

2023 - 2024 Plan Year



ESC REGION 11 EBC

# BENEFIT GUIDE

EFFECTIVE: 09/01/2023 - 8/31/2024

[WWW.REGION11BC.COM](http://WWW.REGION11BC.COM)



V2

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## FLIP TO...

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HOW TO  
ENROLL

**PG. 6**

SUMMARY  
PAGES

**PG. 11**

YOUR  
BENEFITS



# Benefit Contact Information

<b>ESC REGION 11 EBC BENEFITS</b> Financial Benefit Services (800) 583-6908 <a href="http://www.region11bc.com">www.region11bc.com</a>	<b>MEDICAL - TRS ACTIVECARE</b> BCBSTX (866) 355-5999 <a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a>	<b>MEDICAL - TRS HMO</b> Scott & White HMO (844) 633-5325 <a href="http://www.trs.swhp.org">www.trs.swhp.org</a>
<b>HOSPITAL INDEMNITY</b> Symetra Group #1263200 (800) 497-3699 <a href="http://www.symetra.com">www.symetra.com</a>	<b>HEALTH SAVINGS ACCOUNT</b> EECU (817) 882-0800 <a href="http://www.eecu.org">www.eecu.org</a>	<b>TELEHEALTH</b> MDLIVE (888) 365-1663 <a href="http://www.mdlive.com/fbs">www.mdlive.com/fbs</a>
<b>DENTAL</b> Cigna PPO Group #3335872 DHMO Group #A30V9 TX (800) 244-6224 <a href="http://www.mycigna.com">www.mycigna.com</a>	<b>VISION</b> Superior Vision Group #320580 (800) 507-3800 <a href="http://www.superiorvision.com">www.superiorvision.com</a>	<b>DISABILITY</b> OneAmerica Group #618369 (855) 517-6365 <a href="http://www.oneamerica.com">www.oneamerica.com</a>
<b>ACCIDENT</b> Voya Group #700681 (800) 955-7736 <a href="http://www.voya.com">www.voya.com</a>	<b>CANCER</b> American Public Life Group #13060 (800) 256-8606 <a href="http://www.ampublic.com">www.ampublic.com</a>	<b>LIFE AND AD&amp;D</b> Unum (866) 679-3054 <a href="http://www.unum.com">www.unum.com</a>
<b>IDENTITY THEFT</b> ID Watchdog (800) 744-3772 <a href="http://www.idwatchdog.com">www.idwatchdog.com</a>	<b>FLEXIBLE SPENDING ACCOUNT (FSA)</b> National Benefit Services (800) 274-0503 <a href="http://www.nbsbenefits.com">www.nbsbenefits.com</a>	<b>EMERGENCY MEDICAL TRANSPORT</b> MASA Group #B2BESC11 (800) 423-3226 <a href="http://www.masamts.com">www.masamts.com</a>

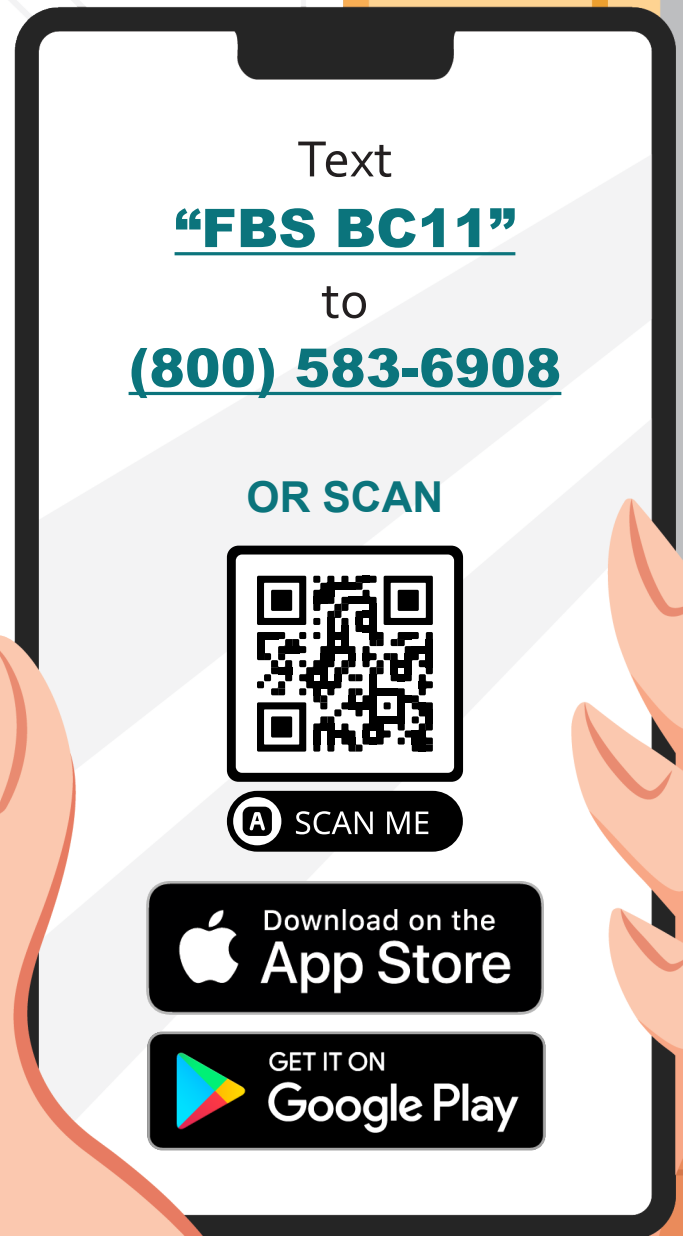
# All Your Benefits - One App

Employee benefits made easy  
through the *FBS Benefits App!*

Text **“FBS BC11”**  
to **(800) 583-6908**  
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 58 to find your  
district’s group #





# How to Log In

1

[www.region11bc.com](http://www.region11bc.com)

2

SELECT YOUR SCHOOL  
FROM THE DROP DOWN LIST

3

CLICK LOGIN

4

ENTER USERNAME  
& PASSWORD

**Your Username Is:**

Your email in THEbenefitsHUB. (Typically your work email)

**Your Password Is:**

Four (4) digits of your birth year followed by the last four (4) digits of your Social Security Number

*If you have previously logged in, you will use the password that you created, NOT the password format listed above.*

## 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/HR 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
<b>Marital Status</b>	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
<b>Change in Number of Tax Dependents</b>	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.
<b>Change in Status of Employment Affecting Coverage Eligibility</b>	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.
<b>Gain/Loss of Dependents' Eligibility Status</b>	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.
<b>Judgment/Decree/Order</b>	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.
<b>Eligibility for Government Programs</b>	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

## 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 eligibility 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 Benefits/HR department or you can call Financial Benefit Services at 866-914-5202 for assistance.

### Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: [www.region11bc.com](http://www.region11bc.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 ESC Region 11 EBC benefit website: [www.region11bc.com](http://www.region11bc.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.

## Don't Forget!

- Login and complete your benefit enrollment from **7/17/2023-8/17/2023**
- Update your information: home address, phone numbers, email, and beneficiaries.
- **REQUIRED!!** Due to the Affordable Care Act (ACA) reporting requirements, you must add your dependent's **CORRECT** social security numbers in the online enrollment system.

## 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 2023 benefits become effective on September 1, 2023, you must be actively-at-work on September 1, 2023 to be eligible for your new benefits.

## 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.

PLAN	MAXIMUM AGE
Medical	26
Dental	26
Vision	26
Cancer	26
Accident	26
Life/AD&D	26
ID Theft Protection	26
Hospital Indemnity	26
Telehealth	26
FSA	26
HSA	26
Emergency Medical Transportation	26, including disabled children

*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 Financial Benefit Services, 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 Financial Benefit Services, 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 Financial Benefit Services, LLC 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 HR/Benefit Administrator to request a continuation of coverage.



## Actively-at-Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/2023 please notify your benefits administrator.

## Annual Enrollment

The period during which existing employees are given the opportunity to enroll in or change their current elections.

## Annual Deductible

The amount you pay each plan year before the plan begins to pay covered expenses.

## Calendar Year

January 1st through December 31st

## Co-insurance

After any applicable deductible, your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

## 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 pre-existing condition exclusion provisions do apply, as applicable by carrier.

## In-Network

Doctors, hospitals, optometrists, dentists and other providers who have contracted with the plan as a network provider.

## Out-of-Pocket Maximum

The most an eligible or insured person can pay in co-insurance for covered expenses.

## Plan Year

September 1st through August 31st

## 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).

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
<b>Description</b>	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.
<b>Employer Eligibility</b>	A qualified high deductible health plan.	All employers
<b>Contribution Source</b>	Employee and/or employer	Employee and/or employer
<b>Account Owner</b>	Individual	Employer
<b>Underlying Insurance Requirement</b>	High deductible health plan	None
<b>Minimum Deductible</b>	\$1,500 single (2023) \$3,000 family (2023)	N/A
<b>Maximum Contribution</b>	\$3,850 single (2023) \$7,750 family (2023)	\$3,050 (2023)
<b>Permissible Use Of Funds</b>	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).
<b>Cash-Outs of Unused Amounts (if no medical expenses)</b>	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
<b>Year-to-year rollover of account balance?</b>	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 \$610 rollover provision.
<b>Does the account earn interest?</b>	Yes	No
<b>Portable?</b>	Yes, portable year-to-year and between jobs.	No

**FLIP TO**  
FOR HSA INFORMATION

**PG. 11**

**FLIP TO**  
FOR FSA INFORMATION

**PG. 24**

### 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.region11bc.com](http://www.region11bc.com)



A Health Savings Account (HSA) is 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. 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 High Deductible Health Plan (HDHP)
- Not enrolled in Medicare or TRICARE
- If you enroll in an HSA and FSA, the FSA becomes a Limited Purpose FSA and may only be used for Dental and Vision, not medical expenses.
- Not eligible to be claimed as a dependent on someone else’s tax return

### Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2023 is based on the coverage option you elect:

- Individual – \$3,850
- Family (filing jointly) – \$7,750

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.

### Qualified Expenses

You can use your HSA for a wide range of qualified expenses, such as doctor’s visits, prescription drugs, lab work, medical equipment, contacts lenses, dental work, physical therapy...the list goes on! HSA funds may be used to pay qualified expenses for your dependents, even if they are not covered under your HDHP. Refer to IRS Publication 502 for comprehensive guidelines.

### Important HSA Information

- You will receive a debit card to manage your Health Savings Account. Keep in mind, available funds are limited to the balance in your HSA.
- 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.
- 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. – 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 for in-person assistance; find EECU locations & service hours a [www.eecu.org/locations](http://www.eecu.org/locations).

## ABOUT HOSPITAL INDEMNITY

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.region11bc.com](http://www.region11bc.com)



### Plan Highlights

- No Pre-existing Limitations!
- HSA Compatible!
- Newborns are automatically covered with existing plan first 31 days of life.
- Wellness Screenings- \$50 per person per year.
- You must be at work on the effective date to be eligible for coverage.

Hospital Indemnity Plan Benefits			
Inpatient Hospital Benefits 500 days lifetime maximum unless otherwise noted	Employer Paid Option Only	Low/\$1,000	High/\$2,000
<b>Hospital Confinement</b>	\$500 first day, \$100 day 2+, 30 incident(s) pp/pcy	\$1,000 first day, \$100 day 2+, 30 incident(s) pp/pcy	\$2,000 first day, \$100 day 2+, 30 incident(s) pp/pcy
<b>Intensive Care Unit</b>	\$500 first day, \$200 day 2+, 30 incident(s) pp/pcy	\$1,000 first day, \$200 day 2+, 30 incident(s) pp/pcy	\$2,000 first day, \$200 day 2+, 30 incident(s) pp/pcy
<b>Substance Abuse Facility</b>	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy
<b>Mental Health Facility</b>	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy
<b>Newborn Initial Day Confinement (admission)</b>	\$500 first day, \$100 day 2+, 30 incident(s) pp/pcy	\$1,000 first day, \$100 day 2+, 30 incident(s) pp/pcy	\$2,000 first day, \$100 day 2+, 30 incident(s) pp/pcy
<b>Nursing Facility</b> This benefit is paid only if following a covered hospital stay of at least three consecutive days.	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy
Outpatient Benefits	Employer Option	Low/\$1,000	High/\$2,000
<b>Observation Unit</b>	\$500 per day, 1 day(s) pp/pcy	\$1,000 per day, 1 day(s) pp/pcy	\$2,000 per day, 1 day(s) pp/pcy
Monthly Premiums	\$500 Plan <sup>1</sup> Employer Paid Option Only	Low/\$1,000 Plan <sup>2</sup> Voluntary Rate	High/\$2,000 Plan <sup>2</sup> Voluntary Rate
Employee	\$0.00	\$13.54	\$22.87
Employee + Spouse	\$6.39	\$28.11	\$46.05
Employee + Child(ren)	\$2.41	\$19.37	\$32.50
Family	\$7.50	\$31.37	\$52.12

<sup>1</sup> Available only for Employer Paid groups

<sup>2</sup> Employer Paid groups decrease cost by \$5.45

### ABOUT TELEHEALTH

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available.

For full plan details, please visit your benefit website:  
[www.region11bc.com](http://www.region11bc.com)



Alongside your medical coverage is access to quality telehealth services through **MDLIVE**. Connect anytime day or night with a board-certified doctor via your mobile device or computer. While **MDLIVE** does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering a convenience care clinic, urgent care clinic or emergency room for treatment
- Are on a business trip, vacation or away from home
- Are unable to see your primary care physician

### When to Use MDLIVE:

At a cost that is the same or less than a visit to your physician, use telehealth services for minor conditions such as:

- Sore throat
- Headache
- Stomachache
- Cold
- Flu
- Allergies
- Fever
- Urinary tract infections

**Do not use telemedicine for serious or life-threatening emergencies.**

### Registration is Easy

- Register with **MDLIVE** so you are ready to use this valuable service when and where you need it.
- Phone – **888-365-1663**
- Mobile – download the MDLIVE mobile app to your smartphone or mobile device
- Select –“MDLIVE as a benefit” and “FBS” as your Employer/Organization when registering your account.
- All voluntary plans and some employer provided plans now include unlimited Virtual Behavior Health benefits! This will be noted in THEbenefitsHUB as ‘MDLIVE + Behavior Health’. See website for details on your MDLIVE plan option.

TELEHEALTH	
Employee	\$8.00
Employee + Family	\$16.00

***Check your benefit website and enrollment walkthrough to see if your employer offers this benefit at no cost to you and your family.***

## 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.region11bc.com](http://www.region11bc.com)



## PPO Plans

Coverage is provided through Cigna. You may select the dental provider of your choice, but your level of coverage may vary based on the provider you see for services. Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

### How to Find an In-network PPO Dentist

#### PPO Network: Total Cigna DPPO Network

To search for a dentist on Cigna.com, visit the site and click “Find a Doctor, Dentist or Facility.” Follow the prompts on screen and when asked to choose your plan, select “DPPO/EPO > Total Cigna DPPO.” Or call Cigna for assistance, group number and contact information on page 3.

### Claims

In-network dentists will file claims on your behalf. Claim Reimbursement forms on benefits website, group number and carrier contact on page 3.

**\*Increasing Maximums-** When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the highest level specified.

DENTAL - DPPO PLANS - TOTAL CIGNA DPPO NETWORK				
	High PPO Plan		Low MAC PPO Plan	
	In-Network:	Out-of-Network:	In-Network:	Out-of-Network:
<b>Reimbursement Levels</b>	Based on Contracted Fees	Maximum Reimbursable Charge, you may be balanced billed	Based on Contracted Fees	Maximum Allowable Charge, you may be balanced billed.
<b>Policy Year Benefits Maximum*</b>	\$1000 to \$1300*		\$1000 to \$1300*	
<b>Policy Year Deductible</b>				
Individual	\$50		\$50	
Family	\$150		No Limit	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
<b>Preventive and Diagnostic Care</b> Exams, cleanings, X-rays, fluoride treatments, sealants, space maintainers	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Basic Restorative Care</b> Fillings, minor oral surgery, Emergency Care to Relieve Pain	80% After Deductible	20% After Deductible	70% After deductible	30% After deductible
<b>Major Restorative Care</b> Crowns, dentures, bridges, periodontics, endodontics	50% After Deductible	50% After deductible	50% After deductible	50% After deductible
<b>Orthodontia</b> Children only to age 26	50% No Deductible	\$50% No Deductible	No Coverage	No Coverage
<b>Orthodontia Lifetime Maximum</b>	\$1000		No Coverage	

### DHMO PLAN

Cigna DHMO provides scheduled charges for services with your assigned dental office, please check provider availability in your area before enrolling as choices may be limited in rural areas. Your initial provider will be assigned by zip code, employees may change providers by contacting Cigna before use of services.

- \$5 Office Visit Fee
- No Annual Maximum
- No Waiting Period
- Ortho options for adults and children to age 19

#### How to Find an In-network DHMO Dentist

##### **DHMO Network: Cigna Dental Care Access**

Go to Cigna.com. Click on “Find a Doctor, Dentist or Facility” at the top of the screen. Under “Not a Cigna Customer Yet?” click “Plans through your employer or school.” Choose the “Dentist” tab. Enter search location – city, state or zip code. Click on the “Pick” button and then “Dental Plans.” Then, under Cigna Dental Care HMO, choose Cigna Dental Care Access, press “Choose.” Or call Cigna for assistance, group number and contact information on page 3.

DENTAL			
	High PPO	Low MAC Plan	DHMO
Employee Only	\$35.21	\$26.80	\$12.99
Employee & Spouse	\$73.37	\$53.63	\$20.54
Employee & Child(ren)	\$79.83	\$56.31	\$28.17
Employee & Family	\$118.85	\$86.15	\$33.45

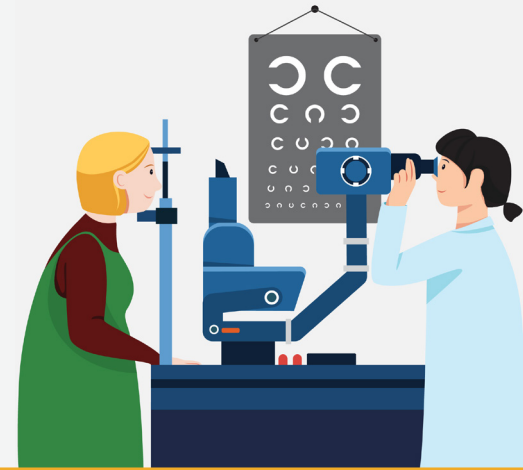
# Vision Insurance

## Superior Vision

### 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.region11bc.com](http://www.region11bc.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 offer better value if you use an in-network provider. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through Superior Vision.

### How to Find a Vision Provider

Visit [www.superiorvision.com](http://www.superiorvision.com) select “Find an Eye Care Professional”. Coverage Info is “Insurance Through Your Employer” then Choose Your Network “Superior Select Southwest” or call 1 (800) 507-3800 for assistance. Group Number and additional Carrier information found on page 3.

#### ESC Region 11 EBC Vision Plan

- Co-Pays
- Exam \$10
  - Materials \$10

	In-Network (You Pay after Co-Pays)	Out-of-Network Reimbursement
Exam	Covered in full	Up to \$35
Lenses	Covered in full	Up to \$25 retail
• Single Vision		Up to \$40 retail
• Bifocals		Up to \$45 retail
• Trifocals		
Frames	\$125 retail Allowance	Up to \$70 retail
Contacts	\$150 retail allowance	Up to \$80 retail
In lieu of frames and lenses		
Contact Lenses		

#### Service Frequency - Based on Date of Service

Exam	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 12 months
Contacts / Lens Fitting	Once every 12 months

#### Vision

Employee	\$8.86
Employee + Spouse	\$15.09
Employee + Child(ren)	\$15.97
Family	\$23.95



## 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.region11bc.com](http://www.region11bc.com)



Disability insurance combines the features of a short-term and long-term disability plan into one policy. The coverage pays you a portion of your earnings if you cannot work because of a disabling illness or injury. The plan gives you the flexibility to choose a level of coverage to suit your need. This coverage is provided by OneAmerica.

**CLAIMS:** Call OneAmerica Disability Claims at (855) 517-6365 to file a claim. Group number on pg 3.

## IMPORTANT NOTES

**Effective Date:** Coverage goes into effect subject to the terms and conditions of the policy. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.

**Benefit Amount:** You may select a benefit percentage of 45%, 55% or 65% of earnings, up to a maximum monthly benefit of \$10,000. Benefits are illustrated and paid on a monthly basis.

**Elimination Period:** This is a period of consecutive dates of disability before benefits may become payable under the contract.

### Elimination Period Options:

- 0 days/ 7 days \*
- 14 days/14 days \*
- 30 days/30 days \*
- 60 days/60 days
- 90 days/90 days
- 180 days/180 days

\*Eligible for First Day Hospital Benefit

**First Day Hospital:** If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to a covered Disability, benefits are payable from the first day of that confinement. **Applies to plans with Elimination Periods of 30 days or less.**

**Total Disability:** You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of any gainful occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness

### Pre-Existing Condition Period - 3 months/12 months:

A pre-existing condition is any condition that a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. A limited benefit will be paid if Disability begins in the first 12 months following the Effective Date; and the Person received medical advice or treatment in the 3 months prior to the Effective Date. **If your disability is a result of a pre-existing condition, the carrier will pay benefits for a maximum of 4 weeks.**

**Maximum Benefit Duration:** This is the length of time that you may be paid benefits if continuously disabled as outlined in the contract. Depending on the age at which disability occurs, the maximum duration may vary.

DISABILITY			
Elimination Period	Percentage of Salary		
	45%	55%	65%
0 / 7	\$2.24	\$2.43	\$2.70
14 / 14	\$1.89	\$2.06	\$2.28
30 / 30	\$1.62	\$1.76	\$1.95
60 / 60	\$1.29	\$1.41	\$1.56
90 / 90	\$0.73	\$0.80	\$0.89
180 / 180	\$0.51	\$0.56	\$0.62

Rates shown are per \$100 of benefit

## 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.region11bc.com](http://www.region11bc.com)



### What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Other features of Accident Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** If you leave your current employer, you can take your coverage with you.

### How can Accident Insurance help?

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

### What accident benefits are available?

The [sample](#) summary of the benefits provided by Accident Insurance can be found on the next page, see plan documents on benefits website for full summary. You may be required to seek care for your injury within a set amount of time.

### How to File a Claim:

- [www.voya.com](http://www.voya.com)
- Click contact and services
- Select Claims and then “start a claim”
- Complete the questionnaire, download your claim forms.
- Fill out each form by the appropriate party and provide additional supporting documents.
- Submit your completed and signed forms and supporting documents.
  - Upload at [voya.com](http://voya.com)
  - Click on the contact and services
  - Select “Upload a form”
- Mail and or Fax information provided on the top of your claim form package.
- If you have any questions about the claim process, call 1-888-238-4840.
- Group Number on page 3 of this guide.

ACCIDENT	
Employee	\$12.20
Employee + Spouse	\$19.00
Employee + Child(ren)	\$19.90
Family	\$26.70

# Accident Insurance

Voya

## EMPLOYEE BENEFITS

Sample Event	Benefit
<b>Accident hospital care</b>	
<b>Surgery</b> open abdominal, thoracic	\$1,200
<b>Surgery</b> exploratory or without repair	\$175
<b>Blood, plasma, platelets</b>	\$600
<b>Hospital admission</b>	\$1,250
<b>Hospital confinement</b> per day, up to 365 days	\$375
<b>Accident care</b>	
<b>Initial doctor visit</b>	\$90
<b>Urgent care facility treatment</b>	\$225
<b>Emergency room treatment</b>	\$225
<b>Follow-up doctor treatment</b>	\$90
<b>Chiropractic treatment</b> up to six per accident	\$45
<b>Medical equipment</b>	\$120
<b>Physical or occupational therapy</b> up to six per accident	\$45
<b>Speech therapy</b> up to 6 per accident	\$45
<b>Prosthetic device</b> (two or more)	\$1,200
<b>X-ray</b>	\$45
<b>Common injuries</b>	
<b>Emergency dental work</b>	\$350 crown, \$90 extraction
<b>Eye injury</b> removal of foreign object	\$100
<b>Torn knee cartilage</b> surgery with no repair or if cartilage is shaved	\$225
<b>Torn knee cartilage</b> surgical repair	\$800
<b>Laceration</b> <sup>1</sup> treated no sutures	\$30
<b>Laceration</b> <sup>1</sup> sutures up to 2"	\$60
<b>Laceration</b> <sup>1</sup> sutures 2" – 6"	\$240
<b>Laceration</b> <sup>1</sup> sutures over 6"	\$480
<b>Dislocations</b>	<b>Closed/open reduction</b> <sup>2</sup>
<b>Knee</b>	\$2,400/\$4,800
<b>Ankle or foot bone(s)</b> other than toes	\$1,500/\$3,000
<b>Shoulder</b>	\$1,600/\$3,200
<b>Fractures</b>	<b>Closed/open reduction</b> <sup>3</sup>
<b>Hip</b>	\$3,000/\$6,000
<b>Leg</b>	\$2,500/\$5,000
<b>Ankle</b>	\$1,800/\$3,600
<b>Foot</b> excluding toes, heel	\$1,800/\$3,600
<b>Upper arm</b>	\$2,100/\$4,200
<b>Forearm, hand, wrist</b> except fingers	\$1,800/\$3,600
<b>Finger, toe</b>	\$240/\$480

<sup>1</sup> Laceration benefits are a total of all lacerations per accident.

<sup>2</sup> Closed reduction of dislocation = Non-surgical reduction of a completely separated joint. Open reduction of dislocation = Surgical reduction of a completely separated joint.

<sup>3</sup> Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

### 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.region11bc.com](http://www.region11bc.com)



Treatment for cancer is often lengthy and expensive. While your health insurance helps pay the medical expenses for cancer treatment, it does not cover the cost of non-medical expenses, such as out-of-town treatments, special diets, daily living and household upkeep. In addition to these non-medical expenses, you are responsible for paying your health plan deductibles and/or coinsurance.

Cancer insurance through APL pays a benefit directly to you to help with expenses associated with cancer treatment.

### CLAIMS

Claim form on Benefit website, group number and carrier contact information is on page 3.

Summary of Benefits		
Benefits	Level 1 Base Plan	Level 2 Base Plan
Radiation Therapy/Chemotherapy/ Immunotherapy Benefit	\$500 per calendar month of treatment	\$1,500 per calendar month of treatment
Hormone Therapy Benefit	\$50 per treatment, up to 12 per calendar year	\$50 per treatment, up to 12 per calendar year
Surgical Schedule Benefit	\$1,600 max per operation; \$15 per surgical unit	\$4,800 max per operation; \$45 per surgical unit
Anesthesia Benefit	25% of the amount paid for covered surgery	25% of the amount paid for covered surgery
Hospital Confinement Benefit	\$100 per day 1-90 days; \$100 per day, 91+ days in lieu of other benefits	\$300 per day 1-90 days; \$300 per day, 91+ days in lieu of other benefits
US Government/Charity Hospital/ HMO	\$100 per day in lieu of most other benefits	\$300 per day in lieu of most other benefits
Outpatient Hospital or Ambulatory Surgical Center Benefit	\$200 per day of surgery	\$600 per day of surgery
Drugs & Medicine Benefit- Inpatient	\$150 per confinement	\$150 per confinement
Drugs & Medicine Benefit- Outpatient	\$50 per prescription, up to \$50 per cal month	\$50 per prescription, up to \$150 per cal month
Transportation & Outpatient Lodging Benefit	\$0.50 per mile per round trip \$100 per day, up to 100 days per calendar year	\$0.50 per mile per round trip \$100 per day, up to 100 days per calendar year
Family Member Transportation & Lodging Benefit	\$0.50 per mile per round trip \$100 per day, up to 100 days per calendar year	\$0.50 per mile per round trip \$100 per day, up to 100 days per calendar year
Blood, Plasma & Platelets Benefit	\$150 per day, up to \$7,500 per calendar year	\$250 per day, up to \$12,500 per calendar year
Bone Marrow/Stem Cell Transplant	Autologous- \$500 per calendar year Non-Autologous- \$1,500 per calendar year	Autologous- \$1,500 per calendar year Non-Autologous- \$4,500 per calendar year

Summary of Benefits		
Benefits	Level 1 Base Plan	Level 2 Base Plan
Experimental Treatment Benefit	Pays as any non-experimental benefit	Pays as any non-experimental benefit
Attending Physician Benefit	\$30 per day of confinement	\$50 per day of confinement
Surgical Prosthesis Benefit	\$1,000 per device (includes surgical fee); max 1 device per site, 2 lifetime max	\$3,000 per device (includes surgical fee); max 2 device per site, 2 lifetime max
Hair Prosthesis Benefit	\$50 per hair prosthetic, 2 lifetime max	\$50 per hair prosthetic, 2 lifetime max
Dread Disease Benefit	\$100 per day, 1-90 days of hospital confinement	\$300 per day, 1-90 days of hospital confinement
Hospice Care Benefit	\$50 per day, \$9,000 lifetime max	\$100 per day, \$18,000 lifetime max
Inpatient Special Nursing Services	\$150 per day of confinement	\$150 per day of confinement
Ambulance Ground Benefit	\$200 per ground trip	\$200 per ground trip
Ambulance Air Benefit	\$2,000 per air trip; up to 2 trips per hospital confinement (any combination of ground/air)	\$2,000 per air trip; up to 2 trips per hospital confinement (any combination of ground/air)
Extended Care Benefit	\$100 per day	\$300 per day
Home Health Care Benefit	\$100 per day	\$300 per day
Second & Third Surgical Opinions	\$300 per diagnosis; additional \$300 if third opinion required	\$300 per diagnosis; additional \$300 if third opinion required
Waiver of Premium	Premium waived after 90 days of primary insured continuous total disability due to cancer	Premium waived after 90 days of primary insured continuous total disability due to cancer
Physical/Speech Therapy Benefit	\$25 per visit, up to 4 visits per calendar month, \$1,000 lifetime max	\$25 per visit, up to 4 visits per calendar month, \$1,000 lifetime max
Riders		
Diagnostic Testing Benefit Rider	\$50; 1 person, per calendar year	\$50; 1 person, per calendar year
Critical Illness Rider: Heart Attack/Stroke	\$2,500 lump sum benefit	\$2,500 lump sum benefit
Optional Benefit Rider		
Intensive Care Unit Rider	Up to \$600 max of 30 days per ICU confinement	Up to \$600 max of 30 days per ICU confinement

**Pre-Existing Condition Limitations Apply**, see plan documents on benefit website for details and limitations.

CANCER				
	Level 1	Level 1 + ICU Rider	Level 2	Level 2 + ICU Rider
Individual	\$16.30	\$19.60	\$32.40	\$35.70
One Parent	\$22.80	\$27.30	\$44.60	\$49.10
Two Parent	\$29.00	\$35.90	\$56.60	\$63.50

## 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.region11bc.com](http://www.region11bc.com)



Life and Accidental Death and Dismemberment (AD&D) insurance through UNUM are important parts of your financial security, especially if others depend on you for support. With Life insurance, your beneficiary(ies) can use the coverage to pay off your debts, such as credit cards, mortgages and other final expenses. AD&D coverage provides specified benefits for a covered accidental bodily injury that causes dismemberment (e.g., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies). As you grow older, your Life and AD&D coverage amount reduces 65% at age 65 and 50% at age 70.

**Claims:** Please contact your employer’s benefits department for assistance in filing a life claim.

## Basic Life and AD&D

Employer paid term life insurance and Accidental Death and Dismemberment insurance. The benefit amount will vary by District.

## Voluntary Life and AD&D

You may purchase additional Life and/or AD&D insurance for you and your eligible dependents. If you decline Voluntary Life insurance when first eligible and wish to elect at a later date, Evidence of Insurability (EOI) – proof of good health – may be required before coverage is approved. You must elect Voluntary Life coverage for yourself in order to elect coverage for your spouse or children. If you leave the district, you may be able to take your insurance with you.

## Voluntary Life Available Coverage

### Employee:

- Increments of \$10,000 up to 7 times salary, not to exceed \$500,000.
- New Hire Guaranteed Issue \$230,000

### Spouse:

- Increments of \$10,000 up to 100% of employee amount
- New Hire Guaranteed Issue \$50,000

### Child(ren):

- Birth to six months- \$1,000
- Six months to age 26- \$5,000 or \$10,000

## AD&D Available Coverage

**Employee or Family:** Increments of \$10,000 up to 7 times salary, not to exceed \$500,000.

## Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your Life and AD&D insurance policies. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, you must identify the share for each.

VOLUNTARY GROUP LIFE - per \$10,000 in coverage	
Age	Employee and Spouse Rates
<29	\$0.45
30-34	\$0.60
35-39	\$0.70
40-44	\$0.80
45-49	\$1.20
50-54	\$2.00
55-59	\$3.30
60-64	\$5.10
65-69	\$9.50
70-74	\$15.50
75+	\$20.60
Spouse rates based on Spouse age and cannot exceed 100% of the employee's voluntary group life amount.	
VOLUNTARY GROUP LIFE - CHILD(REN)	
\$5,000	\$0.90
\$10,000	\$1.80
AD&D - per \$10,000 in coverage	
Employee Only	\$0.40
Family	\$0.70

### ABOUT IDENTITY THEFT PROTECTION

Identity theft protection monitors and alerts you to identity threats. Resolution services are included should your identity ever be compromised while you are covered.

For full plan details, please visit your benefit website:  
[www.region11bc.com](http://www.region11bc.com)



### EASY & AFFORDABLE IDENTITY PROTECTION

ID Watchdog helps warn you when your personal information is stolen and helps you better protect yourself and your family from identity fraud—when stolen information is used for illicit gain. You'll have greater peace of mind knowing you don't have to face the complexities of identity theft alone.

### 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.
- **Fully Managed Identity Restoration:** If you become a victim, you don't have to face it alone. One of our certified resolution specialists will fully manage the case for you until your identity is restored

### POWERFUL FEATURES INCLUDED IN ALL ID WATCHDOG PLANS

#### Control & Manage

- Financial Accounts Monitoring
- Social Account Monitoring
- Registered Sex Offender Reporting
- Customizable Alert Options
- Equifax Blocked Inquiry Alerts
- National Provider ID Alerts

#### Monitor & Detect

- Dark Web Monitoring
- Data Breach Notifications
- High-Risk Transactions Monitoring
- Subprime Loan Monitoring
- Public Records Monitoring
- USPS Change of Address Monitoring
- Identity Profile Report
- Credit Score Tracker

#### Support & Restore

- Fully Managed Resolution Services including Pre-Existing Conditions
- Online Resolution Tracker
- Lost Wallet Vault & Assistance
- Deceased Family Member Fraud Remediation
- Credit Freeze Assistance

Plan Options	1B	PLATINUM
<b>Credit Report(s) &amp; VantageScore Credit Score(s)</b>	1 Bureau Monthly	1 Bureau Daily & 3 Bureau Annually
<b>Credit Score Tracker</b>	1 Bureau Monthly	1 Bureau Daily
<b>Credit Report Monitoring</b>	1 Bureau	Multi-Bureau
<b>Credit Report Lock</b>	1 Bureau	Multi-Bureau
<b>Identity Theft Insurance</b>	Up to \$1M	Up to \$1M
<b>401K/HSA Stolen Funds Reimbursement</b>	-	✓
<b>Subprime Loan Block</b> within the monitored lending network	-	✓
<b>Social Account Takeover Alerts</b>	-	✓

	IDENTITY THEFT	
	1B	Platinum
<b>Employee</b>	\$7.95	\$11.95
<b>Employee and Family</b>	\$14.95	\$22.95

# Flexible Spending Account (FSA)

NBS

EMPLOYEE  
BENEFITS

## ABOUT FSA

A Flexible Spending Account allows you to pay for eligible health care expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit. This money is use it or lose it within the plan year (unless your plan contains a \$500 rollover or grace period provision).

For full plan details, please visit your benefit website:

[www.region11bc.com](http://www.region11bc.com)



## Health Care FSA

The Health Care FSA covers qualified medical, dental and vision expenses for you or your eligible dependents. You are entitled to the full election from day one of your plan year.

Eligible expenses include:

- Dental and vision expenses
- Medical deductibles and coinsurance
- Prescription copays
- Hearing aids and batteries

You may not contribute to an unlimited purpose Healthcare FSA if you are enrolled in a High Deductible Health Plan (HDHP) and contributing to a Health Savings Account (HSA).

## How the Health Care FSAs Work

You can access the funds in your Health Care FSA two different ways:

- Use your NBS Debit Card to pay for qualified expenses, doctor visits and prescription copays.
- Pay out-of-pocket and submit your receipts for reimbursement:
  - Fax – 844-438-1496
  - Email – [service@nbsbenefits.com](mailto:service@nbsbenefits.com)
  - Online – [my.nbsbenefits.com](http://my.nbsbenefits.com)
  - Call for Account Balance: 855-399-3035
  - Mail: PO Box 6980  
West Jordan, UT 84084

## Contact NBS

- Hours of Operation: 6:00 AM – 6:00 PM MST, Mon-Fri
- Phone: (800) 274-0503
- Email: [service@nbsbenefits.com](mailto:service@nbsbenefits.com)
- Mail: PO Box 6980  
West Jordan, UT 84084

## Dependent Care FSA

The Dependent Care FSA helps pay for expenses associated with caring for elder or child dependents so you or your spouse can work or attend school full time. You can use the account to pay for day care or baby sitter expenses for your children under age 13 and qualifying older dependents, such as dependent parents. Reimbursement from your Dependent Care FSA is limited to the total amount deposited in your account at that time. To be eligible, you must be a single parent or you and your spouse must be employed outside the home, disabled or a full-time student.

## Dependent Care FSA Guidelines

- Overnight camps are not eligible for reimbursement (only day camps can be considered).
- If your child turns 13 midyear, you may only request reimbursement for the part of the year when the child is under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.
- The dependent care provider cannot be your child under age 19 or anyone claimed as a dependent on your income taxes.

## Limited Purpose FSA (Not available for all districts)

Era ISD, Gainesville ISD, Lipan ISD and Treetops International School allow employees to enroll in a High Deductible Health Plan and contribute to a Health Savings Account (HSA) and FSA, your FSA becomes a Limited Purpose Health Care FSA and may only be used for Dental and Vision, all medical expenses would be processed through your HSA.



### Important FSA Rules

- You cannot change your election during the year unless you experience a Qualifying Life Event.
- You can continue to file claims incurred during the plan year for another 90 days from August 31<sup>st</sup>.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.

### Over-the-Counter Item Rule Reminder

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription to qualify as an eligible Health Care FSA expense. You will only need to obtain a one-time prescription for the current plan year. You can continue to purchase your regular prescription medications with your FSA debit card. However, the FSA debit card may not be used as payment for an OTC item, even when accompanied by a prescription.

Flexible Spending Accounts			
Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medications)	\$3,050	Saves on eligible expenses not covered by insurance, reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after-school programs or elder care programs) so you and your spouse can work or attend school full-time	\$5,000 single \$2,500 if married and filing separate tax returns	Reduces your taxable income

# Emergency Medical Transport

## MASA

### ABOUT MEDICAL TRANSPORT

Medical Transport covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter, depending on the plan.

For full plan details, please visit your benefit website:  
[www.region11bc.com](http://www.region11bc.com)



A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network. If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code (“IRC”) section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

#### Emergent Air Transportation

In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

#### Emergent Ground Transportation

In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

#### Non-Emergency Inter-Facility Transportation

In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

#### Repatriation/Recuperation

Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

Should you need assistance with a claim contact MASA at 800-643-9023. You can find full benefit details on your benefit website.

Plan Features		
	Emergent Plus Membership	Platinum Membership
Emergency Air Transportation	X	X
Emergent Ground Transportation	X	X
Non-Emergency Inter-Facility Transportation	X	X
Repatriation/Recuperation	X	X
Escort Transportation		X
Visitor Transportation		X
Return Transportation		X
Mortal Remains Transportation		X
Minor Return		X
Organ Retrieval/Organ Recipient Transportation		X
Vehicle Return		X
Pet Return		X
Worldwide Coverage		X

EMERGENCY MEDICAL TRANSPORTATION		
	Emergent Plus	Platinum
Employee & Family	\$14.00	\$39.00

# Notes

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### 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.region11bc.com](http://www.region11bc.com)



*The rates shown apply to the following districts:*

- Bonham ISD**
- CityScape Schools**
- Education Center Int'l Academy**
- Evolution Academy**
- Maypearl ISD**
- Palmer ISD**
- Trinity Basin Preparatory**
- UME Preparatory**
- Manara Academy**
- Maypearl ISD**
- S&S CISD**
- Van Alstyne ISD**
- Whitesboro ISD**
- Winfree Academy Charter Schools**

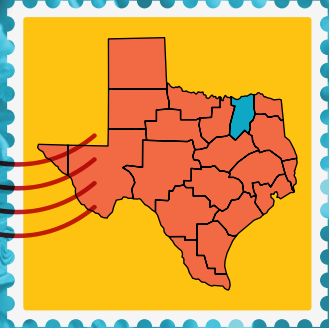
### TRS Region 10 Medical Rates\*

TRS ActiveCare HD	
Employee Only	\$462.00
Employee & Spouse	\$1,248.00
Employee & Child(ren)	\$786.00
Employee & Family	\$1,571.00
TRS ActiveCare 2	
Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00
TRS ActiveCare Primary	
Employee Only	\$450.00
Employee & Spouse	\$1,215.00
Employee & Child(ren)	\$765.00
Employee & Family	\$1,530.00
TRS ActiveCare Primary+	
Employee Only	\$529.00
Employee & Spouse	\$1,376.00
Employee & Child(ren)	\$900.00
Employee & Family	\$1,746.00
Central and North Texas Baylor Scott & White HMO	
Employee Only	\$569.76
Employee & Spouse	\$1,432.42
Employee & Child(ren)	\$916.49
Employee & Family	\$1,648.78

\*Listed monthly rates do not include employer contributions.

*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 2023-24



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

# 2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 –

## How to Calculate Your Monthly Premium

Total Monthly Premium

– Your District and State Contributions

– **Your Premium**

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

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

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

## 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.*

Monthly Premiums	Total Premium	Your Premium	Total Premi
Employee Only	\$450	\$	\$529
Employee and Spouse	\$1,215	\$	\$1,376
Employee and Children	\$765	\$	\$900
Employee and Family	\$1,530	\$	\$1,746

Plan Features		
Type of Coverage	In-Network Coverage Only	l
Individual/Family Deductible	\$2,500/\$5,000	
Coinsurance	You pay 30% after deductible	Yo
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	
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	Yo
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$1

## New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

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	You pay 30% after deductible	Yo
Non-preferred	You pay 50% after deductible	Yo
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	Yo
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.**

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

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

Plan	Your Premium	Total Premium	Your Premium
Plan 1	\$	\$462	\$
Plan 2	\$	\$1,248	\$
Plan 3	\$	\$786	\$
Plan 4	\$	\$1,571	\$

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

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$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	
\$2 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	

Brand deductible per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP 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

# What's New and What's Changing



This table shows you the changes between 2022-23 statewide premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$410	\$450	<b>\$40</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> </ul>
	Employee and Spouse	\$1,157	\$1,215	<b>\$58</b>	
	Employee and Children	\$738	\$765	<b>\$27</b>	
	Employee and Family	\$1,384	\$1,530	<b>\$146</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$422	\$462	<b>\$40</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,187	\$1,248	<b>\$61</b>	
	Employee and Children	\$757	\$786	<b>\$29</b>	
	Employee and Family	\$1,419	\$1,571	<b>\$152</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$515	\$529	<b>\$14</b>	<ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider copay decreased from \$30 to \$15.</li> </ul>
	Employee and Spouse	\$1,259	\$1,376	<b>\$117</b>	
	Employee and Children	\$829	\$900	<b>\$71</b>	
	Employee and Family	\$1,584	\$1,746	<b>\$162</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	<b>\$0</b>	<ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	<b>\$0</b>	
	Employee and Children	\$1,507	\$1,507	<b>\$0</b>	
	Employee and Family	\$2,841	\$2,841	<b>\$0</b>	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2023



## Compare Prices for Common Medical Services

### REMEMBER:

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

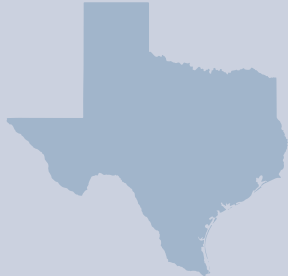
Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 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 per day maximum)
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	\$30 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.*

## 2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

**REMEMBER:** Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	<b>Central and North Texas Baylor Scott &amp; White Health Plan</b> <i>Brought to you by TRS-ActiveCare</i>	<b>Blue Essentials - South Texas HMO</b> <i>Brought to you by TRS-ActiveCare</i>	<b>Blue Essentials - West Texas HMO</b> <i>Brought to you by TRS-ActiveCare</i>
	<b>You can choose this plan if you live in one of these counties:</b> Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	<b>You can choose this plan if you live in one of these counties:</b> Cameron, Hildalgo, Starr, Willacy	<b>You can choose this plan if you live in one of these counties:</b> Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$569.76	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,432.42	\$	N/A	\$	N/A	\$
Employee and Children	\$916.49	\$	N/A	\$	N/A	\$
Employee and Family	\$1,648.78	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$2,400/\$4,800	N/A	N/A
Coinsurance	You pay 25% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	N/A	N/A

Doctor Visits			
Primary Care	\$20 copay	N/A	N/A
Specialist	\$70 copay	N/A	N/A

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$14/\$35 copay	N/A	N/A
Preferred Brand	You pay 35% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 35% after deductible	N/A	N/A

[www.trs.texas.gov](http://www.trs.texas.gov)

# Notes

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The rates shown apply to the following districts:

<b>Academy of Visual and Performing Arts</b>	<b>Lipan ISD</b>
<b>Argyle ISD</b>	<b>Little Elm ISD</b>
<b>Aubrey ISD</b>	<b>Morgan Mill ISD</b>
<b>Bluff Dale ISD</b>	<b>Muenster ISD</b>
<b>Brock ISD</b>	<b>Newman International</b>
<b>Callisburg ISD</b>	<b>Palo Pinto ISD</b>
<b>East Fort Worth</b>	<b>Ponder ISD</b>
<b>Montessori</b>	<b>Poolville ISD</b>
<b>Era ISD</b>	<b>Sanger ISD</b>
<b>Erath Excels Academy</b>	<b>Santo ISD</b>
<b>Gainesville ISD</b>	<b>Sivells Bend ISD</b>
<b>Garner ISD</b>	<b>Stephenville ISD</b>
<b>Graford ISD</b>	<b>Three Way ISD</b>
<b>Huckabay ISD</b>	<b>Treetops International</b>
<b>Jean Massieu Academy</b>	<b>School</b>
<b>Kennedale ISD</b>	<b>Trivium Academy</b>
<b>Lake Dallas ISD</b>	<b>Valley View ISD</b>
<b>Lindsay ISD</b>	<b>Walnut Bend ISD</b>
<b>Lingleville ISD</b>	<b>Westlake Academy</b>

### TRS Region 11 Medical Rates\*

TRS ActiveCare HD	
Employee Only	\$475.00
Employee & Spouse	\$1,283.00
Employee & Child(ren)	\$808.00
Employee & Family	\$1,615.00
TRS ActiveCare 2	
Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00
TRS ActiveCare Primary	
Employee Only	\$461.00
Employee & Spouse	\$1,245.00
Employee & Child(ren)	\$784.00
Employee & Family	\$1,568.00
TRS ActiveCare Primary+	
Employee Only	\$541.00
Employee & Spouse	\$1,407.00
Employee & Child(ren)	\$920.00
Employee & Family	\$1,786.00
Central and North Texas Baylor Scott & White HMO	
Employee Only	\$596.96
Employee & Spouse	\$1,501.90
Employee & Child(ren)	\$960.68
Employee & Family	\$1,728.86

\*Listed monthly rates do not include employer contributions.

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



## TRS-ActiveCare Plan Highlights 2023-24



### 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 its portion.
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- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

# 2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 –

## How to Calculate Your Monthly Premium

Total Monthly Premium

⊖ Your District and State Contributions

⊖ **Your Premium**

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

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

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

## Wellness Benefits at No Extra Cost\*

Being healthy is easy with:

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- 24/7 customer service
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- 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.*

Monthly Premiums	Total Premium	Your Premium	Total Premi
Employee Only	\$461	\$	\$541
Employee and Spouse	\$1,245	\$	\$1,407
Employee and Children	\$784	\$	\$920
Employee and Family	\$1,568	\$	\$1,786

Plan Features		
Type of Coverage	In-Network Coverage Only	l
Individual/Family Deductible	\$2,500/\$5,000	
Coinsurance	You pay 30% after deductible	Yo
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	
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	Yo
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$1

## New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

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	You pay 30% after deductible	Yo
Non-preferred	You pay 50% after deductible	Yo
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	Yo
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.**

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

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

Plan	Your Premium	Total Premium	Your Premium
Plan 1	\$475	\$475	\$
Plan 2	\$1,283	\$1,283	\$
Plan 3	\$808	\$808	\$
Plan 4	\$1,615	\$1,615	\$

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

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$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	
\$2 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
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP 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

# What's New and What's Changing



This table shows you the changes between 2022-23 statewide premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$417	\$461	<b>\$44</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> </ul>
	Employee and Spouse	\$1,176	\$1,245	<b>\$69</b>	
	Employee and Children	\$751	\$784	<b>\$33</b>	
	Employee and Family	\$1,405	\$1,568	<b>\$163</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$429	\$475	<b>\$46</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,209	\$1,283	<b>\$74</b>	
	Employee and Children	\$772	\$808	<b>\$36</b>	
	Employee and Family	\$1,445	\$1,615	<b>\$170</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$525	\$541	<b>\$16</b>	<ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider copay decreased from \$30 to \$15.</li> </ul>
	Employee and Spouse	\$1,284	\$1,407	<b>\$123</b>	
	Employee and Children	\$845	\$920	<b>\$75</b>	
	Employee and Family	\$1,614	\$1,786	<b>\$172</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	<b>\$0</b>	<ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	<b>\$0</b>	
	Employee and Children	\$1,507	\$1,507	<b>\$0</b>	
	Employee and Family	\$2,841	\$2,841	<b>\$0</b>	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2023



# Compare Prices for Common Medical Services

## REMEMBER:

Call a Personal Health Guide (PHG) any time 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 per day maximum)
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	\$30 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

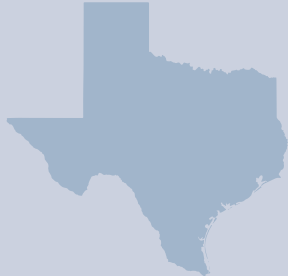
\*Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999** with questions.

## 2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

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Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	<b>Central and North Texas Baylor Scott &amp; White Health Plan</b> <i>Brought to you by TRS-ActiveCare</i>	<b>Blue Essentials - South Texas HMO</b> <i>Brought to you by TRS-ActiveCare</i>	<b>Blue Essentials - West Texas HMO</b> <i>Brought to you by TRS-ActiveCare</i>
	<b>You can choose this plan if you live in one of these counties:</b> Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	<b>You can choose this plan if you live in one of these counties:</b> Cameron, Hildalgo, Starr, Willacy	<b>You can choose this plan if you live in one of these counties:</b> Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$596.96	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,501.90	\$	N/A	\$	N/A	\$
Employee and Children	\$960.68	\$	N/A	\$	N/A	\$
Employee and Family	\$1,728.86	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$2,400/\$4,800	N/A	N/A
Coinsurance	You pay 25% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	N/A	N/A

Doctor Visits			
Primary Care	\$20 copay	N/A	N/A
Specialist	\$70 copay	N/A	N/A

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$14/\$35 copay	N/A	N/A
Preferred Brand	You pay 35% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 35% after deductible	N/A	N/A

[www.trs.texas.gov](http://www.trs.texas.gov)





The rates shown apply to the following districts:

### Itasca ISD

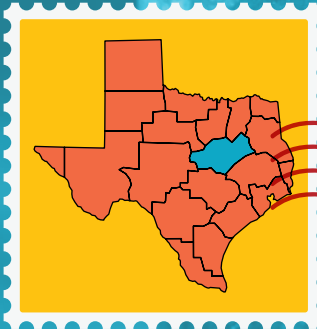
#### TRS Region 12 Medical Rates\*

TRS ActiveCare HD	
Employee Only	\$410.00
Employee & Spouse	\$1,107.00
Employee & Child(ren)	\$697.00
Employee & Family	\$1,394.00
TRS ActiveCare 2	
Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00
TRS ActiveCare Primary	
Employee Only	\$399.00
Employee & Spouse	\$1,078.00
Employee & Child(ren)	\$679.00
Employee & Family	\$1,357.00
TRS ActiveCare Primary+	
Employee Only	\$468.00
Employee & Spouse	\$1,217.00
Employee & Child(ren)	\$796.00
Employee & Family	\$1,545.00
Central and North Texas Baylor Scott & White HMO	
Employee Only	\$515.37
Employee & Spouse	\$1,293.46
Employee & Child(ren)	\$828.11
Employee & Family	\$1,488.60

\*Listed monthly rates do not include employer contributions.

*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 2023-24



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

# 2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 –

## How to Calculate Your Monthly Premium

Total Monthly Premium

– Your District and State Contributions

– **Your Premium**

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

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

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

## 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.*

Monthly Premiums	Total Premium	Your Premium	Total Premi
Employee Only	\$399	\$	\$468
Employee and Spouse	\$1,078	\$	\$1,217
Employee and Children	\$679	\$	\$796
Employee and Family	\$1,357	\$	\$1,545

Plan Features		
Type of Coverage	In-Network Coverage Only	
Individual/Family Deductible	\$2,500/\$5,000	
Coinsurance	You pay 30% after deductible	
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	
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	
TRS Virtual Health-RediMD™	\$0 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	

## New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

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	You pay 30% after deductible	
Non-preferred	You pay 50% after deductible	
Specialty (31-Day Max)	\$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 3

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>Required to see specialists</p> <p>Compatible with a Health Savings Account (HSA)</p> <p>Out-of-network coverage</p>	<ul style="list-style-type: none"> <li>Compatible with a Health Savings Account (HSA)</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for PCPs or referrals</li> <li>Must meet your deductible before plan pays for non-preventive care</li> </ul>

**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"> <li>Closed to new enrollees</li> <li>Current enrollees can choose to stay in plan</li> <li>Lower deductible</li> <li>Copays for many services and drugs</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for PCPs or referrals</li> </ul>

Plan	Your Premium	Total Premium	Your Premium
Plan 1	\$	\$410	\$
Plan 2	\$	\$1,107	\$
Plan 3	\$	\$697	\$
Plan 4	\$	\$1,394	\$

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

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$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	
\$2 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	

Brand deductible per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP 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)
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This table shows you the changes between 2022-23 statewide premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$365	\$399	<b>\$34</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> </ul>
	Employee and Spouse	\$1,029	\$1,078	<b>\$49</b>	
	Employee and Children	\$656	\$679	<b>\$23</b>	
	Employee and Family	\$1,232	\$1,357	<b>\$125</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$375	\$410	<b>\$35</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,055	\$1,107	<b>\$52</b>	
	Employee and Children	\$673	\$697	<b>\$24</b>	
	Employee and Family	\$1,261	\$1,394	<b>\$133</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$458	\$468	<b>\$10</b>	<ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider copay decreased from \$30 to \$15.</li> </ul>
	Employee and Spouse	\$1,120	\$1,217	<b>\$97</b>	
	Employee and Children	\$737	\$796	<b>\$59</b>	
	Employee and Family	\$1,409	\$1,545	<b>\$136</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	<b>\$0</b>	<ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	<b>\$0</b>	
	Employee and Children	\$1,507	\$1,507	<b>\$0</b>	
	Employee and Family	\$2,841	\$2,841	<b>\$0</b>	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

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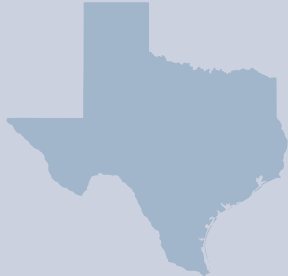
Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 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
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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	\$30 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

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TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	<b>Central and North Texas Baylor Scott &amp; White Health Plan</b> <i>Brought to you by TRS-ActiveCare</i>	<b>Blue Essentials - South Texas HMO</b> <i>Brought to you by TRS-ActiveCare</i>	<b>Blue Essentials - West Texas HMO</b> <i>Brought to you by TRS-ActiveCare</i>
	<b>You can choose this plan if you live in one of these counties:</b> Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	<b>You can choose this plan if you live in one of these counties:</b> Cameron, Hildalgo, Starr, Willacy	<b>You can choose this plan if you live in one of these counties:</b> Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$515.37	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,293.46	\$	N/A	\$	N/A	\$
Employee and Children	\$828.11	\$	N/A	\$	N/A	\$
Employee and Family	\$1,488.60	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$2,400/\$4,800	N/A	N/A
Coinsurance	You pay 25% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	N/A	N/A

Doctor Visits			
Primary Care	\$20 copay	N/A	N/A
Specialist	\$70 copay	N/A	N/A

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$14/\$35 copay	N/A	N/A
Preferred Brand	You pay 35% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 35% after deductible	N/A	N/A

[www.trs.texas.gov](http://www.trs.texas.gov)





The rates shown apply to the following districts:

#### Dell City ISD

#### TRS Region 19 Medical Rates\*

##### TRS ActiveCare HD

Employee Only	\$403.00
Employee & Spouse	\$1,089.00
Employee & Child(ren)	\$686.00
Employee & Family	\$1,371.00

##### TRS ActiveCare 2

Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00

##### TRS ActiveCare Primary

Employee Only	\$388.00
Employee & Spouse	\$1,048.00
Employee & Child(ren)	\$660.00
Employee & Family	\$1,320.00

##### TRS ActiveCare Primary+

Employee Only	\$455.00
Employee & Spouse	\$1,183.00
Employee & Child(ren)	\$774.00
Employee & Family	\$1,502.00

\*Listed monthly rates do not include employer contributions.

*TRS-ActiveCare has a network of doctors and hospitals that span all the way to the Rio Grande.*



## TRS-ActiveCare Plan Highlights 2023-24



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

# 2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 –

## How to Calculate Your Monthly Premium

$$\begin{aligned} & \text{Total Monthly Premium} \\ - & \text{Your District and State Contributions} \\ \hline = & \text{Your Premium} \end{aligned}$$

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.

## New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

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

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

Monthly Premiums	Total Premium	Your Premium	Total Premi
Employee Only	\$388	\$	\$455
Employee and Spouse	\$1,048	\$	\$1,183
Employee and Children	\$660	\$	\$774
Employee and Family	\$1,320	\$	\$1,502

Plan Features		
Type of Coverage	In-Network Coverage Only	
Individual/Family Deductible	\$2,500/\$5,000	
Coinsurance	You pay 30% after deductible	
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	
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	
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	You pay 30% after deductible	
Non-preferred	You pay 50% after deductible	
Specialty (31-Day Max)	\$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 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.

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

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

Plan	Your Premium	Total Premium	Your Premium
	\$	\$403	\$
	\$	\$1,089	\$
	\$	\$686	\$
	\$	\$1,371	\$

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

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$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	
\$2 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
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP 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

# What's New and What's Changing



This table shows you the changes between 2022-23 statewide premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$362	\$388	<b>\$26</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> </ul>
	Employee and Spouse	\$1,020	\$1,048	<b>\$28</b>	
	Employee and Children	\$650	\$660	<b>\$10</b>	
	Employee and Family	\$1,221	\$1,320	<b>\$99</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$376	\$403	<b>\$27</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,058	\$1,089	<b>\$31</b>	
	Employee and Children	\$675	\$686	<b>\$11</b>	
	Employee and Family	\$1,265	\$1,371	<b>\$106</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$454	\$455	<b>\$1</b>	<ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider copay decreased from \$30 to \$15.</li> </ul>
	Employee and Spouse	\$1,110	\$1,183	<b>\$73</b>	
	Employee and Children	\$731	\$774	<b>\$43</b>	
	Employee and Family	\$1,396	\$1,502	<b>\$106</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	<b>\$0</b>	<ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	<b>\$0</b>	
	Employee and Children	\$1,507	\$1,507	<b>\$0</b>	
	Employee and Family	\$2,841	\$2,841	<b>\$0</b>	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2023



## Compare Prices for Common Medical Services

### REMEMBER:

Call a Personal Health Guide (PHG) any time 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 per day maximum)
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	\$30 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.*

# ESC Region 11 EBC Mobile App Login Group #'s

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

District	GROUP #
Academy of Visual and Performing Arts	ESC11DD
Alvord ISD	ESC11A
Argyle ISD	ESC11B
Arlington Classics Academy	ESC11C
Aubrey ISD	ESC11AAA
Bluff Dale ISD	ESC11D
Bonham ISD	ESC11E
Brock ISD	ESC11F
Callisburg ISD	ESC11G
CityScape Schools	ESC11I
Decatur ISD	ESC11J
Dell City ISD	ESC11K
Dublin ISD	ESC11L
East Fort Worth Montessori	ESC11M
Education Center Int'l Academy (Arise, Inc dba)	ESC11N
Era ISD	ESC11O
Erath Excels Academy	ESC11P
Evolution Academy	ESC11R
Gainesville ISD	ESC11S
Garner ISD	ESC11T
Graford ISD	ESC11U
Huckabay ISD	ESC11V
Itasca ISD	ESC11W
Jean Massieu Academy	ESC11X
Kennedale ISD	ESC11Y
Lake Dallas ISD	ESC11Z
Lindsay ISD	ESC11AA
Lingleville ISD	ESC11AB

District	GROUP #
Lipan ISD	ESC11AC
Little Elm ISD	ESC11AD
Manara Academy	ESC11BB
Maypearl ISD	ESC11AE
Morgan Mill ISD	ESC11AF
Muenster ISD	ESC11AG
Newman International	ESC11AH
Palmer ISD	ESC11AI
Palo Pinto ISD	ESC11AJ
Ponder ISD	ESC11AK
Poolville ISD	ESC11AL
S & S CISD	ESC11CC
Sanger ISD	ESC11BA
Santo ISD	ESC11AM
Sivells Bend ISD	ESC11AN
Stephenville ISD	ESC11AO
Three Way ISD	ESC11AP
Treetops International School	ESC11AQ
Trinity Basin Preparatory	ESC11AR
Trivium Academy	ESC11AS
UME Preparatory	ESC11AT
Valley View ISD	ESC11AU
Van Alstyne ISD	ESC11AV
Walnut Bend ISD	ESC11AW
Westlake Academy	ESC11AX
Whitesboro ISD	ESC11AY
Winfrey Academy Charter Schools	ESC11AZ



## 2023 - 2024 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 ESC Region 11 EBC 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 ESC Region 11 EBC 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.

[WWW.REGION11BC.COM](http://WWW.REGION11BC.COM)

