

2024 - 2025 Plan Year



East Texas Employee Benefits Cooperative

BENEFIT GUIDE

EFFECTIVE: 09/01/2024 - 08/31/2025

WWW.ETXEBC.COM

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FLIP TO...

PG. 4

HOW TO ENROLL

PG. 6

SUMMARY PAGES

PG. 10

YOUR BENEFITS



Benefit Contact Information

ETXEBE BENEFITS Higginbotham Public Sector (800) 583-6908 www.etxebc.com Benefits Care Line: (866) 914-5202	MEDICAL BCBSTX (866) 355-5999 www.bcbstx.com/trsactivecare	CLEVER RX Clever RX (800) 873-1195 partner.cleverrx.com/etxebc
HOSPITAL CASH CHUBB Group #100000127 (888) 499-0425 www.chubb.com	TELEHEALTH MDLIVE (888) 365-1663 www.mdlive.com/fbsbh	DENTAL MetLife Group #5374366 (800) 638-5433 www.metlife.com
VISION MetLife Group #5374366 (800) 638-5433 www.metlife.com	DISABILITY New York Life (888) 842-4462 www.nyl.com	CRITICAL ILLNESS CHUBB Group #100000127 (888) 499-0425 www.chubb.com
CANCER CHUBB Group #100000127 (888) 499-0425 educatorclaims@chubb.com	ACCIDENT United Healthcare Group #304657 (866) 556-8298 www.uhc.com	LIFE AND AD&D CHUBB Group #100000127 (888) 499-0425 www.chubb.com
IDENTITY THEFT ID Watchdog Group #1504 (800) 774-3772 www.idwatchdog.com	HEALTH SAVINGS ACCOUNT (HSA) EECU (800) 333-9934 www.eecu.org	FLEXIBLE SPENDING ACCOUNT (FSA) National Benefit Services (800) 274-0503 www.nbsbenefits.com
INDIVIDUAL LIFE 5Star Life Insurance Group #FBS03 (866) 863-9753 www.5starlifeinsurance.com	EMERGENCY MEDICAL TRANSPORT MASA Group #ETEBC (800) 423-3226 www.masamts.com	

All Your Benefits - One App

Employee benefits made easy
through the *Benefits App!*

Text **“BENEFITS”**
to **(214) 831-4297**
and get access to everything you
need to complete your benefits
enrollment:

- Benefit Resources
- Online Enrollment
- Interactive Tools
- And more!

App Group #:
Go to PAGE 86 to find your
district’s group #

Text
“BENEFITS”
to
(214) 831-4297

 Download on the
App Store

 GET IT ON
Google Play



Login Process

1

www.etxebc.com

2

CLICK LOGIN

3

Enter your Information

- Last Name
- Date of Birth
- Last Four (4) of Social Security Number

NOTE: THEbenefitsHUB uses this information to check behind the scenes to confirm your employment status.

4

Once confirmed, the Additional Security Verification page will list the contact options from your profile. Select either **Text**, **Email**, **Call**, or **Ask Admin** options to receive a code to complete the final verification step.

5

Enter the code that you receive and click **Verify**. You can now complete your benefits enrollment!

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. Changes are not permitted during the plan year (outside of annual enrollment) unless a Section 125 qualifying event occurs.

- Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.
- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.

New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 30 days of benefit eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefit Office or you can call Higginbotham Public Sector at (866) 914-5202 for assistance.

Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: www.etxebc.com. Click the benefit plan you need information on (i.e., Dental) and you

can find the forms you need under the Benefits and Forms section.

How can I find a Network Provider?

For benefit summaries and claim forms, go to the ETXEBE benefit website: www.etxebc.com. Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can login to the carrier website and print a temporary ID card or simply give your provider the insurance company's phone number and they can call and verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.

If the insurance carrier provides ID cards, but there are no changes to the plan, you typically will not receive a new ID card each year.

What is Guaranteed Coverage?

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during initial eligibility period. Actively-at-work and/or preexisting condition exclusion provisions do apply, as applicable by carrier.

What is a Pre-Existing Conditions?

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescriptions drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services).

Section 125 Cafeteria Plan Guidelines

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 30 days of your qualifying event and meet with your Benefit Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

CHANGES IN STATUS (CIS):	QUALIFYING EVENTS
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain/Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Judgment/Decree/Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 15 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2024 benefits become effective on September 1, 2024, you must be actively-at-work on September 1, 2024 to be eligible for your new benefits.

PLAN	MAXIMUM AGE
Accident	Through 25
Cancer	Through 25
Critical Illness	Through 25
Dental	Through 25
Dependent Flex	12 or younger or qualified individual unable to care for themselves & claimed as a dependent on your taxes
Healthcare FSA	Through 25 or IRS Tax Dependent
Health Savings Account	IRS Tax Dependent
Hospital Cash	Through 25
Medical	Through 25
Telehealth	Through 25
Vision	Through 25
Life and AD&D	Through 25
Individual Life	Issue Through 25 Keep to 121

Dependent Eligibility Requirements

Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, through the maximum age listed below. Dependents cannot be double covered by married spouses within the district as both employees and dependents.

Please note, limits and exclusions may apply when obtaining coverage as a married couple or when obtaining coverage for dependents.

Potential Spouse Coverage Limitations: *When enrolling in coverage, please keep in mind that some benefits may not allow you to cover your spouse as a dependent if your spouse is enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Higginbotham Public Sector, or contact the insurance carrier for additional information on spouse eligibility.*

FSA/HSA Limitations: *Please note, in general, per IRS regulations, married couples may not enroll in both a Flexible Spending Account (FSA) and a Health Savings Account (HSA). If your spouse is covered under an FSA that reimburses for medical expenses then you and your spouse are not HSA eligible, even if you would not use your spouse's FSA to reimburse your expenses. However, there are some exceptions to the general limitation regarding specific types of FSAs. To obtain more information on whether you can enroll in a specific type of FSA or HSA as a married couple, please reach out to the FSA and/or HSA provider prior to enrolling or reach out to your tax advisor for further guidance.*

Potential Dependent Coverage Limitations: *When enrolling for dependent coverage, please keep in mind that some benefits may not allow you to cover your eligible dependents if they are enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Higginbotham Public Sector, or contact the insurance carrier for additional information on dependent eligibility.*

Disclaimer: *You acknowledge that you have read the limitations and exclusions that may apply to obtaining spouse and dependent coverage, including limitations and exclusions that may apply to enrollment in Flexible Spending Accounts and Health Savings Accounts as a married couple. You, the enrollee, shall hold harmless, defend, and indemnify Higginbotham Public Sector from any and all claims, actions, suits, charges, and judgments whatsoever that arise out of the enrollee's enrollment in spouse and/or dependent coverage, including enrollment in Flexible Spending Accounts and Health Savings Accounts.*

If your dependent is disabled, coverage may be able to continue past the maximum age under certain plans. If you have a disabled dependent who is reaching an ineligible age, you must provide a physician's statement confirming your dependent's disability. Contact your Benefit Office to request a continuation of coverage.

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
Employer Eligibility	A qualified high deductible health plan.	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	\$1,600 single (2024) \$3,200 family (2024)	N/A
Maximum Contribution	\$4,150 single (2024) \$8,300 family (2024) 55+ catch up +\$1,000	\$3,200 (2024)
Permissible Use Of Funds	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	Yes, will roll over to use for subsequent year's health coverage.	No. Access to some funds may be extended if your employer's plan contains a 2 1/2-month grace period or \$500 rollover provision.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

FLIP TO
FOR HSA INFORMATION

PG. 79

FLIP TO
FOR FSA INFORMATION

PG. 80

Medical Insurance

TRS - Region 3

ABOUT MEDICAL

Major medical insurance is a type of health care coverage that provides benefits for a broad range of medical expenses that may be incurred either on an inpatient or outpatient basis.

For full plan details, please visit your benefit website:

www.etxebc.com



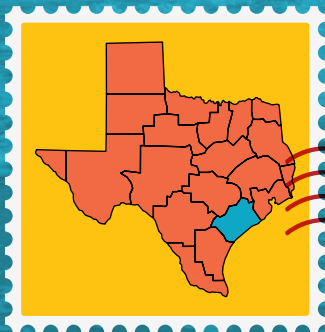
These rates apply to the following districts:

East Bernard ISD

PG. 10	REGION 3	PG. 34	REGION 7
PG. 16	REGION 4	PG. 40	REGION 8
PG. 22	REGION 5	PG. 46	REGION 10
PG. 28	REGION 6	PG. 52	REGION 11
PG. 58	REGION 12		

The only thing more reliable than a Gulf Coast sunset is your TRS-ActiveCare network.

TRS-ActiveCare REGION 3



TRS-ActiveCare Plan Highlights 2024-25



Learn the 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.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the 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; e.g., 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.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

$$\begin{aligned} &\text{Total Monthly Premium} \\ - &\text{Your Employer Contribution} \\ \hline = &\text{Your Premium} \end{aligned}$$

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans. See the benefits guide for more details.

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Plus
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than Primary • Copays for many services • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$477	-	-	\$560
Employee and Spouse	\$1,288	-	-	\$1,456
Employee and Children	\$811	-	-	\$952
Employee and Family	\$1,622	-	-	\$1,848

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,050/\$16,100
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

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

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; 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; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

TRRS-ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Under referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> • Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
-	-	\$490	-	-
-	-	\$1,323	-	-
-	-	\$833	-	-
-	-	\$1,666	-	-

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Copay per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
25% after deductible (\$100 max)/ 25% after deductible (\$265 max)	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
SP eligible; You pay 30% after deductible	You pay 20% after deductible
\$11-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

***Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.*

Notes



These rates apply to the following districts:

Anahuac ISD

Damon ISD

Danbury ISD

Devers ISD

Hitchcock ISD

Needville ISD

Royal ISD

Tarkington ISD

PG. 10

REGION
3

PG. 34

REGION
7

PG. 16

REGION
4

PG. 40

REGION
8

PG. 22

REGION
5

PG. 46

REGION
10

PG. 28

REGION
6

PG. 52

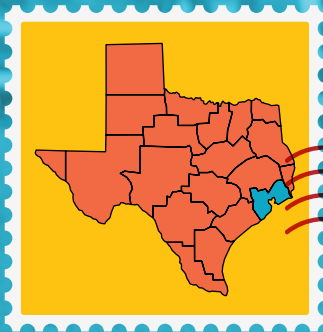
REGION
11

PG. 58

REGION
12

Go ahead and sign up for the Houston rodeo – 90% of Texas emergency rooms are covered with TRS-ActiveCare.

TRS-ActiveCare REGION 4



TRS-ActiveCare Plan Highlights 2024-25



Learn the 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.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the 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; e.g., 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.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

$$\begin{aligned} &\text{Total Monthly Premium} \\ - &\text{Your Employer Contribution} \\ \hline = &\text{Your Premium} \end{aligned}$$

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans. See the benefits guide for more details.

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Plus
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than other plans • Copays for many services • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$471	-	-	\$553
Employee and Spouse	\$1,272	-	-	\$1,438
Employee and Children	\$801	-	-	\$941
Employee and Family	\$1,602	-	-	\$1,825

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,050/\$16,100
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

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

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; 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; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

TRRS-ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Primary care referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> • Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
-	-	\$484	-	-
-	-	\$1,307	-	-
-	-	\$823	-	-
-	-	\$1,646	-	-

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Limit per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
25% after deductible (\$100 max)/ 25% after deductible (\$265 max)	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
Not eligible; You pay 30% after deductible	You pay 20% after deductible
\$11-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999 with questions.



These rates apply to the following districts:

Bridge City ISD	Hull-Daisetta ISD	Silsbee ISD
Buna ISD	Jasper ISD	The Bob Hope School
Chester ISD	Kirbyville CISD	The Ehrhart School
Deweyville ISD	Kountze ISD	Vidor ISD
East Chambers ISD	Lumberton ISD	Warren ISD
Evadale ISD	Nederland ISD	West Hardin ISD
Hardin ISD	Orangefield ISD	
Hardin Jefferson ISD	Sabine Pass ISD	

PG. 10 REGION
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PG. 34 REGION
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PG. 16 REGION
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PG. 40 REGION
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PG. 22 REGION
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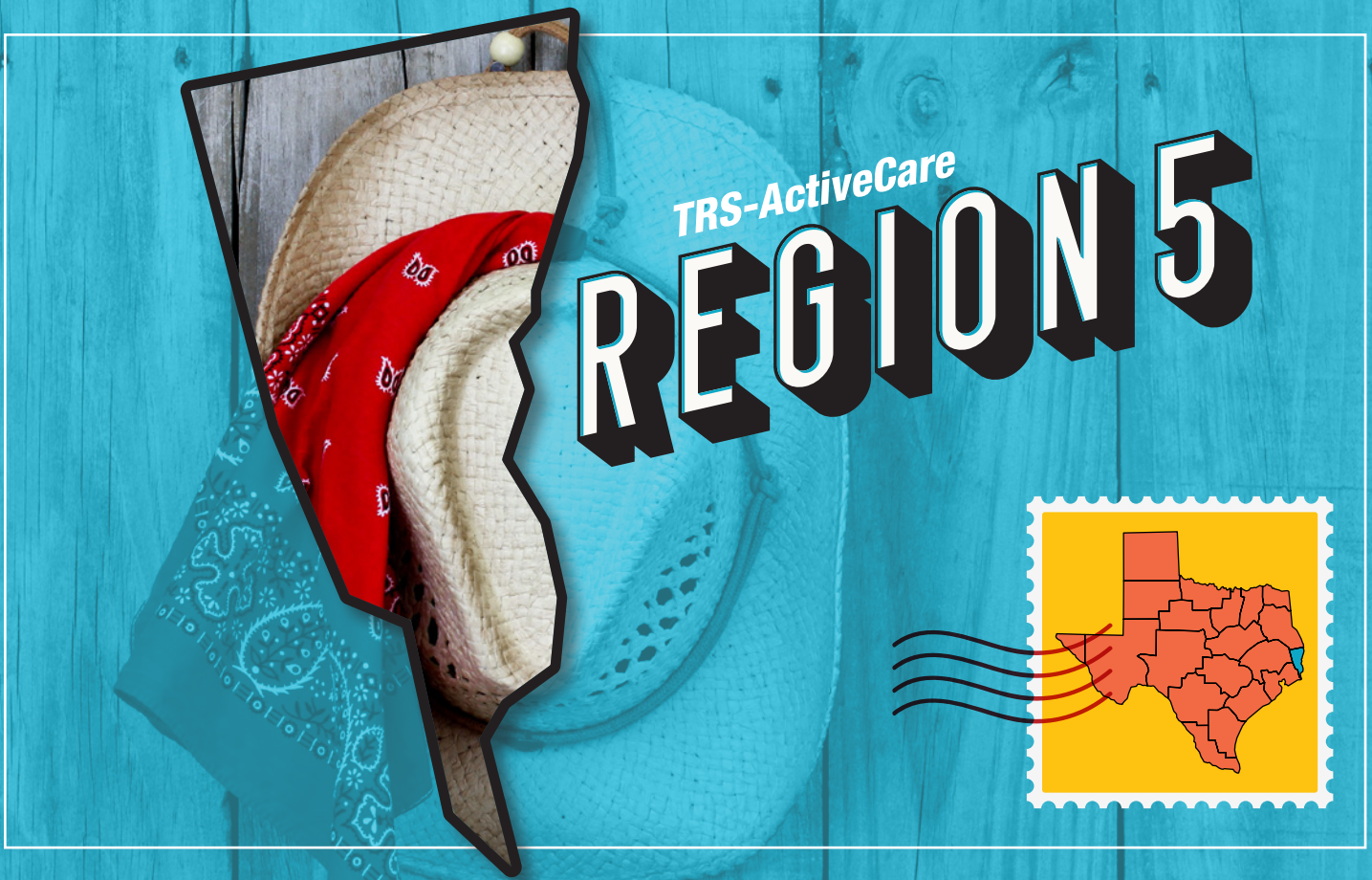
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PG. 28 REGION
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PG. 52 REGION
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PG. 58 REGION
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TRS-ActiveCare has the largest network of doctors and hospitals in Texas. You can hang your hat on it.



TRS-ActiveCare Plan Highlights 2024-25



Learn the 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.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the 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; e.g., 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.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

$$\begin{aligned} &\text{Total Monthly Premium} \\ - &\text{Your Employer Contribution} \\ \hline = &\text{Your Premium} \end{aligned}$$

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Plus
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than other plans • Copays for many services • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$489	-	-	\$574
Employee and Spouse	\$1,321	-	-	\$1,493
Employee and Children	\$832	-	-	\$976
Employee and Family	\$1,663	-	-	\$1,895

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,050/\$16,100
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

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

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; 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; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

TRRS-ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Primary care referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> • Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
-	-	\$502	-	-
-	-	\$1,356	-	-
-	-	\$854	-	-
-	-	\$1,707	-	-

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Copay per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
25% after deductible (\$100 max)/ 25% after deductible (\$265 max)	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
\$15 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999 with questions.



These rates apply to the following districts:

Anderson-Shiro CISD	Franklin ISD	Normangee ISD
Arrow Academy	Gause ISD	North Zulch ISD
Big Sandy ISD	Goodrich ISD	Richards ISD
Brazos ISD	Groveton ISD	Sealy ISD
Bremond ISD	Leon ISD	Snook ISD
Burton ISD	Madisonville ISD	Somerville ISD
Calvert ISD	Milano ISD	
Centerville ISD	Mumford ISD	

PG. 10 REGION
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PG. 34 REGION
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PG. 16 REGION
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PG. 22 REGION
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PG. 46 REGION
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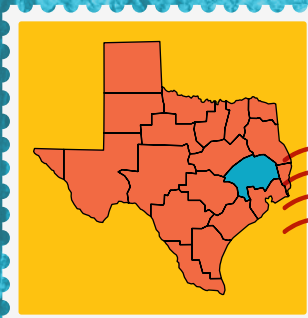
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PG. 52 REGION
11

PG. 58 REGION
12

*Pine trees aren't the only things covering Region 6,
TRS-ActiveCare has the largest network of doctors in Texas.*

TRS-ActiveCare REGION 6



TRS-ActiveCare Plan Highlights 2024-25



Learn the 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.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the 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; e.g., 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.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

$$\begin{aligned} &\text{Total Monthly Premium} \\ - &\text{Your Employer Contribution} \\ \hline = &\text{Your Premium} \end{aligned}$$

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Plus
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than other plans • Copays for many services • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$452	-	-	\$530
Employee and Spouse	\$1,221	-	-	\$1,378
Employee and Children	\$769	-	-	\$901
Employee and Family	\$1,537	-	-	\$1,749

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,050/\$16,100
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

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

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; 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; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

TRRS-ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Primary care referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> • Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
-	-	\$465	-	-
-	-	\$1,256	-	-
-	-	\$791	-	-
-	-	\$1,581	-	-

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Copay per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
25% after deductible (\$100 max)/ 25% after deductible (\$265 max)	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
SP eligible; You pay 30% after deductible	You pay 20% after deductible
\$11-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

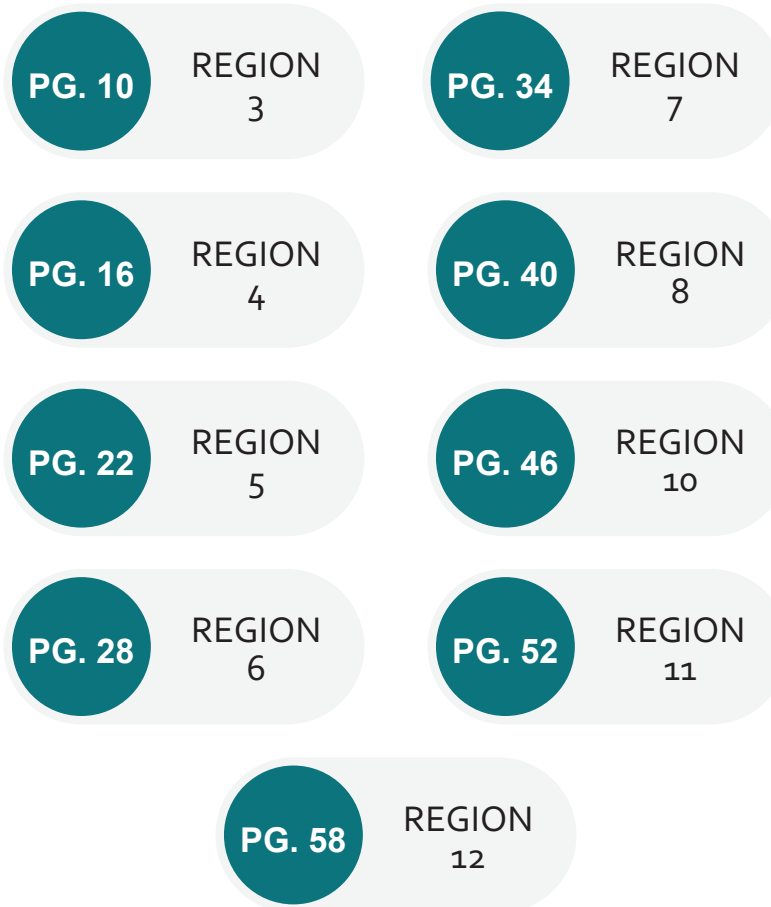
***Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.*



These rates apply to the following districts:

Elkhart ISD

Winona ISD



The Piney Woods' WiFi might not always be reliable, but your TRS-ActiveCare network is!



TRS-ActiveCare Plan Highlights 2024-25



Learn the 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.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the 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; e.g., 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.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

$$\begin{aligned} &\text{Total Monthly Premium} \\ - &\text{Your Employer Contribution} \\ \hline = &\text{Your Premium} \end{aligned}$$

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans. See the benefits guide for more details.

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Plus
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than other plans • Copays for many services • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$469	-	-	\$551
Employee and Spouse	\$1,267	-	-	\$1,433
Employee and Children	\$798	-	-	\$937
Employee and Family	\$1,595	-	-	\$1,819

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,050/\$16,100
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

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

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; 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; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TR-ActiveCare Primary+	TRS-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>nder referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> • Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

TR-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
-	-	\$484	-	-
-	-	\$1,307	-	-
-	-	\$823	-	-
-	-	\$1,646	-	-

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
25% after deductible (\$100 max)/ 25% after deductible (\$265 max)	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
SP eligible; You pay 30% after deductible	You pay 20% after deductible
\$11-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999 with questions.



These rates apply to the following districts:

Avery ISD
Clarksville ISD
De Kalb ISD
Jefferson ISD

Maud ISD
McLeod ISD
New Boston ISD
Queen City ISD

PG. 10 REGION
3

PG. 34 REGION
7

PG. 16 REGION
4

PG. 40 REGION
8

PG. 22 REGION
5

PG. 46 REGION
10

PG. 28 REGION
6

PG. 52 REGION
11

PG. 58 REGION
12

Don't fear the Caddo Lake gator – TRS-ActiveCare has 90% of emergency rooms in network.



TRS-ActiveCare Plan Highlights 2024-25



Learn the 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.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the 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; e.g., 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.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

$$\begin{aligned} &\text{Total Monthly Premium} \\ - &\text{Your Employer Contribution} \\ \hline = &\text{Your Premium} \end{aligned}$$

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans. See the benefits guide for more details.

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Plus
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than other plans • Copays for many services • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$473	-	-	\$555
Employee and Spouse	\$1,278	-	-	\$1,443
Employee and Children	\$805	-	-	\$944
Employee and Family	\$1,609	-	-	\$1,832

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,050/\$16,100
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

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

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; 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; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare Primary+	TRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Primary care referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> • Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
-	-	\$486	-	-
-	-	\$1,313	-	-
-	-	\$827	-	-
-	-	\$1,653	-	-

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Copay per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
25% after deductible (\$100 max)/ 25% after deductible (\$265 max)	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
SP eligible; You pay 30% after deductible	You pay 20% after deductible
\$11-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999 with questions.



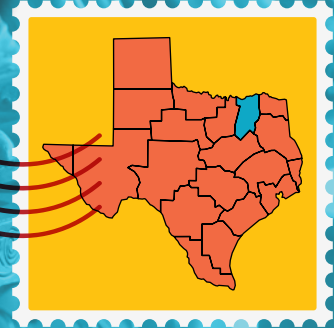
These rates apply to the following districts:

Blue Ridge ISD
Leadership Prep School
Texans Can Academies
Tioga ISD

PG. 10	REGION 3	PG. 34	REGION 7
PG. 16	REGION 4	PG. 40	REGION 8
PG. 22	REGION 5	PG. 46	REGION 10
PG. 28	REGION 6	PG. 52	REGION 11
PG. 58	REGION 12		

You bet your boots big things happen here, including TRS-ActiveCare's large network of doctors and hospitals.

TRS-ActiveCare REGION 10



TRS-ActiveCare Plan Highlights 2024-25



Learn the 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.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the 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; e.g., 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.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

$$\begin{aligned} &\text{Total Monthly Premium} \\ - &\text{Your Employer Contribution} \\ \hline = &\text{Your Premium} \end{aligned}$$

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Plus
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than other plans • Copays for many services • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$501	-	-	\$588
Employee and Spouse	\$1,353	-	-	\$1,529
Employee and Children	\$852	-	-	\$1,000
Employee and Family	\$1,704	-	-	\$1,941

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,050/\$16,100
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

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

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; 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; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

TRRS-ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Prescription referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account Nationwide network with out-of-network coverage No requirement for Primary Care Providers or referrals Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for Primary Care Providers or referrals

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
-	-	\$513	-	-
-	-	\$1,386	-	-
-	-	\$873	-	-
-	-	\$1,745	-	-

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Copay per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
25% after deductible (\$100 max)/ 25% after deductible (\$265 max)	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
SP eligible; You pay 30% after deductible	You pay 20% after deductible
\$11-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

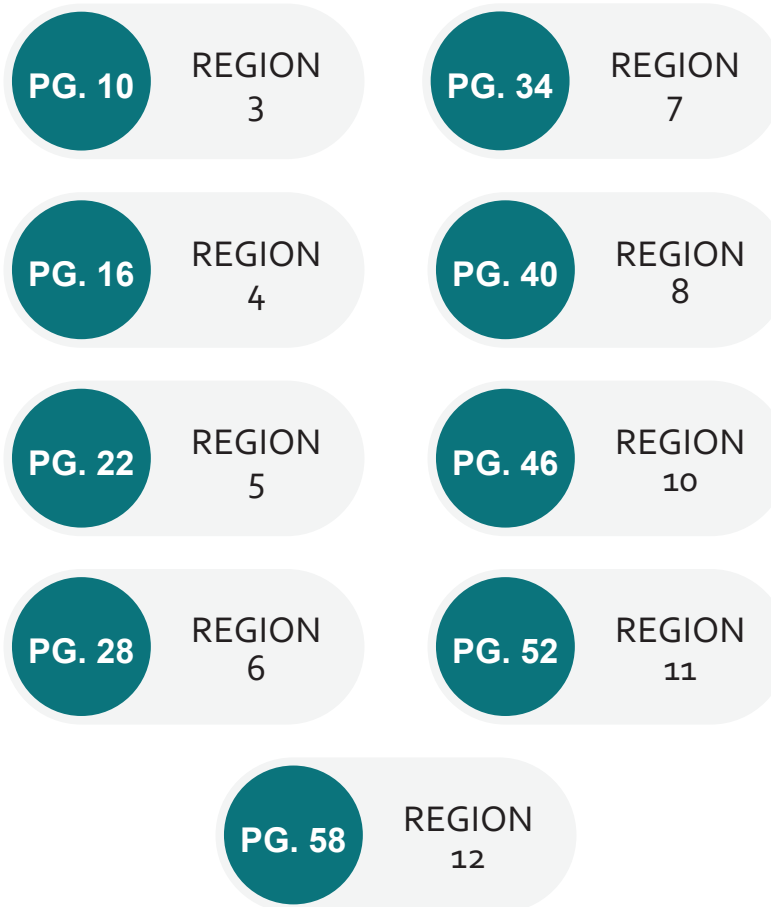
Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

***Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.*



These rates apply to the following districts:

Krum ISD



Where the west begins is where TRS-ActiveCare rides with you on your health care journey.



TRS-ActiveCare Plan Highlights 2024-25



Learn the 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.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the 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; e.g., 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.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

$$\begin{aligned} &\text{Total Monthly Premium} \\ - &\text{Your Employer Contribution} \\ \hline = &\text{Your Premium} \end{aligned}$$

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible t • Copays for many s • Higher premium • Statewide network • Primary Care Provi • Not compatible wit • No out-of-network

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$505	-	-	\$592
Employee and Spouse	\$1,364	-	-	\$1,540
Employee and Children	\$859	-	-	\$1,007
Employee and Family	\$1,717	-	-	\$1,954

Plan Features		
Type of Coverage	In-Network Coverage Only	In-
Individual/Family Deductible	\$2,500/\$5,000	
Coinsurance	You pay 30% after deductible	You
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	
Network	Statewide Network	
PCP Required	Yes	

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

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

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deduct
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay You pay
Non-preferred	You pay 50% after deductible	You
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 3

Each includes a wide range of wellness benefits.

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TR-ActiveCare Primary+	TRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Prescription referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> • Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

TR-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
-	-	\$519	-	-
-	-	\$1,402	-	-
-	-	\$883	-	-
-	-	\$1,765	-	-

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Copay per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
25% after deductible (\$100 max)/ 25% after deductible (\$265 max)	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
SP eligible; You pay 30% after deductible	You pay 20% after deductible
\$11-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

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Reach them at **1-866-355-5999**.

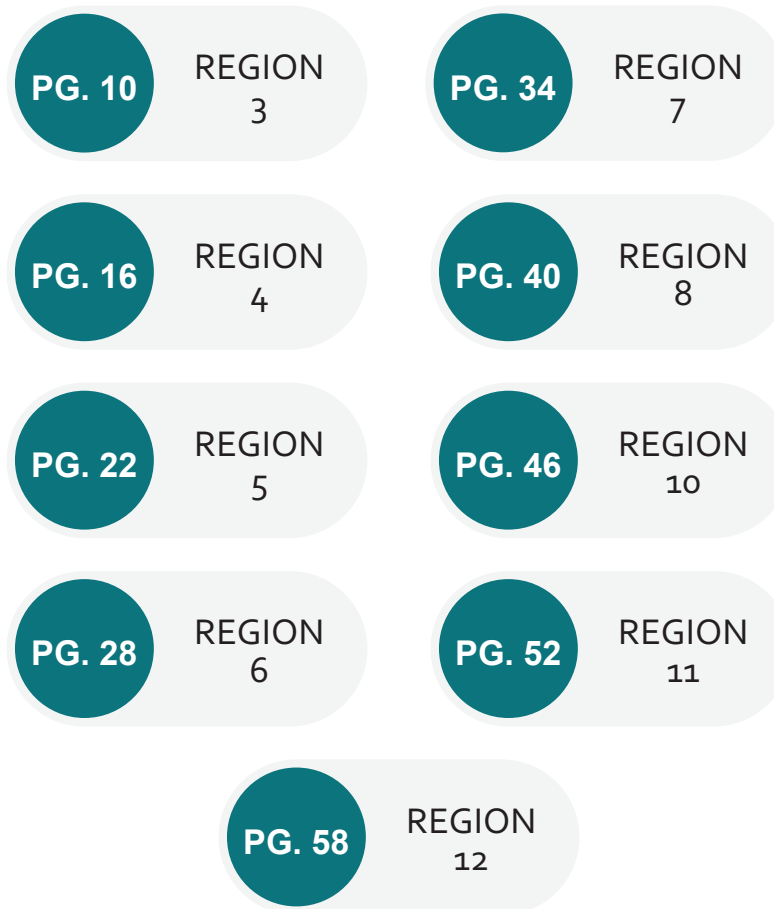
Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999 with questions.



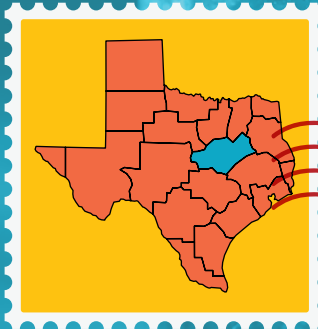
These rates apply to the following districts:

Rice ISD
Teague ISD



While you can't see Dr. Pepper for your annual check-up, you can find a great one in TRS-ActiveCare's largest network of doctors.

TRS-ActiveCare REGION 12



TRS-ActiveCare Plan Highlights 2024-25



Learn the 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.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the 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; e.g., 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.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

$$\begin{aligned} &\text{Total Monthly Premium} \\ - &\text{Your Employer Contribution} \\ \hline = &\text{Your Premium} \end{aligned}$$

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Plus
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than other plans • Copays for many services • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$446	-	-	\$523
Employee and Spouse	\$1,205	-	-	\$1,360
Employee and Children	\$759	-	-	\$890
Employee and Family	\$1,517	-	-	\$1,726

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,050/\$16,100
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

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

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; 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; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TR-ActiveCare Primary+	TR-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Primary care referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> • Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

TR-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
-	-	\$459	-	-
-	-	\$1,240	-	-
-	-	\$781	-	-
-	-	\$1,561	-	-

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Coverable per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
25% after deductible (\$100 max)/ 25% after deductible (\$265 max)	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
SP eligible; You pay 30% after deductible	You pay 20% after deductible
\$11-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

***Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.*

NEVER OVERPAY FOR PRESCRIPTIONS AGAIN NOW THAT'S CLEVER.



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



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



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

- START SAVING TODAY WITH CLEVER RX**
- ✓ 100% FREE to use
 - ✓ Unlock discounts on thousands of medications
 - ✓ Save up to 80% off prescription drugs – often beats the average copay
 - ✓ Accepted at most pharmacies nationwide



STEP 1:

Download the **FREE Clever RX App**. From your App Store search for "Clever RX" and hit download. Make sure you enter in Group ID 1085 and in Member ID 3917 during the on-boarding process. This will unlock exclusive savings for you and your family!



STEP 2:

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



STEP 3:

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



STEP 4:

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

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

DID YOU KNOW?

70%

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

30%

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

40%

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

70%

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

C L E V E R **RX** PRESCRIPTION SAVINGS CARD

C L E V E R **RX** CLEVERRX.COM

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

BIN: 020529
PCN: CLEVR
Group: 1085
Member ID: 3917

For even greater savings, download the app for **FREE!**



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

THIS CARD IS NOT INSURANCE

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

ABOUT HOSPITAL CASH

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

For full plan details, please visit your benefit website: www.etxebc.com



It's not easy to pay hospital bills, especially if you have a high deductible medical plan. Chubb Hospital Cash pays money directly to you if you are hospitalized so you can focus on your recovery. And since the cash goes directly to you, there are no restrictions on how you use your money.

Hospitalization and Rehabilitation Benefits	Payable Benefit		
	Plan 1	Plan 2	Plan 3
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> \$1,500 Maximum Benefit Per Calendar Year: 5 	<ul style="list-style-type: none"> \$3,000 Maximum Benefit Per Calendar Year: 5 	<ul style="list-style-type: none"> \$5,000 Maximum Benefit Per Calendar Year: 5
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> \$150 Per Day Maximum Days Per Calendar Year: 30 		<ul style="list-style-type: none"> \$200 Per Day Maximum Days Per Calendar Year: 30
Hospital Confinement ICU Benefit The benefit for confinement in a hospital intensive care unit.	<ul style="list-style-type: none"> \$300 Per Day Maximum Days Per Calendar Year: 30 		<ul style="list-style-type: none"> \$400 Per Day Maximum Days Per Calendar Year: 30
Newborn Nursery This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury.	<ul style="list-style-type: none"> \$500 Per Day Maximum Days per Confinement- Normal Delivery: 2 Maximum Days per Confinement- Caesarean Section: 2 		
Observation Unit This benefit is for treatment in a hospital observation unit for a period of less than 20 hours.	<ul style="list-style-type: none"> \$500 Maximum Days Per Calendar Year: 2 		
Wellness Benefit	<ul style="list-style-type: none"> \$50 Per Day Maximum Days Per Calendar Year: 1 		
Waiver of Premium Benefits	Plan 1	Plan 2	Plan 3
Waiver of Premium Hospital Confinement This benefit waives premium when the employee is confined for more than 30 continuous days.	Included	Included	Included
Monthly Rates	Plan 1	Plan 2	Plan 3
Employee	\$20.74	\$34.22	\$54.35
Employee + Spouse	\$43.31	\$69.72	\$110.19
Employee + Children	\$29.50	\$48.25	\$76.39
Family	\$47.82	\$77.68	\$122.86

**fast, hassle-free
health care.
anytime. anywhere.**



Your benefits include reliable 24/7 health care by phone or video. Our national network of board-certified doctors provides personalized care for hundreds of medical and mental health needs. No surprise costs. No hassle. Just create an account to enroll.

URGENT CARE

On-demand care for illness and injuries.

- Talk to a board-certified doctor in just minutes when you need care fast, including prescriptions.
- Reliable and affordable alternative to urgent care clinics for more than 80 common, non-emergency conditions like flu, sinus infections, ear pain, and UTIs (Females, 18+).

MENTAL HEALTH

Talk therapy and psychiatry from the privacy of home.¹

- Licensed therapists and board-certified psychiatrists.
- Schedule your appointment in as little as five days with after-hours and flexible sessions available.

USING MDLIVE IS AS EASY AS 1-2-3:



STEP 1: CREATE YOUR SECURE ACCOUNT.



STEP 2: REQUEST AN APPOINTMENT.

Have an urgent care appointment right away, or schedule a time that works for you.



STEP 3: FEEL BETTER FASTER.

Get a diagnosis, treatment plan, and prescriptions, when appropriate, sent right to your preferred pharmacy.¹



Meet Sophie, your personal assistant
Text FBSBH to 635483 to create an account.

Create your account today.
mdlive.com/FBSBH | 888.365.1663

¹Prescriptions are available at the physician's discretion when medically necessary.

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ABOUT DENTAL

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

For full plan details, please visit your benefit website: www.etxebc.com



Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through MetLife Dental.

DPPO Plan

Two levels of benefits are available with the DPPO plan: in-network and out-of-network. You may select the dental provider of your choice, but your level of coverage may vary based on the provider you see for services. You could pay more if you use an out-of-network provider.

How to Find a Dentist

Visit <http://www.metlife.com/> or call (800) 638-5433 to find an in-network dentist.

	Dental		
	High	Low	DHMO
Employee	\$26.64	\$20.70	\$14.96
Employee + Spouse	\$56.62	\$43.98	\$29.02
Employee + Child(ren)	\$73.28	\$56.90	\$38.08
Family	\$99.92	\$77.60	\$47.78

PPO Dental Benefits	High PPO		Low PPO
	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Calendar Year Benefit Maximum			
Per Individual	\$1,700		\$1,200
	You Pay		You Pay
Preventive and Diagnostic Care	100% Covered	100% Covered	100% Covered
Exams, cleanings, X-rays, fluoride treatments, sealants, space maintainers			
Basic Restorative Care	80% after deductible	80% after deductible	50% after deductible
Fillings, simple extractions, oral surgery, endodontics, periodontics, repairs of bridges, crowns and inlays			
Major Restorative Care	50% after deductible	50% after deductible	50% after deductible
Crowns, dentures, bridges, implants, TMJ			
Orthodontia	50%	50%	Not provided
Children only			
Orthodontia Lifetime Maximum	\$1000 per person		Not provided

Vision Insurance

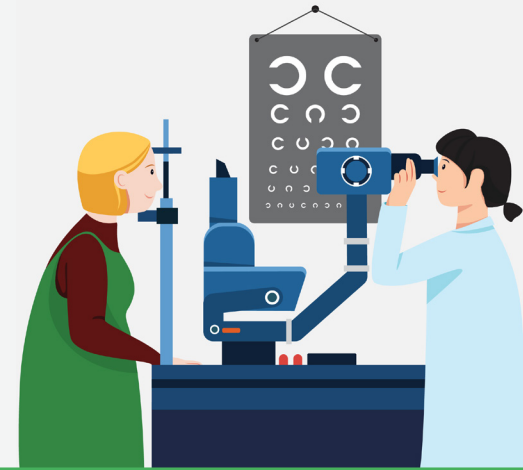
MetLife

EMPLOYEE BENEFITS

ABOUT VISION

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website: www.etxebc.com



Our vision plan provides quality care to help preserve your health and eyesight. In addition to identifying vision and eye problems, regular exams can detect certain medical issues such as diabetes and high cholesterol. You may seek care from any licensed optometrist, ophthalmologist or optician, but plan benefits are better if you use an in-network provider. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through MetLife on the MetLife Vision - VSP Choice network.

Vision		
	High	Low
Employee	\$8.12	\$7.40
Employee + Spouse	\$18.02	\$16.38
Employee + Child(ren)	\$18.08	\$16.44
Family	\$23.38	\$21.26

How to Find a Vision Provider: Visit <http://www.metlife.com/> or call (800) 638-5433 to find an in-network vision provider.

Vision Benefits	High Plan*		Low Plan	
	In-Network You Pay	Out-of-Network Reimbursement	In-Network You Pay	Out-of-Network Reimbursement
Exam	\$10	Up to \$45	\$10	Up to \$45
Lenses				
• Single Vision	\$10	Up to \$30	\$10	Up to \$30
• Bifocals	\$10	Up to \$50	\$10	Up to \$50
• Trifocals	\$10	Up to \$65	\$10	Up to \$65
• Lenticular	\$10	Up to \$100	\$10	Up to \$100
Frames	\$150 allowance \$170 allowance on featured frames	Up to \$70	\$150 allowance \$170 allowance on featured frames	Up to \$70
Retinal Imaging	Up to \$39 copay	Applied to exam allowance	No Coverage	No Coverage
Contacts	In lieu of frames and lenses**			
• Fitting and Evaluation	\$60	Applied to allowance	\$60	Applied to allowance
• Elective	\$150	Up to \$105	\$150	Up to \$105
• Medically Necessary	Covered in full after eyewear copay	Up to \$210	Covered in full after eyewear copay	Up to \$210

Benefit Frequency	
Exam	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 12 months
Contacts	Once every 12 months

***Second Pair (High Plan Only):** This benefit gives you additional eyewear coverage. You can get: Two pairs of prescription eyeglasses, or; One pair of prescription eyeglasses and an allowance toward contact lenses, or; Double your contact lens allowance

****This restriction does not apply to the High Plan. You may use your benefits for both glasses and contacts on the High Plan.**

Disability Insurance

New York Life

EMPLOYEE
BENEFITS

ABOUT DISABILITY

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.

For full plan details, please visit your benefit website: www.etxebc.com



Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness.

If you had an unexpected illness or injury and were unable to work, how long would you be able to pay your bills?

Long-term disability pays a portion of your salary if you're unable to work due to a covered disability.

Some plans vary by district within ETXEB. Check your district benefit website for details.

ABOUT CRITICAL ILLNESS

Critical illness insurance can be used towards medical or other expenses. It provides a lump sum benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke. The money can also be used for non-medical costs related to the illness, including transportation, child care, etc.

For full plan details, please visit your benefit website: www.etxebc.com



Heart attacks and strokes happen every day and often unexpectedly. They don't give you time to prepare and can take a serious toll on both your physical and financial well-being. Chubb Critical Illness pays cash benefits directly to you that you can use to help with your bills, your mortgage, your rent, your childcare—you name it—so you can focus on recovery.

Available Coverage Choices

- **Employee:** \$10,000; \$20,000; \$30,000; \$40,000; or \$50,000 face amounts
- **Spouse:** \$10,000; \$20,000; \$30,000; \$40,000; or \$50,000 face amounts
- **Child coverage:** Included in the employee rate

No benefit will be paid for a date of diagnosis that occurs prior to the coverage effective date. Covered individuals must be treatment free from cancer for 12 months prior to diagnosis date and in complete remission. There is no pre-existing condition limitation. All amounts are Guaranteed Issue- no medical questions are required for coverage to be issued.

Critical Illness Insurance	
Covered Conditions	Payable Benefit as a % of Face Amount
ALS	100%
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Breast Cancer Carcinoma In Situ	100%
Cancer (See below for skin cancer)	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Artery Obstruction	25%
End Stage Renal Failure	100%
Heart Attack	100%
Loss of Sight, Speech, or Hearing	100%
Major Organ Failure	100%
Multiple Sclerosis	100%
Paralysis or Dismemberment	100%
Parkinson's Disease	100%
Severe Burns	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Transient Ischemic Attacks	10%
Skin Cancer Benefit - Payable once per insured per year	\$1000

Critical Illness Insurance

CHUBB

EMPLOYEE BENEFITS

Occupational Package - Pays 100% of the face amount; Benefits payable for HIV or Hepatitis B, C, or D, MRSA, Rabies, Tetanus, or Tuberculosis contracted on the job	Included
Childhood Conditions - Pays 100% of the dependent child face amount; Provides benefits for childhood conditions (Autism Spectrum Disorder; Cerebral Palsy; Congenital Birth Defects; Heart, Lung, Cleft Lip, Palate, etc; Cystic Fibrosis; Down Syndrome; Gaucher Disease; Muscular Dystrophy; and Type 1 Diabetes).	Included
Miscellaneous. Disease Rider + COVID-19 - The Miscellaneous Disease Rider is payable once per covered condition. Covered Conditions include: Addison’s Disease, Cerebrospinal Meningitis, Diphtheria, Huntington’s Chorea, Legionnaire’s Disease, Malaria, Myasthenia Gravis, Meningitis, Necrotizing Fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Systemic Lupus, Tetanus, Tuberculosis. COVID-19 means a disease resulting in a positive COVID-19 diagnostic screening and 5 consecutive days of hospital confinement.	50%
Recurrence Benefit	
Benefits are payable for a subsequent diagnosis of Benign Brain Tumor, Cancer, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Severe Burns, Stroke, or Sudden Cardiac Arrest.	100%
Advocacy Package	
Diabetes Diagnosis Benefit - Pays a benefit once for Covered Person’s Diabetes diagnosis.	\$500
Additional Benefits	
Waiver of Premium - Waives premium while the insured is totally disabled.	
Wellness Benefit - Payable once per insured per year.	

Rates

Riders are included in all the rates listed below: **Waiver of Premium, Wellness Benefit, Diabetes Benefit**

		Critical Illness											
	Coverage	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76+
\$10,000	Employee Only	\$1.12	\$1.39	\$1.44	\$1.92	\$2.47	\$3.38	\$4.26	\$7.37	\$11.47	\$18.25	\$23.12	\$35.18
	Employee + Spouse	\$2.23	\$2.78	\$2.88	\$3.84	\$4.94	\$6.77	\$8.52	\$14.74	\$22.94	\$36.50	\$46.25	\$70.37
	Employee + Children	\$1.12	\$1.39	\$1.44	\$1.92	\$2.47	\$3.38	\$4.26	\$7.37	\$11.47	\$18.25	\$23.12	\$35.18
	Employee + Family	\$2.23	\$2.78	\$2.88	\$3.84	\$4.94	\$6.77	\$8.52	\$14.74	\$22.94	\$36.50	\$46.25	\$70.37
\$20,000	Employee Only	\$2.23	\$2.78	\$2.88	\$3.84	\$4.94	\$6.77	\$8.52	\$14.74	\$22.94	\$36.50	\$46.25	\$70.37
	Employee + Spouse	\$4.46	\$5.57	\$5.76	\$7.68	\$9.89	\$13.54	\$17.04	\$29.47	\$45.89	\$73.01	\$92.50	\$140.74
	Employee + Children	\$2.23	\$2.78	\$2.88	\$3.84	\$4.94	\$6.77	\$8.52	\$14.74	\$22.94	\$36.50	\$46.25	\$70.37
	Employee + Family	\$4.46	\$5.57	\$5.76	\$7.68	\$9.89	\$13.54	\$17.04	\$29.47	\$45.89	\$73.01	\$92.50	\$140.74
\$30,000	Employee Only	\$3.35	\$4.18	\$4.32	\$5.76	\$7.42	\$10.15	\$12.78	\$22.10	\$34.42	\$54.76	\$69.37	\$101.55
	Employee + Spouse	\$6.70	\$8.35	\$8.64	\$11.52	\$14.83	\$20.30	\$25.56	\$44.21	\$68.83	\$109.51	\$138.74	\$211.10
	Employee + Children	\$3.35	\$4.18	\$4.32	\$5.76	\$7.42	\$10.15	\$12.78	\$22.10	\$34.42	\$54.76	\$69.37	\$105.55
	Employee + Family	\$6.70	\$8.35	\$8.64	\$11.52	\$14.83	\$20.30	\$25.56	\$44.21	\$68.83	\$109.51	\$138.74	\$211.10
\$40,000	Employee Only	\$4.46	\$5.57	\$5.76	\$7.68	\$9.89	\$13.54	\$17.04	\$29.47	\$45.89	\$73.01	\$92.50	\$140.74
	Employee + Spouse	\$8.93	\$11.14	\$11.52	\$15.36	\$19.78	\$27.07	\$34.08	\$58.94	\$91.78	\$146.02	\$184.99	\$281.47
	Employee + Children	\$4.46	\$5.57	\$5.76	\$7.68	\$9.89	\$13.54	\$17.04	\$29.47	\$45.89	\$73.01	\$92.50	\$140.74
	Employee + Family	\$8.93	\$11.14	\$11.52	\$15.36	\$19.78	\$27.07	\$34.08	\$58.94	\$91.78	\$146.02	\$184.99	\$281.47
\$50,000	Employee Only	\$5.58	\$6.96	\$7.20	\$9.60	\$12.36	\$16.92	\$21.30	\$36.84	\$57.36	\$91.26	\$115.62	\$175.92
	Employee + Spouse	\$11.16	\$13.92	\$14.40	\$19.20	\$24.72	\$33.84	\$42.60	\$73.68	\$114.72	\$182.52	\$231.24	\$351.84
	Employee + Children	\$5.58	\$6.96	\$7.20	\$9.60	\$12.36	\$16.92	\$21.30	\$36.84	\$57.36	\$91.26	\$115.62	\$175.92
	Employee + Family	\$11.16	\$13.92	\$14.40	\$19.20	\$24.72	\$33.84	\$42.60	\$73.68	\$114.72	\$182.52	\$231.24	\$351.84

ABOUT CANCER

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

For full plan details, please visit your benefit website: www.etxebc.com



A cancer diagnosis and treatment can be an emotionally and physically difficult time. Chubb is there to help support you by providing cash benefits paid directly to you. Benefits are paid if you are diagnosed with cancer, but also help cover many other cancer-related services such as doctor's visits, treatments, specialty care, and recovery. However, there are no restrictions on how to use these cash benefits—so you can use them as you see fit.

Choose the right level of coverage during the enrollment period to better protect your family.

Cancer Insurance Benefits	Low Plan	High Plan
First cancer benefit	\$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year	\$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year
Diagnosis of cancer	Employee or spouse: \$5,000 Child(ren): \$7,500 Waiting period: 0 days Benefit reduction: none	Employee or spouse: \$10,000 Child(ren): \$15,000 Waiting period: 0 days Benefit reduction: none
Hospital confinement	\$100 per day – days 1 through 30 Additional days: \$200 Maximum days per confinement: 31	\$300 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31
Hospital confinement ICU	\$600 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31	\$600 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31
Radiation therapy, chemotherapy, immunotherapy	Maximum per covered person per calendar year 12-month period: \$15,000	Maximum per covered person per calendar year 12-month period: \$20,000
Alternative care	\$75 per visit Maximum visits per calendar year: 4	\$75 per visit Maximum visits per calendar year: 4
Medical imaging	\$500 per imaging study Maximum studies per calendar year: 2	\$500 per imaging study Maximum studies per calendar year: 2
Skin cancer initial diagnosis	\$100 per diagnosis Lifetime maximum: 1	\$100 per diagnosis Lifetime maximum: 1
Attending physician	\$50 per visit Maximum visits per confinement: 2 Maximum visits per calendar year: 4	\$50 per visit Maximum visits per confinement: 2 Maximum visits per calendar year: 4
Hospital confinement sub-acute ICU	\$300 per day – days 1 through 30 Additional days: \$300 Maximum days per confinement: 31	\$300 per day – days 1 through 30 Additional days: \$300 Maximum days per confinement: 31

Definitions and provisions (cont.)

Cancer Insurance Benefits	Low Plan	High Plan
Family care	Childcare: \$100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: \$100 per day Maximum days per calendar year: 30	Childcare: \$100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: \$100 per day Maximum days per calendar year: 30
Prescription drug in-patient	Per confinement: \$150 Maximum confinements per calendar year: 6	Per confinement: \$150 Maximum confinements per calendar year: 6
Private full-time nursing services	\$150 per day Maximum days per confinement: 5	\$150 per day Maximum days per confinement: 5
U.S. government or charity hospital	Days 1 through 30: \$100 Additional days: \$200 Maximum days per confinement: 15	Days 1 through 30: \$300 Additional days: \$600 Maximum days per confinement: 15
Specialty Care Benefits	Low Plan	High Plan
Family member transportation and lodging	Family transportation: \$100 per trip Maximum trips per calendar year: 12 Family lodging: \$100 per day Maximum days per calendar year: 100	Family transportation: \$100 per trip Maximum trips per calendar year: 12 Family lodging: \$100 per day Maximum days per calendar year: 100
Home health care	\$100 per day not to exceed the number of days confined Maximum days per calendar year: 30	\$300 per day not to exceed the number of days confined Maximum days per calendar year: 30
Hospice care	\$100 per day	\$300 per day
Skilled nursing care facility	\$300 per day Maximum days per calendar year: 30	\$300 per day Maximum days per calendar year: 30

Renewability	Conditionally Renewable Coverage is automatically renewed as long as the insured is an eligible employee, premiums are paid as due, and the policy is in force.
Portability	Portability Employees can keep their coverage if they change jobs or retire while the policy is in-force.
Continuity of coverage	Included
Pre-existing conditions limitation	A condition for which a covered person received medical advice or treatment within the 12 months preceding the certificate effective date.
Waiver of premium	Included

Exclusions and limitations

No benefits will be paid for a date of diagnosis or treatment of cancer prior to the coverage effective date, except where continuity of coverage applies.

No benefits will be paid for services rendered by a member of the immediate family of a covered person.

We will not pay benefits for other conditions or diseases, except losses due directly from cancer or skin cancer.

We will not pay benefits for cancer or skin cancer if the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions. Benefits will be payable if the covered person returns to the territorial limits of the United States and its possessions, and a physician confirms the diagnosis or receives treatment.

Rates

Monthly Premium	Low Plan	High Plan
Employee Only	\$20.18	\$29.98
Employee + Spouse	\$38.04	\$57.28
Employee + Child(ren)	\$25.64	\$38.94
Family	\$39.00	\$60.20

ABOUT ACCIDENT

Do you have kids playing sports, are you a weekend warrior, or maybe accident prone? Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

For full plan details, please visit your benefit website: www.etxebc.com



Accident insurance provides affordable protection against a sudden, unforeseen accident. An Accident plan helps offset the direct and indirect expenses resulting from an accident, such as copayments, deductible, ambulance, physical therapy and other costs not covered by traditional health plans. This plan offers 24 hour coverage for on or off the job injuries. Coverage for this plan is through United Healthcare.

Accident	
Employee	\$13.64
Employee + Spouse	\$20.22
Employee + Child(ren)	\$18.40
Family	\$24.98

Accidental Death and Dismemberment Benefits:

Life	\$50,000
Both hands or Both feet	\$50,000
One hand and One foot	\$50,000
One hand or One foot	\$25,000
Two or more of fingers or toes	\$10,000
One finger or one toe	\$5,000

For a Covered Person who is a Child, amounts are 50% of those shown next to the Loss for Employee or Spouse

Initial Care

Ground Ambulance	\$400
Air Ambulance	\$2,400
Emergency Room Treatment	\$200
Physician office/ Urgent Care per visit:	\$200

Hospital Care

Hospital Admission	\$1,600
Hospital Confinement	\$325
Hospital ICU Admission	\$5,000
Hospital ICU Confinement	\$1,000

Common Injuries

Abdominal / Thoracic Surgery Benefit:	
Surgery to repair	\$2,000
Exploratory Surgery without repair	\$200
Blood/Plasma/Platelets Benefit:	\$500

Burn Benefit:		
2nd Degree (at least 36% of body surface)	\$1,000	
3rd Degree (9 to 34 square inches)	\$2,000	
3rd Degree (35 or more square inches)	\$16,000	
Coma Benefit:		
	\$20,000	
Concussion Benefit:		
	\$300	
Fractures	Open Reduction	Closed Reduction w Anesthesia
Skull	\$9,000	\$4,500
Sternum	\$9,000	\$4,500
Hip, Femur	\$9,000	\$4,500
Leg	\$5,000	\$2,500
Pelvis	\$5,000	\$2,500
Vertebrae	\$5,000	\$2,500
Sacral/Sacrum	\$1,800	\$900
Face or Nose	\$1,800	\$900
Upper Arm	\$1,800	\$900
Upper Jaw	\$1,800	\$900
Ankle	\$1,800	\$900
Foot	\$1,800	\$900
Forearm	\$1,800	\$900
Kneecap	\$1,800	\$900
Lower Jaw	\$1,800	\$900
Shoulder or Collarbone	\$1,800	\$900
Dislocation (Separated Joint) Benefit:	Open Reduction	Closed Reduction w Anesthesia
Hip	\$9,000	\$4,500
Knee	\$4,500	\$2,250
Ankle or foot	\$3,000	\$1,500
Collar Bone	\$1,000	\$500
Lower Jaw	\$1,800	\$900
Shoulder	\$1,800	\$900
Elbow	\$1,800	\$900
Wrist	\$1,800	\$900
Hand	\$1,800	\$900
Toe or Finger	\$1,000	\$500

Description of Eligible Class:

Employees of East Texas Employee Benefits Cooperative who meet the Employer’s eligibility requirements and are Actively at Work for at least 15 hours per week.
Dependents: As defined.

Employee Eligibility Waiting Period:

An Employee is eligible for insurance on the first day of the month following the date he begins continuous employment with the Policyholder.

ABOUT LIFE AND AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

For full plan details, please visit your benefit website: www.etxebc.com



Educator Group Term Life Insurance

Life insurance is an important part of your employee benefits package. Chubb Term Life and Accidental Death and Dismemberment (AD&D) insurance provides the protection your family needs if something were to happen to you. Your family can receive cash benefits paid directly to them that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

Benefit Summary

Voluntary Term Life and AD&D Insurance is made available for purchase by you and your family. Employees must be actively at work for at least 15 hours per week.

Life Insurance/AD&D

- **For You** - Life/AD&D: Up to 10x salary to a maximum of \$500,000 in \$10,000 increments
- **For Your Spouse**- Life/AD&D: Up to 100% of the employee's amount to a maximum of \$500,000 in \$5,000 increments
- **For Your Dependent Children**- Life/AD&D: \$10,000

Reduction Schedule- 50% at age 70

Guaranteed Issue

- Employee: \$300,000
- Spouse: \$75,000
- Child: \$10,000

You and your eligible dependents may enroll in amounts up to \$300,000 for employee and \$75,000 for spouse without answering health questions. Amounts over the guaranteed issue will require medical underwriting. If you buy at least \$10,000 of coverage during initial enrollment, you may buy up to the guaranteed issue in subsequent re-enrollments without medical underwriting.

Additional Plan Benefits

- **Accelerated Death Benefit for Terminal Illness:** 50% of Death Benefit
- **Employee Assistance Program:** 6 visits
- **Financial Wellness:** Included
- **AD&D Covered Losses and Benefits:** The AD&D plan provides additional protection for you and your dependents in the event of an accidental bodily injury resulting in death or dismemberment. In addition to standard dismemberment coverage, the following benefit provisions are included:
 - » **Child Education Expense Benefit** – 6% of the AD&D benefit up to a maximum of \$6,000 per year to a maximum of \$24,000
 - » **Exposure and Disappearance Benefit**
 - » **Repatriation Expense Benefit** – up to \$5,000
 - » **Seatbelt Benefit** – 10% of AD&D benefit up to \$25,000
 - » **Air Bag Benefit** – 5% of AD&D benefit up to \$5,000
 - » **Workplace Felonious Assault Benefit** – 5% of AD&D benefit up to \$10,000

Definitions and Provisions

- **Portability:** You can elect portable coverage, at group rates, if you terminate employment, reduce hours or retire from the employer.
- **Conversion:** When your group coverage ends, you may convert your coverage to an individual life policy without providing evidence of insurability.

Monthly Costs for Voluntary Life/AD&D

You have the option to purchase Supplemental Term life Insurance. Listed below are the monthly rates.

Voluntary Term Life		
Age Band	Employee (per \$10,000)	Spouse (per \$5,000)
<25	\$0.33	\$0.165
25-29	\$0.33	\$0.165
30-34	\$0.50	\$0.250
35-39	\$0.59	\$0.295
40-44	\$0.84	\$0.420
45-49	\$1.26	\$0.630
50-54	\$1.93	\$0.965
55-59	\$3.60	\$1.800
60-64	\$5.53	\$2.765
65-69	\$9.96	\$4.980
70-74	\$15.90	\$7.950
75-79	\$15.90	\$7.950
80+	\$15.90	\$7.950

Child Life monthly rate is \$1.60 for \$10,000. One premium covers all children.

Employee AD&D monthly rate is \$0.17 for \$10,000.

Spouse AD&D monthly rate is \$0.17 for \$10,000.

Child AD&D monthly rate is \$0.17 for \$10,000.

Term Life Exclusions*

No benefits will be paid for losses that are caused by, contributed to, or result from: 1) suicide, while sane or insane, occurring within 12 months after a Covered Person's initial effective date of coverage; and 2) suicide, while sane or insane, occurring within two years after the date any increases in or additional coverage applied for becomes effective for a Covered Person.

AD&D Exclusions*

No benefits will be paid for any loss caused or contributed to by: 1) attempted suicide; 2) intentionally self-inflicted harm; 3) travel if Insured is other than passenger; 4) war; 5) active participation in a riot, insurrection, or terrorist activity; 6) committing or attempting to commit a felony; 7) voluntary intake or use by any means of any drug, unless taken in accordance with instructions; 8) any poison, gas or fumes, unless a direct result of an occupational accident; 9) being intoxicated; 10) bungee jumping; 11) participation in an illegal occupation/activity; 12) rock or mountain climbing; and 13) aeronautics.



No one is immune to identity theft.

Better Protect What Matters Most.

Identity theft can affect anyone—from infants to seniors. Each generation has habits that savvy criminals know how to exploit—resulting in over \$43 billion lost to identity fraud in the U.S. in 2022.¹ Take action with award-winning ID Watchdog identity theft protection.

Greater Peace of Mind

With ID Watchdog[®] as an employee benefit, you have a more convenient and affordable way to help better protect and monitor your identity. You'll be alerted to potentially suspicious activity and enjoy greater peace of mind knowing you don't have to face identity theft alone.



Awarded Best in Class
Identity Protection Service
Provider for Consumers

Why Choose ID Watchdog?



Advanced Identity Theft Detection

We scour billions of data points—public records, transaction records, social media and more—to search for signs of potential identity theft.



Greater Protection & Control

We've got you covered with lock features for added control over your credit report(s) to help keep identity thieves from opening new accounts in your name.



Dedicated Identity Resolution Specialists

If you become a victim, you don't have to face it alone. One of our certified resolution specialists will personally manage the case for you until your identity is restored.



Extensive Family Coverage

Our family plan helps you better protect your loved ones² with personalized accounts for adult family members, family alert sharing, and exclusive features for children.



Our U.S.-based, customer care team is
here for you 24/7/365 at 866.513.1518

¹ Javelin Strategy & Research, "2023 Identity Fraud Study: The Butterfly Effect", Mar 2023.







² Refer to your employer or ID Watchdog for family plan eligibility.

Powerful Features Included in Both ID Watchdog Plans


Control & Manage

- Financial Accounts Monitoring
- Social Accounts Monitoring 
- Registered Sex Offender Reporting 
- Blocked Inquiry Alerts | 1 Bureau
- Customizable Alert Options
- National Provider ID Alerts
- Integrated Fraud Alerts¹
With a fraud alert, potential lenders are encouraged to take extra steps to verify your identity before extending credit.

Monitor & Detect

- Dark Web Monitoring² 
- Data Breach Notifications 
- High-Risk Transactions Monitoring³ 
- Subprime Loan Monitoring³ 
- Public Records Monitoring 
- USPS Change of Address Monitoring 
- Telecom & Utility Alerts | 1 Bureau
- Credit Score Tracker | 1 Bureau

Support & Restore

- Personalized Identity Restoration including Pre-Existing Conditions 
- Online Resolution Tracker
- Lost Wallet Vault & Assistance
- Deceased Family Member Fraud Remediation⁴ (Family Plan only)
- Credit Freeze Assistance
- Solicitation Reduction

Help better protect children with Equifax Child Credit Lock & Equifax Child Credit Monitoring PLUS features marked with this icon 

Plan-Specific Features

	1B, Essentials	1B3, Platinum, Platinum Plus
Credit Report Monitoring ⁵	1 Bureau	3 Bureau
Credit Report(s) & VantageScore [®] Credit Score(s)	1 Bureau Monthly	1 Bureau Daily & 3 Bureau Annually
Credit Report Lock ⁶	1 Bureau	Multi-Bureau
Subprime Loan Block ³  within the monitored lending network	-	✓
Personal VPN ⁷  and Password Manager	-	Platinum Plus only
Device Security & Online Privacy ⁸ 	-	Platinum Plus only
Personal Data Scans & Removal NEW	-	✓
Phishing & Malware Alerts	-	✓

Insurance⁹

1B, Essentials	1B3	1B3, Platinum, Platinum Plus
Up to \$1 Million	Up to \$1 Million	Up to \$2 Million
Up to \$1M Stolen Funds Reimbursement - Checking and savings accounts	Up to \$1M Stolen Funds Reimbursement - Checking and savings accounts	Up to \$2M Stolen Funds Reimbursement - Checking and savings accounts - 401k/HSA/ESOP accounts Home Title Fraud Cyber Extortion Professional Identity Fraud Deceased Family Member Fraud

1 Bureau = Equifax[®] | Multi-Bureau = Equifax, TransUnion[®] | 3 Bureau = Equifax, Experian[®], TransUnion

What You Need to Know

The credit scores provided are based on the VantageScore 3.0 model. For three-bureau VantageScore credit scores, data from Equifax, Experian, and TransUnion are used respectively. Any one-bureau VantageScore uses Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.

(1)The Integrated Fraud Alert feature is made available to consumers by Equifax Information Services LLC and fulfilled on its behalf by Identity Rehab Corporation. (2)There is no guarantee that ID Watchdog is able to locate and scan all deep and dark websites where consumers' personal information is at risk of being traded. (3)The monitored network does not cover all businesses or transactions. (4)For low Family Plans, applicable for enrolled family members only. (5)Monitoring from Equifax will begin on your plan start date. TransUnion and Experian will take several days to begin after you create an online account. (6)Locking your Equifax or TransUnion credit report will prevent access to it by certain third parties. Locking your Equifax or TransUnion credit report will not prevent access to your credit report at any other credit reporting agency. Entities that may still have access to your Equifax or TransUnion credit report include: companies like ID Watchdog and TransUnion Interactive, Inc. which provide you with access to your credit report or credit score, or monitor your credit report as part of a subscription or similar service; companies that provide you with a copy of your credit report or credit score, upon your request; federal, state, and local government agencies and courts in certain circumstances; companies using the information in connection with the underwriting of insurance, or for employment, tenant or background screening purposes; companies that have a current account or relationship with you, and collection agencies acting on behalf of those whom you owe; companies that authenticate a consumer's identity for purposes other than granting credit, or for investigating or preventing actual or potential fraud; and companies that wish to make pre approved offers of credit or insurance to you. To opt out of preapproved offers, visit www.optoutprescreen.com. (7)Available for simultaneous use on up to 6 devices. (8)Equip up to 5 devices; 10 with a Family Plan. (10)May be subject to delay or change. To review ID Watchdog Terms & Conditions, go to idwatchdog.com/terms. (9)The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Review the Summary of Benefits (www.idwatchdog.com/terms/insurance).

ABOUT HSA

A Health Savings Account (HSA) is a personal savings account where the money can only be used for eligible medical expenses. Unlike a flexible spending account (FSA), the money rolls over year to year however only those funds that have been deposited in your account can be used. Contributions to a Health Savings Account can only be used if you are also enrolled in a High Deductible Health Care Plan (HDHP).

For full plan details, please visit your benefit website: www.etxebc.com



A Health Savings Account (HSA) is more than a way to help you and your family cover health care costs – it is also a tax-exempt tool to supplement your retirement savings and cover health expenses during retirement. An HSA can provide the funds to help pay current health care expenses as well as future health care costs.

A type of personal savings account, an HSA is always yours even if you change health plans or jobs. The money in your HSA (including interest and investment earnings) grows tax-free and spends tax-free if used to pay for qualified medical expenses. There is no “use it or lose it” rule — you do not lose your money if you do not spend it in the calendar year — and there are no vesting requirements or forfeiture provisions. The account automatically rolls over year after year.

HSA Eligibility

You are eligible to open and contribute to an HSA if you are:

- Enrolled in an HSA-eligible HDHP (High Deductible Health Plan) Not covered by another plan that is not a qualified HDHP, such as your spouse’s health plan
- Not enrolled in a Health Care Flexible Spending Account, nor should your spouse be contributing towards a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else’s tax return
- Not enrolled in Medicare or TRICARE
- Not receiving Veterans Administration benefits

You can use the money in your HSA to pay for qualified medical expenses now or in the future. You can also use HSA funds to pay health care expenses for your dependents, even if they are not covered under your HDHP.

Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2024 is based on the coverage option you elect:

- Individual – \$4,150
- Family (filing jointly) – \$8,300

You decide whether to use the money in your account to pay for qualified expenses or let it grow for future use. If you are 55 or older, you may make a yearly catch-up contribution of up to \$1,000 to your HSA. If you turn 55 at any time during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

Opening an HSA

If you meet the eligibility requirements, you may open an HSA administered by EECU. You will receive a debit card to manage your HSA account reimbursements. Keep in mind, available funds are limited to the balance in your HSA.

Important HSA Information

- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through EECU are eligible for automatic payroll deduction and company contributions.

How To Use Your HSA

- Online/Mobile: Sign-in for 24/7 account access to check your balance, pay bills and more.
- Call/Text: (817) 882-0800 EECU’s dedicated member service representatives are available to assist you with any questions. Their hours of operation are Monday through Friday from 8:00 a.m. to 7:00 p.m. CT, Saturday 9:00 a.m. to 1:00 p.m. CT and closed on Sunday.
- Lost/Stolen Debit Card: Call the 24/7 debit card hotline at (800) 333-9934.
- Stop by a local EECU financial center: www.eecu.org/locations.

Flexible Spending Accounts

National Benefit Services (NBS)

EMPLOYEE
BENEFITS

ABOUT FSA

A Flexible Spending Account (FSA) lets you set aside a portion of your paycheck—before taxes—into an account to help you pay for medical, dental, vision, and dependent care expenses. An FSA is a planning tool with great tax benefits. With an FSA, you must use the account balance in full before the end of the plan year or it will be forfeited. *

For full plan details, please refer to your Summary Plan Description (SPD) and visit the NBS Participant Portal:

my.nbsbenefits.com



There are three types of Flexible Spending Accounts you may be able to choose from. Make sure you understand the purpose of each account before you make your elections!

Health Flexible Spending Account (FSA)

The Health FSA allows you to pay for medical, dental, and vision expenses for yourself and your eligible dependents. For plan years that start in 2024, you may contribute up to \$3,200.00 to your Health FSA. This benefit is funded up-front, so you will have access to your whole annual election on the first day of the plan year. You can use your NBS Smart Debit Card to pay for expenses or pay out of pocket and submit claims for reimbursement.

Some examples of common eligible expenses are co-pays and deductibles, orthodontia, eyeglasses, prescription medicines, menstrual care products, over-the-counter medicines, chiropractor, hearing aids, monitoring devices (blood pressure, cholesterol), physical therapy, laser eye surgery, and many more. Complete lists of eligible and non-eligible expenses can be found in **IRS Publication 502**.

**The FSA is a “use-it-or-lose-it” benefit, so plan carefully to ensure you don’t forfeit funds. Your employer may offer you a grace period or rollover option. Refer to your Summary Plan Description (SPD) for more information.*

Limited-Purpose Flexible Spending Account (LFSA)

If you contribute to a Health Savings Account, you cannot participate in the Health FSA. However, your employer may offer you the option to participate in a Limited Health Flexible Spending Account (LFSA). The LFSA is similar to the Health FSA but is designed to be paired with a Health Savings Account. The LFSA will allow you to be reimbursed for out-of-pocket dental and vision expenses incurred by you and your dependents.

NBS Smart Debit Card

If you participate in the FSA or LFSA benefits, you will receive a card in the mail. You can use this card to pay for eligible expenses, thus avoiding out-of-pocket expenses and submitting claim forms. Please make sure you keep any bills, receipts, statements, and/or explanations of benefits (EOBs) corresponding to your card purchases. You may be asked to substantiate your purchase to show it was an eligible expense.



Dependent Care FSA aka Dependent Care Assistance Program (DCAP)

The Dependent Care Flexible Spending Account (DCAP) enables you to pay for out-of-pocket, work-related dependent daycare expenses using pre-tax funds. Please see your Summary Plan Description (SPD) for the definition of eligible dependent. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns); (b) your taxable compensation; (c) your spouse's actual or deemed earned income.

Examples of eligible expenses:

- Before and after school/extended day programs
- Daycare in your home or elsewhere
- Base cost of day camps or similar programs

Examples of ineligible expenses:

- Schooling for a child in kindergarten or above
- Babysitter while you go to the movies or dinner
- Cost of overnight camps

DCAPs are not funded up-front like Health FSAs. You will gain access to your contributions only after they are deducted from your paycheck. You may choose to be reimbursed automatically each pay period by filling out and submitting the Continual Reimbursement form at the beginning of the plan year. Alternatively, you can choose to submit individual claims for reimbursement. Some employers may allow you to use your NBS Smart Debit card to pay your dependent care provider.

Review your Summary Plan Description (SPD)

Your Summary Plan Description (SPD) will give you important information about these benefits that is specific to your employer's plan. Please read your SPD so you understand your spending deadline, deadline to submit claims, whether you have a grace period and if so, when it ends, whether you have the option to carryover some remaining FSA funds and if so, how much, which qualifying life events may allow you to change your elections outside of open enrollment, and more.

NBS Participant Portal and Mobile App

To get the most out of your benefits, register for our participant portal and/or download our mobile app. On the portal and app, you can submit claims, pay providers, check your balance, set up direct deposit, order cards for your dependents and replacement cards, review transactions and spending deadlines, manage your alerts, and more.

To register, visit <http://mynbsbenefits.com/>, click "Register" in the top right corner, and follow the prompts. Your employee ID is your SSN.

NBS Service Center

Our dedicated service center is available to help with any of your individual needs, including accessing your account, questions about your benefits, and requesting new debit cards.

Phone: 855-399-3035, option 2

Fax: (844) 438-1496

Email: service@nbsbenefits.com

Hours of Operation:

7:00 a.m. - 7:00 p.m. CT Mon - Fri



Scan to access
the NBS portal!





Family Protection Plan

Group Term Life Insurance to age 121 with Quality of Life underwritten by 5Star Life Insurance Company



Make a smart choice to help protect your loved ones and your future.



Life doesn't come with a lesson plan

Help protect your family with the Family Protection Plan Group Level Term Life Insurance to age 121. You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children and grandchildren (14 days to 26 years old). The coverage lasts until age 121 for all insured,* so no matter what the future brings, your family is protected.

44% of American households would encounter significant financial difficulties within six months if they lost the primary family wage earner.

Why buy life insurance when you're young?

Buying life insurance when you're younger allows you to take advantage of lower premium rates while you're generally healthy, which allows you to purchase more insurance coverage for the future. This is especially important if you have dependents who rely on your income, or you have debt that would need to be paid off.

28% would reach this point in one month or less.

Forbes Life Insurance Statistics, Data and Industry Trends 2024; 2022 Insurance Barometer Study, Life Happens and Limra

Portable

Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly.

Why is portability important?

Life moves fast so having a portable life insurance allows you to keep your coverage if you leave your school district. Keeping the coverage helps you ensure your family is protected even into your retirement years.



*As long as premiums are paid.

Underwritten and administered by 5Star Life Insurance Company (a Lincoln, Nebraska company); Mail: PO Box 5005, Batavia, IL 60510-5005. Product not available in all states. Policy #: ICC18-GFPPPOL

Family Protection Plan

Group Term Life Insurance to age 121 with Quality of Life underwritten by 5Star Life Insurance Company

Terminal illness acceleration of benefits

Coverage pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

Protection you can count on

Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

Convenient

Easy payment through payroll deduction.

Quality of Life benefit

Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis* for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

How does Quality of Life help?

Many individuals who can't take care of themselves require special accommodations to perform ADLs and would need to make modifications to continue to live at home with physical limitation. The proceeds from the Quality of Life benefit can be used for any purpose, including costs for infacility care, home healthcare professionals, home modifications, and more.

2024 Enrollment Plan Year

Guaranteed Issue is offered to all eligible applicants regardless of health status. No Doctor exams or physicals.

Employee: \$100,000 | Spouse: \$30,000 | Child: \$10,000

Enroll to provide peace of mind for your family

To do an initial enrollment or if you have questions please call our customer service at 866-914-5202. Monday - Friday | 8:00 am-6:00 pm CST



About the coverage

The Family Protection Plan offers a lump-sum cash benefit if you die before age 121. The initial death benefit is guaranteed to be level for at least the first ten policy years. Afterward, the company intends to provide a non-guaranteed death benefit enhancement which will maintain the initial death benefit level until age 121. The company has the right to discontinue this enhancement. The death benefit enhancement cannot be discontinued on a particular insured due to a change in age, health, or employment status.

* Accelerated benefits may, or may not, be taxable. If so, you or your beneficiary may incur a tax obligation. As with all tax matters, you should consult your personal tax advisor to assess any potential impacts of this benefit. Underwritten and administered by 5Star Life Insurance Company (a Lincoln, Nebraska company); Mail: PO Box 5005, Batavia, IL 60510-5005. Product not available in all states. Policy #: ICC18-GFPPPOL

Stay prepared with MASA[®] AccessSM

Comprehensive coverage and care for emergency transport.

Our Emergent Plus membership plan includes:

Emergency Ground Ambulance Coverage¹

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage¹

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage¹

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation Near Home Coverage¹

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

Coverage territories

1: United States and Canada.

Disclaimers

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masamts.com/masa-mts-disclaimers>



Did you know?

51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.

Stay prepared with MASA[®] AccessSM

Comprehensive coverage and care for emergency transport.

MASA protects families against out-of-pocket costs for emergency transportation and provides connections with care. Gain peace of mind and shield your finances knowing there's a MASA plan best suited for your needs.



Did you know?

51.3 million emergency responses occur each year

Source: NEMSIS, National EMS Data Report, 2023

	Emergent Plus plan	Platinum plan
Emergency Ground Ambulance Coverage	● ²	● ²
Emergency Air Ambulance Coverage	● ²	● ²
Hospital to Hospital Ambulance Coverage	● ²	● ²
Repatriation to Hospital Near Home Coverage	● ²	● ⁴
Post Admission Continued Care Transportation Coverage		
Sick While Away From Home Expense Protection		
Minor Return Transportation Coverage		● ³
Pet Return Transportation Coverage		● ³
Patient Return Transportation Coverage		● ⁴
Companion Transportation Coverage		● ³
Hospital Visitor Transportation Coverage		● ³
Mortal Remains Transportation Coverage		● ⁴
Vehicle & RV Return Coverage		● ³
Organ Retrieval & Organ Recipient Transportation Coverage		● ¹

Coverage territories

- 1: United States only.
- 2: United States, Canada.
- 3: United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.
- 4: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or under certain U.S. travel advisories as long as the member has provided ten (10) day notice.

Disclaimer

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums and benefits vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masamts.com/masa-mts-disclaimers>

FL residents: MASA provides insurance coverage whereby Medical Air Services Association of Florida, Inc. is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 and is doing business as MASA with its principal place of business at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324.

ETXEBC Mobile App Login Group #'s

Use your District's group # to login to the Benefits app.

District	GROUP #
Anahuac ISD	ETXA
Anderson-Shiro CISD	ETXB
Arrow Academy	ETXD
Avery ISD	ETXE
Big Sandy ISD	ETXF
Blue Ridge ISD	ETXG
Brazos ISD	ETXH
Bremond ISD	ETXI
Bridge City ISD	ETXJ
Buna ISD	ETXK
Burkeville ISD	ETXL
Burton ISD	ETXM
Calvert ISD	ETXO
Centerville ISD	ETXP
Chester ISD	ETXQ
Clarksville ISD	ETXR
Covenant Christian School	ETXS
Damon ISD	ETXT
DeKalb ISD	ETXBC
Devers ISD	ETXU
Deweyville ISD	ETXV
East Bernard ISD	ETXW
East Chambers ISD	ETXX
East Texas Employee Benefits Cooperative	ETXY
Ehrhart School	ETXZ
Elkhart ISD	ETXAA
Evadale ISD	ETXAB
Franklin ISD	ETXAC
Gause ISD	ETXAD
Goodrich ISD	ETXAE
Groveton ISD	ETXAF
Hardin ISD	ETXAG
Hardin Jefferson ISD	ETXAH
High Island ISD	ETXAI
Hitchcock ISD	ETXAJ
Hull-Daisetta ISD	ETXAK
Jasper ISD	ETXBD
Jefferson ISD	ETXAM
Kirbyville ISD	ETXAN

District	GROUP #
Kountze ISD	ETXAO
Krum ISD	ETXAP
Leadership Prep School	ETXAQ
Leon ISD	ETXAR
Liberty ISD	ETXAS
Lumberton ISD	ETXAT
Madisonville ISD	ETXAU
Maud ISD	ETXAV
McLeod ISD	ETXAW
Milano ISD	ETXAX
Montgomery ISD	ETXAY
Mumford ISD	ETXAZ
Needville ISD	ETXAAA
New Boston ISD	ETXABB
Normangee ISD	ETXACC
North Zulch ISD	ETXADD
Orangefield ISD	ETXAEE
Queen City ISD	ETXAFF
Rêve Preparatory Charter School	ETXBA
Rice ISD	ETXAGG
Richards ISD	ETXAHH
Royal ISD	ETXAII
Sabine Pass ISD	ETXAJJ
Sealy ISD	ETXAKK
Silsbee ISD	ETXALL
Snook ISD	ETXAMM
Somerville ISD	ETXATNN
Tarkington ISD	ETXA OO
Teague ISD	ETXAPP
Texans Can Academies	ETXAQQ
The Bob Hope School	ETXARR
Tioga ISD	ETXASS
Vidor ISD	ETXATT
Warren ISD	ETXAUU
West Hardin ISD	ETXAVV
Whitehouse ISD	ETXAXX
Winona ISD	ETXAYY

2024 - 2025 Plan Year



Enrollment Guide General Disclaimer: This summary of benefits for employees is meant only as a brief description of some of the programs for which employees may be eligible. This summary does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at the ETXEBE Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

Rate Sheet General Disclaimer: The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at the ETXEBE Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.