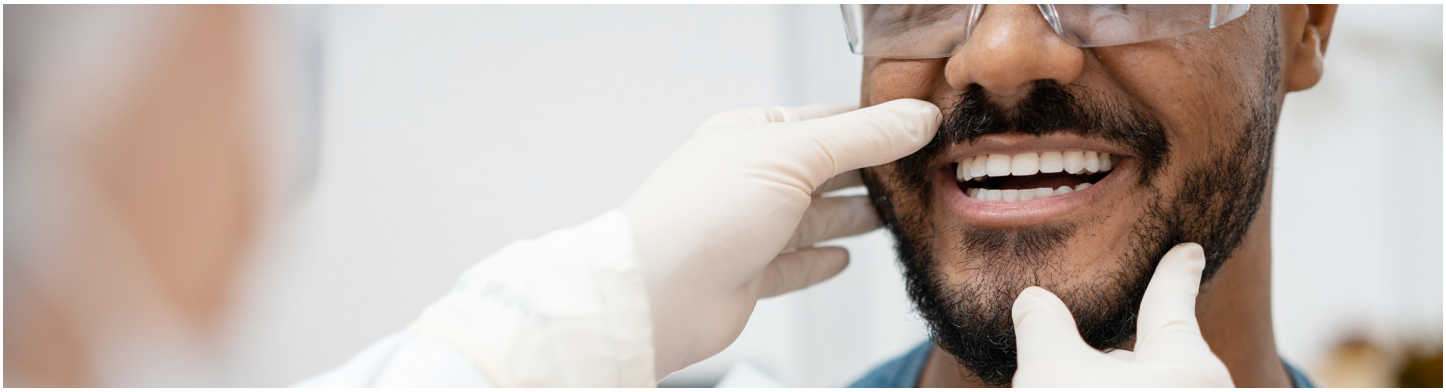

Good dental care is critical to your overall well-being. With Unum Dental insurance, you can get the attention your teeth need — at a cost you can afford.

## Types of Services

- **Class A** - Routine Exams, Cleanings, Sealants, Bite-wing X-Rays, Fluoride Treatments
- **Class B** - Sealants (up to age 16), Simple restorative Services, Simple Extractions
- **Class C** - Space Maintainers, Oral Surgery, Anesthesia Repairs, Inlays and Onlays, Periodontics, Endodontics, Crowns, Bridges, Dentures & Implants
- **Class D** - Orthodontic Treatments (PPO Plan Only)

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

## Carryover Benefits

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with carryover benefits. This benefit will be accrued and stored in the insured's carryover account to be used in the next benefit year.

**How it Works** - If all three criteria below are met, a portion of the annual maximum will carry over to the next year.

- One cleaning,
- One regular exam, and
- Total dental claims for preventive, basic and major covered procedures paid during the year below the threshold limit.

| Dental Plan Carryover | PPO | MAC |
|---|---|---|
| Carryover Benefit | $400 | $300 |
| Threshold Limit | $800 | $600 |
| Carryover Account Limit | $1,500 | $1,200 |

## Dental Plan Premiums

| Monthly | PPO | MAC |
|---|---|---|
| Employee | $22.22 | $17.26 |
| EE + Spouse | $47.22 | $36.36 |
| EE + Child(ren) | $61.12 | $47.46 |
| EE + Family | $83.32 | $64.72 |

## Dental Benefits Summary

| | | |
|---|---|---|
| **DEDUCTIBLE**** - Maximum 3 per family | $50 | $50 |
| **PLAN CO-INSURANCE** (In & Out-of-Network) | | |
| Class A - Preventive | 100% | 100% |
| Class B - Basic | 80% | 50% |
| Class C - Major | 50% | 50% |
| Class D - Orthodontics (Children Only) | 50% | N/A |
| **BENEFIT YEAR MAXIMUM** | | |
| Class A, B & C (Yearly per Person) | $1,750 | $1,250 |
| Class D (Lifetime per Person) | $1,000 | N/A |

*Applies to Class A, B, and C Services, if applicable
**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.**

provided by: **Unum**

# Vision

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** | $10 Co-pay | up to $35 |
| **FRAMES** | $130 Allowance | up to $50 |
| **LENSES (STANDARD) PER PAIR** | | |
| **Single Vision** | Covered by co-pay | up to $25 |
| **Bifocal** | Covered by co-pay | up to $40 |
| **Trifocal** | Covered by co-pay | up to $50 |
| **Lenticular** | Covered by co-pay | up to $50 |
| **Progressive** | $70 Allowance | up to $40 |
| **Polycarbonate** (Under Age 19) | Covered by co-pay | N/A |
| **CONTACT LENSES*** | | |
| **Elective (Std Contacts)** | $130 Allowance | up to $100 |
| **Medically Necessary** | Covered in Full | up to $210 |
| **Standard contact lens fitting exam fee** | $25 copay | N/A |
| **Specialty contact fitting exam fee** | $55 allowance | N/A |
| **LASIK VISION CORRECTION** | Preferred pricing (see URL below for details) **eyemedvisioncare.com/unum** | |

*Contact lenses are in lieu of eyeglasses and frames

## Vision Plan Premiums

| Monthly | COST |
|---|---|
| **Employee** | $6.30 |
| **EE + Spouse** | $13.96 |
| **EE + Child(ren)** | $14.02 |
| **EE + Family** | $18.14 |

| FREQUENCIES (Based on Date of Service) | |
|---|---|
| **Exam** | 12 Months |
| **Frame** | 12 Months |
| **Lenses** | 12 Months |
| **Contact Lenses** | 12 Months |

provided by: National Benefit Services

# FSA/HSA

PLAN DOCS Click Here

## Flexible Savings Account


### At-A-Glance

*The FSA Plan Year:*
- **Sep. 1, 2023 - Aug. 31, 2024**

*Max Annual Contribution:*
- HCFSA: **$3,050**
- DCFSA: **$5,000**

*Carryover Provision:*
- HCFSA: **$610**

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


### At-A-Glance

*IRS Max Annual Contribution:*
- Employee: **$3,850**
- EE + Spouse: **$7,300**
- EE + Family: **$7,750**
- 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: **Unum**

# Life/AD&D

## Basic Life/AD&D Insurance

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

**At-A-Glance**

*Basic Life Insurance Benefit:*
- **$10,000**

*AD&D Insurance Benefit:*
- **$10,000**

### Reductions Due to Age

- At age 65, Life and AD&D Insurance benefits will reduce to 65% of the original amount, and further reduce to 50% at age 70.

### 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** - When coverage ends under the plan, you can convert your coverage to an individual life policy, without evidence of insurability.

**Plan Documents**

To view provider plan documents, visit:
**www.EmployeeNavigator.com**

## 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

- At age 65, Life and AD&D Insurance benefits will reduce to 65% of the original, and to 50% at age 70. Coverage may not be increased after a reduction.
- 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
  - Newly eligible employees can make elections on a guaranteed issue basis (no medical questions asked) during their initial enrollment period.
  - Existing employees, currently enrolled in voluntary Life/AD&D can buy additional coverage on a guaranteed issue basis (no medical questions)
  - Late entrants must complete an Evidence of Insurability (EOI)
- **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* | $250,000 | $50,000 | $10,000 |
| Increments | $10,000 | $5,000 | $2,000 |
| Minimum | $10,000 | $10,000 | $2,000 |
| Maximum | $500,000 - OR- **7 x Annual Income** | $500,000 | $10,000 |

* Guaranteed issue does not apply to late entrants. Evidence of Insurability (EOI) is required.

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

provided by: **Unum**

# Educator Disability Insurance

We understand the unique needs of those who work in education, and we have created Educator Select disability insurance to meet those requirements. Unum's Educator Select disability insurance can replace a portion of your salary if you become ill or injured and can't work. It can help you cover your expenses and protect your finances at a time when you're not getting a paycheck and have extra medical bills.

## Benefit Costs & Waiting Periods

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

## How to Estimate your Premium

The estimated monthly premium for life insurance is determined by dividing the desired amount of coverage by 100 & then multiplying the result by the desired option's premium rate.

| | | |
|---|---|---|
| **Coverage Amount** | $ 1,500 | $ _____ |
| **Divide by 100** | ÷ 100 | ÷ 100 |
| **Multiply result by Premium Rate** | **15** | _____ |
| | **$X.XX** (Option 2) | $ _____ |
| **Est. Monthly Rate** | **$43.05** | $ _____ |

## Disability Insurance Premiums

| Monthly | WAITING PERIODS INJURY/SICKNESS | COST PER MONTHLY BENEFIT INCREMENTS OF $100 |
|---|---|---|
| **Option 1** | 0/7 days* | $2.96 |
| **Option 2** | 14/14 days* | $2.50 |
| **Option 3** | 30/30* | $2.16 |
| **Option 4** | 60/60 | $1.74 |

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

## Employee Purchase Options

You may purchase a monthly benefit in $100 units, starting at a minimum of $200, up to 66 2/3% of your monthly earnings rounded to the nearest $100, but not to exceed a monthly maximum benefit of $8,000.

provided by: **Unum**

**EMPLOYER PAID**

# Employee Assistance Program

An EAP plan is designed to help you lead a happier and more productive life at home and at work. It provides you and your family with access to additional benefits free of charge, courtesy of Westwood ISD.

## LICENSED PROFESSIONAL COUNSELING

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

## WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

- Child & Elder care
- Financial services, debt management, credit report
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

## MEDICAL BILL SAVER

As health care costs continue to rise, many people have trouble paying medical expenses that insurance doesn't cover. Luckily, our EAP — with the Medical Bill Saver feature — can help.

### WHAT YOU GET

- Negotiations for medical/dental bills with a non-covered balance of $400 or more
- Expert use of critical pricing-trend information to obtain discounts from providers
- Savings Result Statement summarizing the outcome of the negotiation
- Provider sign-off on payment terms & conditions
- Speedy provider payments

### HOW IT WORKS

- When a covered employee has a medical or dental bill totaling over $400 in out-of-pocket costs, our skilled negotiating team works with the provider(s) to get a discount. Successful negotiations can save employees hundreds, and sometimes thousands, of dollars.
- Our experts can also show employees how to keep bills lower in the future - for example, by using in-network providers.
- By helping reduce employees' out-of-pocket-costs, Medical Bill Saver can make consumer-driven health plans (CDHPs) more attractive — and more effective.

# Other Benefits

PLAN DOCS Click Here

## Accident Insurance

provided by a **NEW CARRIER:** Reliance 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. **Wellness benefit of $50 per covered person per year on both Plan A and Plan B.**

| | |
|---|---|
| **Wellness Benefit:** | $50 per Insured/Yr. |

### Accident Insurance Premiums

| Monthly | PLAN A | PLAN B |
|---|---|---|
| **Employee** | $11.99 | $18.91 |
| **EE + Spouse** | $20.73 | $32.61 |
| **EE + Child(ren)** | $27.95 | $44.90 |
| **EE + Family** | $36.87 | $58.89 |

## Critical Illness

provided by a **NEW CARRIER:** Reliance Standard

**Critical Illness Insurance** 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. There are also tobacco and non-tobacco rates, and rates that are based on age. **Wellness benefit of $50 per covered person per year.**

| | |
|---|---|
| **Wellness Benefit:** | $50 per Insured/Yr. |

### Benefits Summary

| | Employee | Spouse |
|---|---|---|
| **Coverage Amounts Available** | $10,000 - $50,000 | $10,000 - $30,000 |
| **Guaranteed Issue Amounts*** | $30,000 | $30,000 |
| **Dependents** | Guaranteed Issue and covered at 100% of the employee benefit amount | |

*Guaranteed Issue underwriting is only available the first time an employee is eligible to apply. If the employee applies of insurance at a later date, it's subject to simplified issue underwriting.

## Hospital Indemnity

provided by a **NEW CARRIER:** Reliance Standard

**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. Payments are made directly to the employee and can be applied to claims, household bills, or other expenses as needed.

### Benefits Summary

| | STANDARD | HIGH |
|---|---|---|
| **Hospital Admit.** (**Max:** 1 Admit/Calendar Year) | $1,500 | $3,000 |
| **Daily Hospital Confinement** (**Max:** 30 Days) | $150/Day | |
| **ICU Confinement** (**Max:** 30 Days) | $150/Day | |

### Hospital Indemnity Premiums

| Monthly | STANDARD | HIGH |
|---|---|---|
| **Employee** | $22.94 | $39.99 |
| **EE + Spouse** | $42.72 | $73.35 |
| **EE + Child Only** | $32.69 | $55.12 |
| **EE + Family** | $54.67 | $94.67 |

# Other Benefits

## 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 | PLAN 1 | PLAN 2 |
|---|---|---|
| **Employee** | $16.12 | $25.82 |
| **EE + Children** | $18.26 | $28.93 |
| **EE + Family** | $29.12 | $46.03 |

## Universal Life

provided by: Trustmark

Trustmark's fully-portable Universal LifeEvents solution addresses differing employee needs for permanent life insurance. This is available for employees, their spouses, their children, and dependent grandchildren. This plan offers flexible, comprehensive benefits and enables you to adjust your death benefit, cash value, and premiums as your financial needs change.

**Coverage Amounts**

| | EE | SPOUSE | CHILD |
|---|---|---|---|
| **Guaranteed Issue** | $100,000 | $15,000 | Amount purchased by $3.02 through $4.31 depending on age. |
| **Maximum** | $300,000 | $300,000 | |

## 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 PLUS | PLATINUM |
|---|---|---|
| **Employee** | $14.00 | $39.00 |
| **EE + Family** | $14.00 | $39.00 |

## Legal Insurance

provided by: ARAG

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 **Legal Insurance** has you covered!

**Monthly** — **Legal Insurance Premiums**

| UltimateAdvisor | UltimateAdvisor Plus |
|---|---|
| $17.25 | $24.25 |

**Plan Documents**

To view provider plan documents, visit:
www.EmployeeNavigator.com

# Other Benefits

PLAN DOCS Click Here

## Telemedicine

provided by:
**Recuro**

Telemedicine services allow doctors to treat patients via video chat/webcam, phone, or email. These services have grown in popularity in recent years and offer a cost-effective way to get quick and convenient access to medical care when you need it.

| Monthly | Telemed Premiums |
|---|---|
| Employee | $10.00 |
| EE + Family | $10.00 |

### At-A-Glance

- *Fast and Convenient* help for certain medical conditions and behavioral issues
- *Allows remote and on-demand access* to a healthcare provider
- *Can provide prescriptions* for certain kinds of medications
- *Unlimited consultations* and no consultation fee

# Important Notices

## Important Notice from Westwood 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)** have 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, 2024**

Name of Entity: **Westwood ISD**

Contact: **Hollie Castaneda**
Address: **4524 W. Oak Street, Palestine, TX 75802**
Phone: **(903) 729-1776**

## 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.

# Important Notices

### 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:

### Westwood ISD

Contact: **Hollie Castaneda**
Address: **4524 W. Oak Street, Palestine, TX 75802**
Phone: **(903) 729-1776**

# CHIP Notice


## 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, 2024, or to view states that have recently added a premium assistance program since January 31, 2024, 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**

# Marketplace Notice

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 7-31-2023)

## PART A: General Information

As a result of the Affordable Care Act, starting in 2014, there became 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 starts November 1, 2023, and ends January 15, 2024, in most states.

### 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. Starting January 1, 2023, if the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.12% 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-

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Westwood ISD ATTN: Benefits Dept., 4524 W. Oak Street, Palestine, TX 75802, (903) 729-1776

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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.

# Marketplace Notice

PLAN Docs Click Here

## 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<br>Westwood ISD | | 4. Employer Identification Number (EIN)<br>75-1086109 |
| 5. Employer address<br>4524 W. Oak Street | | 6. Employer phone number<br>(903) 729-1776 |
| 7. City<br>Palestine | 8. State<br>TX | 9. ZIP code<br>75802 |
| 10. Who can we contact about employee health coverage at this job?<br>Westwood ISD | | |
| 11. Phone number (if different from above) | 12. Email address<br>hlcastaneda@westwoodisd.net | |

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.

☐ 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 led 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. "Any other dependent" (other than those listed above) under 26 in a regular parent-child relationship with the employee, meeting all four of the following requirements: The child's primary residence is the household of the employee; The employee provides at least 50% of the child's support; Neither of the child's natural parents resides in that household; and The employee has the legal right to make decisions regarding the child's medical care. This requirement does not apply to dependents 18 and over. A child, 26 or over, of a covered employee may be eligible for dependent coverage, provided that e child is either mentally or physically incapacitated to such an extent that they are dependent on the employee on a regular basis as determined by TRS, and meet other requirements as determined by TRS. A dependent does not include a brother or a sister of an employee, unless the brother or sister is an individual under 26 who is either: (1) under the legal guardianship of an employee, or (2) in a regular parent-child relationship with.

☐ 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** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

# Contacts

## Westwood ISD

4524 W. Oak St.
Palestine, TX 75802
(903) 729-1776
www.EmployeeNavigator.com

## FBMC Service Center

(877) 532-8473

## Medical (TRS ActiveCare || HMO)

▶ **BCBSTX**

GRP#'s:

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

(866) 355-5999
BCBSTX.com/TRSActiveCare

## Dental / Vision

▶ **Unum**

GRP#: 803684
(888) 400-9304
AlwaysAssist.com

## FSA/HSA

▶ **National Benefit Services**

GRP#: NBS488955
(800) 274-0503
NBSBenefits.com

## Life/AD&D

▶ **Unum**

GRP#'s

- Basic Life/AD&D: 476560
- Vol Life/AD&D: 476561
- Educator Disability: 476562

(866) 679-3054
Unum.com

## Universal Life

▶ **Trustmark**

GRP#: BG00007485
(800) 918-8877
TrustmarkSolutions.com

## Cancer

▶ **Transamerica**

GRP#: G000047230
(888) 763-7474
TransAmericaBenefits.com

## Hospital Indemnity/Accident/Crit. Illness

▶ **Reliance Standard**

GRP#'s

- Hospital Ind.: 451148
- Accident: 451150
- Critical Illness: 451140

(800) 351-7500
Reliancematrix.com

## Employee Assistance Program (EAP)

▶ **Unum**

GRP#: 476560
(800) 854-1446
Unum.com/LifeBalance

## Alliance Workplace EAP

▶ **Alliance Work Partner**

(800) 343-3822
AWPNow.com

## Legal Insurance

▶ **ARAG**

GRP#: 18795
(800) 247-4184
ARAGLegal.com

## Telemedicine

▶ **Recuro**

GRP#: WESTWOODISD
(855) 673-2876 (6RECURO)
RecuroHealth.com

## Medical Transportation

▶ **MASA Global**

GRP#: B2BWWISD

Phone #'s

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

MASAGlobal.com

FBMC
BENEFITS MANAGEMENT

*Contract Administrator*

**FBMC Benefits Management, Inc.**

**7300 TX-121, Suite 300**, McKinney, TX 75070

**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.