



EAGLE MOUNTAIN SAGINAW ISD

Fostering a Culture of Excellence

2018 – 2019 Benefits Guide



Welcome

Eagle Mountain Saginaw ISD will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment this year. Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

Each year, we strive to offer comprehensive benefit plans to our employees. In the following pages, you will find a summary of our benefit plans for the 2018–2019 plan year (September 1 – August 31). Please read this Benefits Guidebook carefully as you prepare to make your elections for the upcoming plan year.

About this Benefits Guidebook

This Benefits Guidebook describes the highlights of Eagle Mountain Saginaw ISD's benefits program in non-technical language. Included in this Benefits Guidebook is important information about each of the benefit plans offered to you and your family. It includes the benefits paid by Eagle Mountain Saginaw ISD as well as voluntary products which you can customize to meet your individual needs.

Please remember that these general descriptions are not intended to provide all the details of requirements of these benefits. The official Plan Documents will prevail if any inconsistencies are found between the Benefit Guidebook and the official Plan Documents. Any and all elements of Eagle Mountain Saginaw ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules or otherwise as decided by Eagle Mountain Saginaw ISD.



**EAGLE MOUNTAIN
SAGINAW ISD**

Fostering a Culture of Excellence

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ELIGIBILITY

Employee Eligibility

Group health insurance coverage is available to all full time (20 or more hours per week) employees. The insurance plan year is from **September 1** through **August 31** of each year. Payroll deductions will begin in September.

EMS ISD Benefits Department

(817) 232-0880 x2978

jmcnutt-erwin@ems-isd.net

In order for an employee's coverage to take effect, the employee must call in to the Benefits Service Center for coverage for themselves and any eligible dependents. Your coverage will become effective on the 1st day of the month following your date of hire.

If you apply for coverage, you may include your dependents. All employees must ensure that only family members who meet the following requirements are enrolled in the EMS ISD insurance and healthcare benefits programs.

Eligible dependents include one or more of the following:

- Your spouse / domestic partner;
- A child under the age of 26;
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance.



Qualifying Life Events

Please be aware that the only time, other than open enrollment, you are able to make changes to your benefits is if you experience a Qualifying Life Event (QLE). In the event of a QLE, please contact your Human Resources department (HR); proof of the QLE must be submitted to the EMS ISD Benefits department within 30 days of the QLE in order to change current benefit elections. QLEs include:

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age or change in student status);
- A change in spouse's or eligible dependents' work hours;
- A termination or commencement of employment of employee's spouse or eligible dependents with coverage.
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.



Employee Assistance Program

Unum



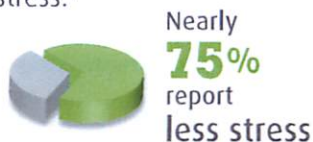
Life's stresses aren't a game

Real solutions are close at hand with the Employee Assistance Program (EAP)



Help with stress

A satisfaction survey of employees who used work-life balance EAP shows nearly 75% reported less stress.¹



When you have questions, concerns or emotional issues surrounding your personal or work life, you can count on us to offer help. Unum's work-life balance employee assistance program (EAP) offers unlimited access to master's-level consultants by telephone, resources and tools online, and up to three face-to-face visits with a consultant for help with a short-term problem.*

Help for personal challenges, big and small

Keeping your work and personal life in balance can sometimes be tricky. Stressful situations can affect your health, well-being and ability to focus on what's important. That's when you can pick up the phone and speak confidentially** to a master's-level consultant who can help you or a family member to:

- **Locate child care and elder care services** and obtain matches to the appropriate provider based on your or your family's preferences and criteria. The consultant will even confirm space availability.
- **Speak with financial experts** by phone regarding issues such as budgeting, controlling debt, teaching children to manage money, investing for college, and preparing for retirement
- **Work through complex, sensitive issues** such as personal or work relationships, depression or grief, or issues surrounding substance abuse
- **Get a referral to a local attorney** for a free, 30-minute in-person or telephonic legal consultation

You'll have access to an attorney for state-specific legal information and services. If you decide to retain the attorney, you may be eligible to receive a 25% discount on additional services.



HEALTH AND WELL-BEING

Balance can be a call or click away:

1-800-854-1446, English
1-877-858-2147, Spanish
1-800-999-3004, TTY/TDD

lifebalance.net

LifeWorks mobile app

user ID and password: lifebalance

MORE

To learn more or request your EAP wallet card, please contact your human resources department.

Work-life Balance Employee Assistance Program

Toll-free, 24-hour access

- 1-800-854-1446: English
- 1-877-858-2147: Spanish
- 1-800-999-3004: TTY/TDD



Better benefits at work

Online access

www.lifebalance.net, user ID and password: lifebalance

For reference only. Not actual card.

You also have unlimited website access at lifebalance.net where you can:

- Read booklets, life articles and guides
- View videos and online seminars, as well as listen to podcasts
- Subscribe to email newsletters
- Find information on parenting, retirement, finances, education and more
- Use health management online calculators and other tools to help you with topics such as losing weight or starting a new exercise program
- Access links to other informative websites
- Use school, camp, elder care and child care locators
- Use financial calculators, retirement planners, worksheets and more

Guidance for work-related conflicts

If you're a manager dealing with staff issues such as an employee who's feeling overwhelmed by his or her workload, you have unlimited access to guidance from a team of consultation experts. Call the toll-free work-life balance EAP number to:

- Have a confidential sounding board and objective view
- Work on communication and problem-solving skills
- Learn how to motivate your employees

If you are a supervisor or working to become one, you can visit the website at lifebalance.net to get information on managing people using resources such as:

- Electronic management newsletters
- Podcasts and articles for managers
- Self-assessment tools to be a better manager

If you would like to listen to podcasts and audio tracks on the go — or read articles or digital booklets on a mobile device — download the LifeWorks mobile app from your app store on your mobile device.

In addition to the LifeWorks app, a wallet card that includes the work-life balance EAP phone number and online access information is available. Please see your human resources department to request one.



MEDICAL SERVICES



2018-19 TRS-ActiveCare Plan Highlights

Effective Sept. 1, 2018 through Aug. 31, 2019 | In-Network Level of Benefits¹



Medical Coverage	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health <small>(Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)</small>	ActiveCare 2 <small>NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.</small>
Deductible (per plan year) In-Network Out-of-Network	\$2,750 employee only/\$5,500 family \$5,500 employee only/\$11,000 family	\$1,200 individual/\$3,600 family Not applicable. This plan does not cover out-of-network services except for emergencies.	\$1,000 individual/\$3,000 family \$2,000 individual/\$6,000 family
Out-of-Pocket Maximum (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum) In-Network Out-of-Network	The individual out-of-pocket maximum only includes covered expenses incurred by that individual. \$6,650 individual/\$13,300 family \$13,300 individual/\$26,600 family	\$7,350 individual/\$14,700 family Not applicable. This plan does not cover out-of-network services except for emergencies.	\$7,350 individual/\$14,700 family \$14,700 individual/\$29,400 family
Coinsurance In-Network Participant pays (after deductible) Out-of-Network Participant pays (after deductible)	20% 40% of allowed amount	20% Not applicable. This plan does not cover out-of-network services except for emergencies.	20% 40% of allowed amount
Office Visit Copay Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist
Diagnostic Lab Participant pays	20% after deductible	20% after deductible	20% after deductible
Preventive Care See below for examples	Plan pays 100%	Plan pays 100%	Plan pays 100%
Teladoc® Physician Services	\$40 consultation fee (counts toward deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
Inpatient Hospital (preauthorization required) (facility charges) Participant pays	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
Freestanding Emergency Room Participant pays	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible
Emergency Room (true emergency use) Participant pays	20% after deductible	\$250 copay plus 20% after deductible (copay waived if admitted)	\$250 copay plus 20% after deductible (copay waived if admitted)
Outpatient Surgery Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
Bariatric Surgery Physician charges (only covered if performed at an IOQ facility) Participant pays	\$5,000 copay (does apply to out-of-pocket maximum) plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) Participant pays	20% after deductible	\$70 copay for specialist	\$70 copay for specialist
Annual Hearing Examination Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist

Preventive Care

Some examples of preventive care frequency and services:

- **Routine physicals** – annually age 12 and over
- **Mammograms** – one every year age 35 and over
- **Smoking cessation counseling** – eight visits per 12 months

- **Well-child care** – unlimited up to age 12
- **Colonoscopy** – one every 10 years age 50 and over
- **Healthy diet/obesity counseling** – unlimited to age 22; age 22 and over – 26 visits per 12 months

- **Well woman exam & pap smear** – annually age 18 and over
- **Prostate cancer screening** – one per year age 50 and over
- **Breastfeeding support** – six lactation counseling visits per 12 months

Note: Covered services under this benefit must be billed by the provider as "preventive care." Non-network preventive care is not paid at 100%. If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. There is no coverage for non-network services under the ActiveCare Select plan or ActiveCare Select Whole Health.

For a listing of preventive care services, please view the Benefits Booklet at www.trselectivecareatna.com for the latest list of covered services.

TRS-ActiveCare is administered by Aetna Life Insurance Company. Aetna provides claims payment services only and does not assume any financial risk or obligation with respect to claims. Prescription drug benefits are administered by Caremark.



MEDICAL SERVICES

2018-19 TRS-ActiveCare Plan Highlights

Prescription Coverage	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2 NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.
Drug Deductible (per person, per plan year)	Must meet plan-year deductible before plan pays. ²	\$0 generic; \$200 brand	\$0 generic; \$200 brand
Short-Term Supply at a Retail Location (up to a 31-day supply)			
Tier 1 – Generic	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%. ²	\$20 for a 1- to 31-day supply	\$20 for a 1- to 31-day supply
Tier 2 – Preferred Brand	20% coinsurance after deductible	\$40 for a 1- to 31-day supply ³	\$40 for a 1- to 31-day supply ³
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance for a 1- to 31-day supply ³	50% coinsurance for a 1- to 31-day supply (Min. \$65 ⁴ ; Max. \$130) ³
Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location (60- to 90-day supply) ⁵			
Tier 1 – Generic	20% coinsurance after deductible	\$45 for a 60- to 90-day supply	\$45 for a 60- to 90-day supply
Tier 2 – Preferred Brand	20% coinsurance after deductible	\$105 for a 60- to 90-day supply ³	\$105 for a 60- to 90-day supply ³
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance for a 60- to 90-day supply ³	50% coinsurance for a 60- to 90-day supply (Min. \$180 ⁴ ; Max. \$360) ³
Specialty Medications (up to a 31-day supply)	20% coinsurance after deductible	20% coinsurance	20% coinsurance (Min. \$200 ⁴ ; Max. \$900)
Short-Term Supply of a Maintenance Medication at Retail Location (up to a 31-day supply)			
The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will pay a convenience fee. They will be charged the coinsurance and copays in the row below the second time they fill a short-term supply of a maintenance medication. Participants can avoid paying the convenience fee by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.			
Tier 1 – Generic	20% coinsurance after deductible	\$35 for a 1- to 31-day supply	\$35 for a 1- to 31-day supply
Tier 2 – Preferred Brand	20% coinsurance after deductible	\$60 for a 1- to 31-day supply ³	\$60 for a 1- to 31-day supply ³
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance for a 1- to 31-day supply ³	50% coinsurance for a 1- to 31-day supply (Min. \$90 ⁴ ; Max. \$180) ³

What is a maintenance medication?

Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$20, then you will pay \$35 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$225 over the year by filling a 90-day supply.

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

¹ Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the ActiveCare Select or ActiveCare Select Whole Health Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which maybe considerable.

² For ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible (\$2,750 – individual, \$5,500 – family) and they pay nothing out of pocket for these drugs. Find the list of drugs at info.caremark.com/trsactivecare.

³ If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

⁴ If the cost of the drug is less than the minimum, you will pay the cost of the drug.

⁵ Participants can fill 32-day to 90-day supply through mail order.

Note: ActiveCare 2 is a Closed Plan. Only participants presently enrolled in ActiveCare2 are eligible to remain in this plan for 2018 – 2019. No new enrollments will be allowed.

MEDICAL SERVICES



Scott and White Health Plan TRS-ActiveCare 2018-2019 Summary of Benefits

Fully Covered Health Care Services	
Preventive Services	No Charge
Standard Lab and X-Ray	No Charge
Disease Management and Complex Case Management	No Charge
Well Child Care Annual Exams	No Charge
Immunizations (age appropriate)	No Charge
Plan Provisions	
Annual Deductible	\$1,000 Individual/ \$3,000 Family
Annual out-of-pocket maximum (including medical and prescription copays and coinsurance)	\$7,000 Individual/ \$14,000 Family (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None
Outpatient Services	
Primary Care ¹	\$15 Copay (First Primary Care Visit for Illness - \$0 Copay ²)
Specialty Care	\$70 copay
Other Outpatient Services	20% after deductible ³
Diagnostic/Radiology Procedures	20% after deductible
Eye Exam (one annually)	No Charge
Allergy Serum & Injections	20% after deductible
Outpatient Surgery	\$150 copay and 20% of charges after deductible
Maternity Care	
Prenatal Care	No Charge
Inpatient Delivery	\$150 per day ⁴ and 20% of charges after deductible
Inpatient Services	
Overnight hospital stay: includes all medical services including semi-private room or intensive care	\$150 per day ⁴ and 20% of charges after deductible
Diagnostic & Therapeutic Services	
Physical and Speech Therapy	\$70 copay
Manipulative Therapy ⁵	20% without office visit \$40 plus 20% with office visit
Equipment and Supplies	
Preferred Diabetic Supplies and Equipment	\$5/\$12.50 copay; no deductible
Non-Preferred Diabetic Supplies and Equipment	30% after Rx deductible
Durable Medical Equipment/Prosthetics	20% after deductible

Home Health Services													
Home Health Care Visit	\$70 copay												
Worldwide Emergency Care													
Nurse Advice Line	1-877-505-7947												
Online Services	No Charge — go to trs.swhp.org												
After-Hours Primary Care Clinics	\$20 copay												
Ambulance and Helicopter	\$40 copay plus 20% after deductible												
Emergency Room ⁶	\$250 copay plus 20% after deductible												
Urgent Care Facility	\$50 copay per visit; deductible does not apply												
Prescription Drugs (Group Value Formulary)													
Annual Benefit Maximum	Unlimited												
Rx Deductible Does not apply to preferred generic drugs	\$150												
Ask an SWHP Pharmacy representative how to save money on your prescriptions.	<table border="1"> <thead> <tr> <th>Maintenance Quantity (Up to a 90-day supply)</th> <th>Retail Quantity (Up to a 30-day supply)</th> </tr> </thead> <tbody> <tr> <td>Preferred Generic</td> <td>\$5 copay</td> </tr> <tr> <td>Preferred Brand</td> <td>30% after Rx deductible</td> </tr> <tr> <td>Non-Preferred</td> <td>50% after Rx deductible</td> </tr> <tr> <td>Online Refills</td> <td>trs.swhp.org</td> </tr> <tr> <td>Mail Order</td> <td>1-817-388-3090</td> </tr> </tbody> </table>	Maintenance Quantity (Up to a 90-day supply)	Retail Quantity (Up to a 30-day supply)	Preferred Generic	\$5 copay	Preferred Brand	30% after Rx deductible	Non-Preferred	50% after Rx deductible	Online Refills	trs.swhp.org	Mail Order	1-817-388-3090
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Non-Preferred	50% after Rx deductible												
Online Refills	trs.swhp.org												
Mail Order	1-817-388-3090												
Specialty Medications													
(up to a 30-day supply)	Tier 1: 15% after Rx deductible Tier 2: 15% after Rx deductible Tier 3: 25% after Rx deductible												

The SWHP MOMS Program provides you with professional staff who are notified of the delivery of your baby. These licensed professionals will contact you after you return home and help you with everything from the general well-being of both you and your baby, to breast/bottle feeding, to information on how to add your baby to your health plan.

¹Including all services billed with office visit

²Does not apply to wellness or preventive visits

³Includes other services, treatments, or procedures received at time of office visit

⁴\$750 maximum copay per admission and 20% after deductible

⁵35 max visits per year

⁶Copay waived if admitted within 24 hours



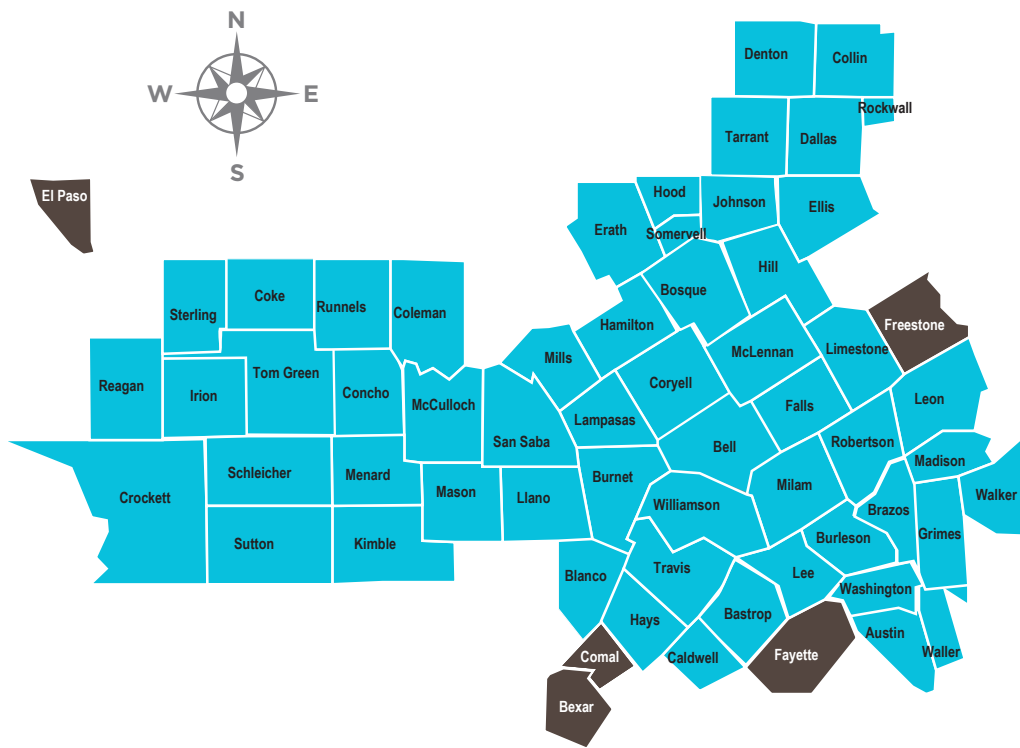
trs.swhp.org



MEDICAL SERVICES

Teacher Retirement System • Scott and White Health Plan Service Area • 2018-19

Join the 22,000+ TRS members already covered by Scott and White Health Plan



Who can select/access Scott and White Health Plan?

If you live OR work in any county shown in blue, you can choose coverage with SWHP and see in-network providers in all counties shown.

Open Access

Our Open Access HMO means members can see any network provider (PCP or specialist) without a referral and still receive in-network benefits.

trs.swhp.org



MEDICAL SERVICES



2018 – 2019 TRS-ActiveCare Plan Rates

ActiveCare 1-HD Option	
Coverage Tier	Monthly
Employee Only	\$142.00
Employee + Spouse	\$810.00
Employee + Child(ren)	\$476.00
Family	\$1,149.00

ActiveCare Select Option	
Coverage Tier	Monthly
Employee Only	\$315.00
Employee + Spouse	\$1,102.00
Employee + Child(ren)	\$651.00
Family	\$1,443.00

ActiveCare 2 Option	
Coverage Tier	Monthly
Employee Only	\$557.00
Employee + Spouse	\$1,630.00
Employee + Child(ren)	\$938.00
Family	\$1,969.00

Scott & White Health Plan	
Coverage Tier	Monthly
Employee Only	\$353.36
Employee + Spouse	\$1,128.40
Employee + Child(ren)	\$683.06
Family	\$1,284.56

TRS – ActiveCare Aetna
(800) 222-9205
<https://www.trsactivecare.aetna.com>

TRS – Caremark Prescriptions
(800) 552-8159
<https://www2.caremark.com/trsactivecare/customerservice@caremark.com>



MEDICAL SERVICES

FSA & HSA Accounts

SBS Administrative Services



SBS Administrative Services FSA & HSA Account Access Dependent Care FSA

▶ Debit cards provide easy access to funds

- Works just like a standard debit card, but funds are spent from the FSA or HSA account
- Real time, on-demand access to funds
- Eliminates cash purchases & reimbursement hassles
- Point-of-sale purchase, provider payment, direct deposit employee reimbursement

▶ Debit cards can be used to purchase qualified healthcare products/ services at:

- Physician & doctor offices
- Hospitals
- Pharmacies
- Opticians / vision care locations
- Dental offices
- And, even qualifying retail stores!

▶ FSA Claims can be submitted via Online, Mobile App, Fax, or Mail

- Claim forms available at www.sbsadmin.com
- Reimbursement by Check or Direct Deposit
- Direct Deposit information updated via Online Portal

▶ HSA "Pay Me" reimbursement via Online or Mobile App

- Direct Deposit information updated via Online Portal
- Set up a "Pay Me" electronic reimbursement
- Online bill pay

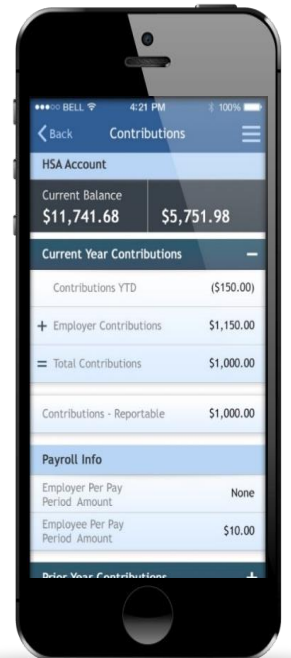
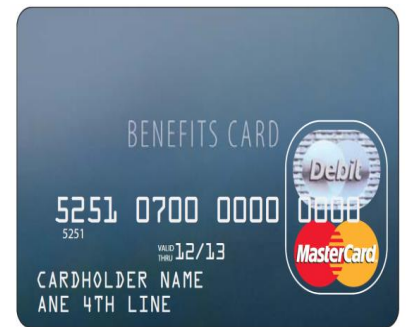
▶ Dependent Care Account

- Pay for Day Care Expenses
- Before- and After-School Care
- Mother's Day / Out Program
- Nursery Schools
- Babysitters and Nannies

▶ Website: www.sbsadmin.com; Participant Login

▶ Phone: 210-659-8100

▶ Customer support email: asksbs@sbsadmin.com



HEALTH AND WELL-BEING



Dental

MetLife

MetLife

(800) 942-0854

<https://www.askmetlife.com>

MetLife gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in the network. The following is a brief summary of the major plan provisions.

Please note: An Insurance ID card will not be issued. Please have your provider call MetLife to verify your benefits using your SSN.



Benefit	High Plan PPO	Low Plan PPO
Deductible (annual; maximum 3 per family. Applies to Class B and C services)	\$50	\$50
Benefit Year Maximum (per calendar year. Includes Class A, B, and C services)	\$2,000	\$1,000
Class A: Preventive Services Routine exams: 2 per 12 months Prophylaxis: 2 per 12 months Bitewing X-rays: 2 per 12 months Full-mouth X-ray: 1 per 36 months Fluoride: 1 per 12 months Sealants: 1 per molar in 60 months	100%	100%
Class B: Basic Services Space maintainers to age 14: 1 per lifetime Repairs General Anesthesia Oral Surgery Amalgam and Composite Fillings Emergency Palliative Treatment	80%	80%
Class C: Major Services Endodontics (root canals), Inlays, and Onlays Surgical periodontics (gum treatments) Crowns, bridges, dentures, and implants Repairs: crown, denture, and bridge	50%	50%
Class D: Orthodontics (dependent child to age 19 only)	50% with Lifetime Orthodontics Maximum of \$1,000	50% with Lifetime Orthodontics Maximum of \$750

Coverage Category	High Plan PPO	Low Plan PPO
Employee Only	\$39.56	\$20.50
Employee + 1 Dependent	\$70.68	\$37.80
Family	\$111.32	\$58.34



HEALTH AND WELL-BEING

Vision

MetLife

MetLife

(855) 638-3931

<https://www.askmetlife.com>

MetLife provides you and your family with quality vision benefits at an affordable cost. This program includes access to both independent practitioners and large retail chains, providing cost-savings for the solution that best fits your vision needs.

Please note: An Insurance ID card will not be issued. Please have your provider call MetLife to verify your benefits using your SSN.



Benefit	Vision Plan	
	VSP Network	Out-of-Network Allowance
Exam	\$10 copay	Up to \$45
Materials	\$25 copay	N/A
Standard Plastic Lenses		
Single Vision	Covered by copay	Up to \$30
Bifocal	Covered by copay	Up to \$50
Trifocal	Covered by copay	Up to \$65
Lenticular	Covered by copay	Up to \$100
Progressive	Up to \$175 copay	Up to \$50
Lens Options		
Standard scratch resistant coating	\$17 – \$33 copay	Up to \$45
Polycarbonate lenses for children	100%	Up to \$45
Frames	Up to \$150	Up to \$70
Contact Lenses*		
Elective	Up to \$150 allowance	Up to \$105
Medically Necessary	100%	Up to \$210

* Contact lenses are in lieu of eyeglasses and frames

Coverage Category	Vision
Employee Only	\$9.41
Employee + 1 Dependent	\$16.02
Family	\$23.53



Basic Life and AD&D

Unum

Unum

(866) 679-3054

<https://www.unum.com>

Eagle Mountain Saginaw ISD provides Basic Life insurance and Accidental Death and Dismemberment (AD&D) insurance. Eagle Mountain Saginaw ISD provides Basic Life insurance in the amount of \$10,000. The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured in the amount equal to the Basic Life insurance amount.

Please note: The Benefit reduces to 65% at age 65 and to 50% at age 70.



Universal Life

Trustmark

Trustmark

(888) 294-1752

<https://www.unum.com>

Trustmark's portable Universal Life solutions address differing employee needs for permanent life insurance and peace of mind for a lifetime and are available for employees, their spouse, and children. The options include the industry's most comprehensive Living Benefits package.

- Accelerated Death Benefit – Accelerates 75% of death benefit when life expectancy is 24 months or fewer.
- Long Term Care (LTC) – Death benefit accelerates 4% per month up to 25 months when receiving assisted living, home healthcare, adult day care, or skilled nursing home care. Subject to a 90-day waiting period and pre-existing condition limitation.
- Death Benefit Restoration – Fully restores the death benefit reduced by LTC.



FINANCIAL FUTURE

Supplemental Life Insurance

Unum

Supplemental Life and AD&D insurance provides you financial security at an affordable cost. Employees can elect up to five times their annual salary (up to \$500,000) of coverage. If you elect employee coverage, you will have the option to enroll your spouse for up to 100% of the elected employee amount (up to \$100,000) and your children for \$10,000 worth of coverage.

These coverage maximums are guaranteed issue amounts, meaning that you will not have to provide an Evidence of Insurability (EOI) form or go through the medical underwriting process.

Please note: The Benefit reduces to 65% at age 65 and to 50% at age 70.

Unum
(866) 679-3054
<https://www.unum.com>

Guaranteed Issue	
Employee	\$200,000
Spouse	\$50,000
All Children	\$10,000

Supplemental Life Insurance Monthly Premium Rates per \$1,000										
Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee	\$0.060	\$0.080	\$0.110	\$0.160	\$0.270	\$0.460	\$0.775	\$1.125	\$1.870	\$3.680
Spouse	\$0.060	\$0.080	\$0.110	\$0.160	\$0.270	\$0.460	\$0.775	\$1.125	\$1.870	\$3.680
Child(ren)	\$1.96 per family unit at a flat \$10,000									





Educator Select Income Protection

Unum

Unum's Educator Select Income Protection Plan is designed to pay you a percentage of your gross monthly salary if you cannot work due to a covered injury or illness. Your rate for this benefit is dependent upon the elimination period and the requested benefit amount.

Unum

(866) 679-3054

<https://www.unum.com>

Short-Term Disability	
Elimination Period	7 days of injury or illness (benefits begin on the 8 th calendar day) 14 days of injury or illness (benefits begin on the 15 th calendar day) 30 days of injury or illness (benefits begin on the 31 st calendar day) 60 days of injury or illness (benefits begin on the 61 st calendar day) 90 days of injury or illness (benefits begin on the 91 st calendar day) 180 days of injury or illness (benefits begin on the 181 st calendar day)
Duration of Benefits	SS ADEA
Benefit Amount	\$200 – \$8,000 available in increments of \$100 up to a maximum of 66.67% of employee's monthly earnings
Pre-Existing Conditions	3-month look back / 12-month waiting

Elimination Period (Days)	
Injury (Days)	7*, 14*, 30*, 60, 90, 180
Sickness Days	7*, 14*, 30*, 60, 90, 180
Rate Per Increment of \$100	
Days	7 14 30 60 90 180
Rate	3.42 3.09 2.47 2.09 1.77 1.33

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

Pre-existing Condition Exclusion: Benefits will not be paid for disabilities caused by, contributed to by, or resulting from a pre-existing condition. You have a pre-existing condition if: you received medical treatment, consultation, care, or services including diagnostic measures; or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.

Benefit Integration: Your disability benefit will be reduced by deductible sources of income and any earnings you have while disabled.



FINANCIAL FUTURE

Supplemental Medical *Beazley*

Beazley
(855) 805-9176
<https://www.beazley.com>

Life is full of ups and downs. Some twists and turns are inevitable. But what would happen if out-of-pocket health expenses landed in your court? Wouldn't you love to have a safety net?

Thanks to your employer, you have access to insurance that could help fill gaps — just when you need it most.

What is Supplemental Medical (Gap) insurance?

Like many workers today, you may now be responsible for paying some of your healthcare costs. Even with your major medical insurance, you may have certain expenses that are not covered.

For example, you may need to meet a deductible before your health insurance kicks in. Or you may need to cover co-pays and co-insurance out of your own pocket. As such, you may be concerned about those expenses taking a bite out of your budget.

Supplemental Medical (Gap) insurance covers certain out-of-pocket medical expenses you incur in inpatient and outpatient settings (as defined by the policy).

Note: Supplemental Medical (Gap) does NOT replace your health insurance. But it can help fill gaps and offset medical expenses that you may have.

How does Supplemental Medical (Gap) help me?

Under your major medical plan, you are responsible for paying deductibles, co-pays and co-insurance out of your own pocket. When you enroll in the Supplemental Medical (Gap) plan, offered by your employer, you get coverage to help with some of these out-of-pocket expenses.

For example, if you have a minor knee surgery at an outpatient surgery center, the plan will cover eligible out-of-pocket expenses, up to the outpatient benefit amount.

Or, if you (or your spouse) are hospitalized for the birth of your child, the plan will cover eligible out-of-pocket expenses for you AND nursery charges for your baby, up to the inpatient benefit amount.

Who is Beazley?

Beazley provides a suite of gap protection products that helps protect employees against life's uncertainties. Beazley Insurance Company, Inc. is rated A by A.M. Best. It is a subsidiary of Beazley Group, which was founded in 1986.



Why do I need Gap?

- Over 2 million people have declared bankruptcy due to unpaid medical bills.¹
- More than three in five Americans don't have enough money saved to pay for an unexpected medical emergency, averaging \$1,000.²
- Employees' average annual out-of-pocket expenses have grown from \$1,500 in 2012 to nearly \$2,500 in 2016.³

¹ NerdWallet Health, 2013

² Wall Street Journal, 2015

³ Aon Health Care Cost Analysis, 2016



What are the specific plan benefits?

Supplemental Medical (Gap) Plan for EAGLE MOUNTAIN SAGINAW ISD	
Plan Features	Description
Inpatient Benefit	\$2,000 benefit amount: Reimburses eligible out-of-pocket expenses incurred during inpatient hospitalization, up to an annual benefit max (see sidebar for definitions).
Outpatient Benefit	\$1,000 benefit amount: Reimburses eligible out-of-pocket expenses performed in these settings, up to an annual benefit max (see sidebar for definitions).
Guarantee Issue	You are eligible for this coverage (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage.
Dependent Coverage	You may also opt for coverage for your spouse or child(ren), as long as they participate in your employer's underlying major medical plan. Your family maximum will be two times the individual benefit amounts above.

How much does the plan cost?

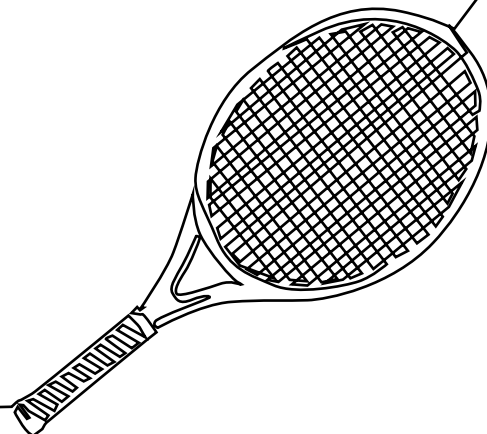
The grid below identifies the Premium Amount, based on your age and whether you want to cover family members.

GAP COVERAGE		
Coverage Type	Monthly Premium Amount	
Age Bands	18-49	50-99
EE only	\$33.25	\$60.02
EE + Spouse	\$71.49	\$129.04
EE + Child(ren)	\$58.19	\$90.03
Family	\$104.74	\$165.06

Coverage Definitions

Your plan may cover these out-of-pocket medical expenses, summarized below:

- **Inpatient Hospital Benefit:** Reimburses deductibles, co-pays and co-insurance incurred during inpatient hospitalization, such as hospital room and board and other inpatient hospital expenses.
- **Outpatient Benefit:** Reimburses eligible out-of-pocket expenses performed in these settings only:
 - Treatment in a hospital ER (but not admitted to inpatient)
 - Surgery in an Outpatient Hospital facility or freestanding surgery center
 - Radiological diagnostic testing in an Outpatient Hospital facility or MRI facility
 - Chemotherapy or radiation therapy in a licensed facility





FINANCIAL FUTURE

Accident Insurance

MetLife

MetLife

(800) 638-5433

<https://www.askmetlife.com>

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, both on and off the job. Accident Insurance provides you with additional coverage for medical expenses and living costs when you get hurt.

Benefit	Low Plan	High Plan
Accidental Death Benefit Rider		
Employee	\$50,000	\$50,000
Spouse	\$25,000	\$25,000
Children	\$10,000	\$10,000
Accidental Death Benefit Rider Common Carrier		
Employee	\$150,000	\$150,000
Spouse	\$75,000	\$75,000
Children	\$30,000	\$30,000
Initial Accident Doctor's Office Visit	\$50	\$100
Accident Follow-Up Treatment	\$75	\$100
Ambulance	\$300	\$400
Air	\$1,000	\$1,500
Appliance	Up to \$1,000	Up to \$1,500
Blood, Plasma, and Platelets	\$400	\$500
Burns	Up to \$10,000	Up to \$15,000
Dislocation	Up to \$6,000	Up to \$9,000
Initial Accident Doctor's Office Visit	\$50	\$100
Emergency Dental Benefit	Up to \$200	Up to \$400
Emergency Room Treatment	\$100	\$150
Eye Injury	\$300	\$400
Fractures	Up to \$6,000	Up to \$9,000
Herniated Disc	\$1,000	\$1,500
Hospital Admission	\$1,000	\$2,000
Hospital Confinement (per day up to 365 days)	\$200	\$400
Hospital ICU (per day up to 15 days)	\$2,000	\$4,000
Loss of finger, toe, hand, foot, or sight of an eye	Up to \$50,000	Up to \$50,000
Prosthetic Device or Artificial Limb	Up to \$1,500	Up to \$2,000
Skin Grafts	50% of burn benefit	50% of burn benefit
Concussion	\$400	\$600
Annual Wellness Exam / Screening	\$100	\$100

Coverage Category	Low Plan	High Plan
Employee Only	\$13.07	\$17.23
Employee + Spouse	\$26.24	\$35.53
Employee + Child(ren)	\$26.67	\$36.27
Family	\$33.46	\$45.40



Critical Illness with Cancer Insurance

MetLife
 (800) 638-5433
<https://www.askmetlife.com>

MetLife

Critical Illness Insurance protects you and your family in the event of a serious illness or other medical condition with coverage that is portable (meaning you can take it with you, if you leave).

Depending on the diagnosis you receive, your benefit payment may be 100% or 25% of your selected benefit amount. Payments are made directly to the employee and can be applied to claims, household bills, or other expenses as needed.

Rates will be based on the amount you have selected, your age upon issuance, and whether you use tobacco.

Please speak with a Benefits Counselor for personalized rates.

Benefit	Critical Life Events
	Benefit Amount
Coverage Amounts	
Employee	\$10,000 to \$50,000
Spouse	50% of employee amount
Child	50% of employee amount
100% Benefit	
Heart Attack	100%
Stroke	
Major Organ Transplant	
Coronary Artery Bypass Graft	
End Stage Renal Failure	
Alzheimer's Disease	
Full Cancer Benefit	
25% Benefit	
ALS	25%
Cerebral Palsy	
Cystic Fibrosis	
Partial Cancer Benefit	
Pre-Existing Conditions	
	3-month look back / 6-month waiting
Health Screening Benefit	
Annual Wellness Exam	\$75

Critical Illness Monthly Deductions per \$1,000 (Non-Tobacco)						
Age	18 – 29	30 – 39	40 – 49	50 – 59	60 – 69	70+
Employee	\$0.47	\$0.74	\$1.48	\$2.56	\$3.74	\$4.89
Employee + Spouse	\$0.80	\$1.27	\$2.51	\$4.30	\$6.16	\$8.01
Employee + Child(ren)	\$0.70	\$0.97	\$1.71	\$2.79	\$3.97	\$5.12
Family	\$1.03	\$1.50	\$2.74	\$4.53	\$6.39	\$8.24

Critical Illness Monthly Deductions per \$1,000 (Tobacco)						
Age	18 – 29	30 – 39	40 – 49	50 – 59	60 – 69	70+
Employee	\$0.68	\$1.15	\$2.40	\$4.22	\$6.27	\$8.35
Employee + Spouse	\$1.13	\$1.93	\$4.03	\$7.07	\$10.33	\$13.71
Employee + Child(ren)	\$0.91	\$1.38	\$2.63	\$4.45	\$6.50	\$8.58
Family	\$1.36	\$2.16	\$4.26	\$7.30	\$10.56	\$13.94



FINANCIAL FUTURE

Hospital Indemnity

Beazley

Beazley

(855) 805-9176

<https://www.beazley.com>

Your employer is providing you access to a Hospital Indemnity policy that will help protect you and your family if you incur certain medical expenses. Read on to learn more about what is covered.

What is Hospital Indemnity Insurance?

Hospital Indemnity insurance provides coverage, based on a set schedule of benefits for basic medical services.

Note: Group Limited Indemnity is NOT major medical insurance.

What does the plan cover

The plan provides a benefit amount for select benefits, such as inpatient hospitalization.

You may opt for coverage for your spouse or child(ren). You are eligible for this coverage (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage.

(For plan specifics and coverage definitions, see next page.)

Who is Beazley?

Beazley provides a suite of gap protection products that helps protect employees against life's uncertainties. Beazley Insurance Company, Inc. is rated A by A.M. Best. It is a subsidiary of Beazley Group, which was founded in 1986.

How does it work?

Once you are enrolled, the premium amount will be deducted from each paycheck. You will receive an ID card to present to your medical provider, indicating you have coverage.

To submit a claim, you will submit a copy of the itemized bill from the medical provider.

Hospital Indemnity at a Glance

What is it?

- Covers basic medical services at a specific benefit amount for a specified number of days

Why should I have it?

- To fill gaps and protect your income and assets.
- To take advantage of the opportunity to select benefit options offered at work.

How does it help me?

Here's a sample scenario to demonstrate how the product can help fill gaps:

Jerry enrolled in the Hospital Indemnity plan, offered by his employer. When Jerry became ill with pneumonia, he was admitted to the hospital for a few days to allow for medication and recovery. His plan paid out a lump-sum benefit for the hospital admission, as well as a daily amount for the short period of confinement.

Later that year, Jerry and his wife welcomed a new baby to the family. Because the baby was delivered C-section, Jerry's wife had to remain in the hospital for 2 days. Again the plan paid a lump-sum amount for the admission, and a daily amount for her short hospital stay.

How much does it cost?

Coverage Type	Monthly Premium Amount
Employee	\$11.53
Employee + Spouse	\$23.64
Employee + Child(ren)	\$20.50
Family	\$34.07

HOSPITAL INDEMNITY PLAN FOR EAGLE MOUNTAIN SAGINAW ISD

BENEFITS	BENEFIT DEFINITIONS	BENEFIT AMOUNTS AND MAXIMUMS
HOSPITAL INDEMNITY BENEFITS		
Hospital Confinement	For treatment in a hospital due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)	\$200 per insured, per day 15 days per insured, per year
Hospital Admission	Lump sum benefit for a hospital admission, due to sickness or injury	\$1,000 per insured, per admission 1 admission per insured, per year



Legal Notices and Updates

Model Language for Notice of Opportunity to Enroll in connection with Extension of Dependent Coverage to Age 26

The interim final regulations extending dependent coverage to age 26 provide transitional relief for a child whose coverage ended, or who was denied coverage (or was not eligible for coverage) under a group health plan or health insurance coverage because, under the terms of the plan or coverage, the availability of dependent coverage of children ended before the attainment of age 26. The regulations require a plan or issuer to give such a child an opportunity to enroll that continues for at least 30 days (including written notice of the opportunity to enroll), regardless of whether the plan or coverage offers an open enrollment period and regardless of when any open enrollment period might otherwise occur. This enrollment opportunity (including the written notice) must be provided not later than the first day of the first plan year beginning on or after September 23, 2010. The notice may be included with other enrollment materials that a plan distributes, provided the statement is prominent. Enrollment must be effective as of the first day of the first plan year beginning on or after September 23, 2010.

The following model language can be used to satisfy the notice requirement:

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in **Eagle Mountain Saginaw ISD** group health plans. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to **September 1, 2018** beginning on or after September 23, 2011. For more information contact Eagle Mountain Saginaw ISD Benefits Department.



PERSONAL SERVICES

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 www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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 www.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 www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in Texas you may be eligible for assistance paying your employer health plan premiums. The following contact information is current as of July 31, 2014. If you do not reside in Texas YOU should contact your State for further information on eligibility.

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>

Phone: 1-800-440-0493

For more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 817-232-0880 ext. 2978 for more information.

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 issuers 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).

INDIVIDUAL MEDICARE PART D (PRESCRIPTION DRUG) PLANS & TRS-CARE 1

An individual Medicare Part D plan is a prescription drug plan you can purchase directly from a Medicare-approved insurer. If you are enrolled in TRS-Care 1, you should consider enrolling in an individual Medicare Part D plan when you are first eligible. If you enroll later, you will face a significant Medicare Part D premium penalty. Prescription coverage under TRS-Care 1 is not creditable prescription drug coverage. Creditable coverage means, per Medicare, the coverage provides equal or better coverage than an individual prescription drug plan purchased from a Medicare-approved insurer. Having a creditable prescription drug coverage allows you to enroll in an individual Medicare Part D plan during future Medicare annual enrollment periods without the penalty of higher premiums.



PERSONAL SERVICES

HIPAA SPECIAL ENROLLMENT RIGHTS

Loss of Other Coverage—If you are declining or have declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Eagle Mountain Saginaw ISD in accordance with HIPAA, protects your Protected Health Information (PHI). Eagle Mountain Saginaw ISD discusses your PHI with medical providers and third-party administrators when necessary to administer the plan that provides your medical and dental benefits or as mandated by law.

CONTINUATION REQUIRED BY FEDERAL LAW FOR YOUR AND YOUR DEPENDENTS

Federal law enables you or your dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your dependent(s) to continue health insurance if their coverage ceases due to your death, divorce, legal separation, or with respect to dependent children, failure to continue to qualify as a dependent. Continuation must be elected in accordance with the rules of your employer's group health plan(s) and is subject to federal law, regulations and interpretations.

HIPAA PRIVACY NOTICE UPDATE

HIPAA requires Eagle Mountain Saginaw ISD notify you that a Privacy Notice is available from the Employee Benefits Department.

PERSONAL SERVICES



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

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 9.5% 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 [Benefits at 817.232.0880 extension 2978](tel:817.232.0880).

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.



PERSONAL SERVICES

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 Eagle Mountain Saginaw ISD		4. Employer Identification Number (EIN) 75-6004855	
5. Employer address 1200 Old Decatur Road		6. Employer phone number 817.232.0880	
7. City Fort Worth		8. State Texas	9. ZIP code 76179
10. Who can we contact about employee health coverage at this job? Benefits Office			
11. Phone number (if different from above) 817.232.0880 extension 2978		12. Email address benefits@ems-isd.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:

Some employees. Eligible employees are:

All Full Time employees working 20 hours per week.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Legally Married Spouses and Eligible Children.

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

Plan	Group Number	Carrier	Website	Contact
Medical		Aetna – TRS	www.tractivecare.aetna.com	(800) 222-9205
		TRS Caremark	www2.caremark.com/trsactivecare	(800) 552-8159
Dental Vision Accident Critical Illness	200702	MetLife	www.askmetlife.com	(800) 942-0854 (855) 638-3931 (800) 638-5433 (800) 638-5433
Disability	657260	Unum	www.unum.com	(866) 679-3054
Basic Life and AD&D	657258			
Supplemental Life	657259			
GAP Hospital Indemnity	Y4E746	Beazley	www.beazley.com	(855) 805-9176
Universal Life		Trustmark	www.trustmarksolutions.com	(888) 294-1752
Benefits Call Center		Professional Enrollment Concepts	www.pecinsuresource.com	(888) 294-1752

Eagle Mountain Saginaw ISD Benefits Department	jmcnutt-erwin@ems-isd.net	(817) 232-0880 x2978
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Alamo Insurance	E-mail	Phone
Paula Colón Benefits Account Manager	pcolon@alamoinsgrp.com	(210) 524-7112
Greg Coldewey Account Executive	gcoldewey@alamoinsgrp.com	(210) 524-7109



**EAGLE MOUNTAIN
SAGINAW ISD**

Fostering a Culture of Excellence



Benefits Service Center

(888) 294-1752

Monday – Friday: 8:00am – 7:00pm
Saturday: 9:00am – 3:00pm