



# EAST TEXAS EMPLOYEE BENEFITS COOPERATIVE **BENEFIT GUIDE**

EFFECTIVE: 09/01/2020 - 8/31/2021

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



# Table of Contents

How to Enroll	3
Disclaimers	4
Rate Sheets	5-11
Annual Benefit Enrollment	12-17
1. Benefit Updates	12
2. Section 125 Cafeteria Plan Guidelines	13
3. Annual Enrollment	14
4. Eligibility Requirements	15
5. Helpful Definitions	16
6. Health Savings Account (HSA) vs. Flexible Spending Account (FSA)	17
Medical	18
Hospital Indemnity	18
Health Savings Account (HSA)	19
Telehealth	19
Dental	20
Vision	20
Disability	21
Cancer	21
Voluntary Life and AD&D	22
Individual Life	22
Critical Illness	23
Accident	23
Identity Theft	24
Flexible Spending Account (FSA)	24
Medical Transport	25

FLIP  
TO...

**PG. 3**

HOW TO  
ENROLL

**PG. 12**

SUMMARY  
PAGES

**PG. 18**

YOUR  
BENEFITS



# MOBILE ENROLLMENT

Enrollment made simple through  
your smartphone or tablet.

Access to everything you need to complete your  
benefits enrollment:

- NEW Mobile App
- Online Support
- Interactive Tools  
And more.



## How to Log In

1

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

2

**CLICK LOGIN**

3

**ENTER USERNAME &  
PASSWORD**

### Username:

The first six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

If you have six (6) or less characters in your last name, use your full last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

### Default Password:

Last Name (lowercase, excluding punctuation) followed by the last four (4) digits of your Social Security Number.

# Disclaimers

HOW TO  
ENROLL

## **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 ETXEBC 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 ETXEBC 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.

# Benefit Rate Sheet\*

HOW TO  
ENROLL

TRS Medical	
TRS ActiveCare HD	
Employee Only	\$397.00
Employee & Spouse	\$1,120.00
Employee & Child(ren)	\$715.00
Employee & Family	\$1,338.00
TRS ActiveCare Primary	
Employee Only	\$386.00
Employee & Spouse	\$1,089.00
Employee & Child(ren)	\$695.00
Employee & Family	\$1,301.00
TRS ActiveCare Primary+	
Employee Only	\$514.00
Employee & Spouse	\$1,264.00
Employee & Child(ren)	\$834.00
Employee & Family	\$1,588.00
TRS ActiveCare 2	
Employee Only	\$937.00
Employee & Spouse	\$2,222.00
Employee & Child(ren)	\$1,393.00
Employee & Family	\$2,627.00

FSA Maximum Contribution	
Healthcare	\$2,750
Dependent Care	\$5,000

HSA Maximum Contribution	
Individual	\$3,550
Family	\$7,100

Telehealth	
Family	\$10.50

Dental		
	LOW	HIGH
Employee Only	\$21.62	\$27.83
Employee and Spouse	\$45.94	\$59.15
Employee and Child(ren)	\$59.45	\$76.55
Family	\$81.07	\$104.38

Vision	
Employee Only	\$7.63
Employee and Spouse	\$16.90
Employee and Child(ren)	\$16.97
Family	\$21.94

Emergency Transportation		
	EMERGENT	PLATINUM
Employee	\$14.00	\$24.50
Family	\$14.00	\$32.50

Identity Theft		
	1B	PLATINUM
Employee	\$8.95	\$12.95
Family	\$15.95	\$23.95

Accident		
	GOLD	PLATINUM
Employee Only	\$13.64	\$18.19
Employee and Spouse	\$20.22	\$26.96
Employee and Child(ren)	\$18.39	\$24.52
Family	\$24.97	\$33.29



Your employer may be offering a new alternative medical plan called the Texas Schools Health Benefits Program (TSHBP). Please check your benefit website to see if this plan is available for the 2020-21 Plan Year.

\*Monthly premiums shown without employer contributions. Refer to your benefit website for exact payroll deductions.



# Benefit Rate Sheet\*

HOW TO  
ENROLL

Critical Illness													
Coverage		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	Employee Only	\$1.37	\$1.77	\$2.44	\$3.13	\$4.13	\$6.02	\$9.03	\$14.42	\$20.72	\$30.35	\$41.24	\$48.17
	Employee + Spouse	\$3.17	\$4.03	\$5.21	\$6.80	\$9.26	\$13.62	\$20.67	\$32.11	\$47.86	\$67.24	\$90.11	\$109.70
	Employee + Children	\$1.37	\$1.77	\$2.44	\$3.13	\$4.13	\$6.02	\$9.03	\$14.42	\$20.72	\$30.35	\$41.24	\$48.17
	Employee + Family	\$3.17	\$4.03	\$5.21	\$6.80	\$9.26	\$13.62	\$20.67	\$32.11	\$47.86	\$67.24	\$90.11	\$109.70
\$15,000	Employee Only	\$2.05	\$2.65	\$3.66	\$4.70	\$6.20	\$9.03	\$13.54	\$21.63	\$31.07	\$45.52	\$61.86	\$72.26
	Employee + Spouse	\$4.76	\$6.05	\$7.82	\$10.20	\$13.90	\$20.42	\$31.00	\$48.16	\$71.80	\$100.85	\$135.17	\$164.54
	Employee + Children	\$2.05	\$2.65	\$3.66	\$4.70	\$6.20	\$9.03	\$13.54	\$21.63	\$31.07	\$45.52	\$61.86	\$72.26
	Employee + Family	\$4.76	\$6.05	\$7.82	\$10.20	\$13.90	\$20.42	\$31.00	\$48.16	\$71.80	\$100.85	\$135.17	\$164.54
\$20,000	Employee Only	\$2.73	\$3.54	\$4.88	\$6.26	\$8.26	\$12.04	\$18.05	\$28.84	\$41.43	\$60.70	\$82.48	\$96.34
	Employee + Spouse	\$6.35	\$8.07	\$10.42	\$13.60	\$18.53	\$27.23	\$41.33	\$64.21	\$95.73	\$134.47	\$180.23	\$219.39
	Employee + Children	\$2.73	\$3.54	\$4.88	\$6.26	\$8.26	\$12.04	\$18.05	\$28.84	\$41.43	\$60.70	\$82.48	\$96.34
	Employee + Family	\$6.35	\$8.07	\$10.42	\$13.60	\$18.53	\$27.23	\$41.33	\$64.21	\$95.73	\$134.47	\$180.23	\$219.39
\$25,000	Employee Only	\$3.41	\$4.42	\$6.09	\$7.83	\$10.33	\$15.05	\$22.57	\$36.05	\$51.79	\$75.87	\$103.10	\$120.43
	Employee + Spouse	\$7.93	\$10.09	\$13.03	\$17.00	\$23.16	\$34.04	\$51.67	\$80.26	\$119.66	\$168.09	\$225.29	\$274.24
	Employee + Children	\$3.41	\$4.42	\$6.09	\$7.83	\$10.33	\$15.05	\$22.57	\$36.05	\$51.79	\$75.87	\$103.10	\$120.43
	Employee + Family	\$7.93	\$10.09	\$13.03	\$17.00	\$23.16	\$34.04	\$51.67	\$80.26	\$119.66	\$168.09	\$225.29	\$274.24
\$30,000	Employee Only	\$4.10	\$5.30	\$7.31	\$9.39	\$12.39	\$18.06	\$27.08	\$43.27	\$62.15	\$91.05	\$123.72	\$144.52
	Employee + Spouse	\$9.52	\$12.10	\$15.63	\$20.40	\$27.79	\$40.85	\$62.00	\$96.32	\$143.59	\$201.71	\$270.34	\$329.09
	Employee + Children	\$4.10	\$5.30	\$7.31	\$9.39	\$12.39	\$18.06	\$27.08	\$43.27	\$62.15	\$91.05	\$123.72	\$144.52
	Employee + Family	\$9.52	\$12.10	\$15.63	\$20.40	\$27.79	\$40.85	\$62.00	\$96.32	\$143.59	\$201.71	\$270.34	\$329.09

\*Monthly premiums shown without employer contributions. Refer to your benefit website for exact payroll deductions.

# Benefit Rate Sheet\*

HOW TO  
ENROLL

Voluntary Group Life (per \$10,000 in coverage)	
0-29	\$0.37
30-34	\$0.56
35-39	\$0.65
40-44	\$0.93
45-49	\$1.40
50-54	\$2.14
55-59	\$4.00
60-64	\$6.14
65-69	\$11.07
70-74	\$17.67

Spouse rates based on employee age.

Child(ren) Voluntary Life (per \$5,000 in coverage)	
0-26	\$0.80

AD&D (per \$10,000 in coverage; To Age 85)	
Employee	\$0.17
Spouse	\$0.17
Child(ren)	\$0.09

Cancer			
	Base Plan A	Base Plan B	Base Plan C
Employee Only	\$16.61	\$26.09	35.02
Employee and Spouse	\$28.10	\$43.39	57.83
Employee and Child(ren)	\$20.55	\$31.34	41.52
Family	\$28.10	\$43.39	57.83

Hospital Indemnity			
	OPTION 1— \$1,500	OPTION 2— \$3,000	OPTION 3— \$5,000
Employee Only	\$21.83	\$36.02	\$57.21
Employee and Spouse	\$45.59	\$73.39	\$115.99
Employee and Child(ren)	\$31.05	\$50.79	\$80.41
Family	\$50.34	\$81.77	\$129.33

Disability (per \$100 in coverage)					
	30%	40%	50%	60%	70%
0/7	\$2.77	\$3.03	\$3.25	\$3.66	\$3.82
14/14	\$2.16	\$2.36	\$2.54	\$2.86	\$2.98
30/30	\$1.86	\$2.03	\$2.18	\$2.46	\$2.56
60/60	\$1.69	\$1.62	\$1.75	\$1.97	\$2.05

\*Monthly premiums shown without employer contributions. Refer to your benefit website for exact payroll deductions.

# 2020-21 TRS-ActiveCare Plan Highlights Sept. 1, 2020 — Aug. 31, 2021

All TRS-ActiveCare participants have **three plan options**. Each is designed with the unique needs of our members in mind.

	NEW: TRS-ActiveCare Primary	TRS-ActiveCare HD		TRS-ActiveCare Primary+	TRS-ActiveCare 2 (This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.)	
Plan summary	<ul style="list-style-type: none"><li>• Lower premium</li><li>• Copays for doctor visits before you meet deductible</li><li>• Statewide network</li><li>• PCP referrals required to see specialists</li><li>• Not compatible with health savings account (HSA)</li><li>• No out-of-network coverage</li></ul>	<ul style="list-style-type: none"><li>• Similar to current 1-HD</li><li>• Lower premium</li><li>• Compatible with 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 deductible before plan pays for non-preventive care</li></ul>		<ul style="list-style-type: none"><li>• Simpler version of the current Select plan</li><li>• Lower deductible than HD and primary plans</li><li>• Copays for many services and drugs</li><li>• Higher premium</li><li>• Statewide network</li><li>• 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>• Closed to new enrollees</li><li>• Current enrollees can choose to stay in plan</li><li>• Lower deductible</li><li>• Copays for many drugs and services</li><li>• Nationwide network with out-of-network coverage</li><li>• No requirement for PCPs or referrals</li></ul>	
If you make no changes during Annual Enrollment, you'll have the following plan...	Only employees that choose this new plan during Annual Enrollment will be enrolled in it.	If you're currently in TRS-ActiveCare 1-HD and you make no change during Annual Enrollment, this will be your plan next year.		If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year.	If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year.	
Total Monthly Premiums						
Employee Only	\$386	\$397		\$514	\$937	
Employee and Spouse	\$1,089	\$1,120		\$1,264	\$2,222	
Employee and Children	\$695	\$715		\$834	\$1,393	
Employee and Family	\$1,301	\$1,338		\$1,588	\$2,627	
Plan Features						
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$2,800/\$5,600	\$5,500/\$11,000	\$1,200/\$3,600	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$20,250/\$40,500	\$6,900/\$13,800	\$7,900/\$15,800	\$23,700/\$47,400
Network	Statewide Network	Nationwide Network		Statewide Network	Nationwide Network	
Primary Care Provider (PCP) Required	Yes	No		Yes	No	
Doctor Visits						
Primary Care	\$30 copay	You pay 20% after deductible	You pay 40% after deductible	\$30 copay	\$30 copay	You pay 40% after deductible
Specialist	\$70 copay	You pay 20% after deductible	You pay 40% after deductible	\$70 copay	\$70 copay	You pay 40% after deductible
TRS Virtual Health	\$0 per consultation	\$30 per consultation		\$0 per consultation	\$0 per consultation	
Immediate Care						
Urgent Care	\$50 copay	You pay 20% after deductible	You pay 40% after deductible	\$50 copay	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible		You pay 20% after deductible	You pay a \$250 copay plus 20% after deductible	
TRS Virtual Health	\$0 per consultation	\$30 per consultation		\$0 per consultation	\$0 per consultation	
Prescription Drugs						
Drug Deductible	Integrated with medical	Integrated with medical		\$200 brand deductible	\$200 brand deductible	
Generics (30-Day Supply / 90-Day Supply)	\$15/\$45 copay	You pay 20% after deductible		\$15/\$45 copay	\$20/\$45 copay	
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible		You pay 25% after deductible	You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible		You pay 50% after deductible	You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
Specialty	You pay 30% after deductible	You pay 20% after deductible		You pay 20% after deductible	You pay 20% after deductible (\$200 min/\$900 max)/ No 90-Day Supply of Specialty Medications	

## What's New

- Primary plan with a **lower premium and copays**
- Primary+ (formerly Select) **decreased premiums** by up to 8%
- Broader networks** of health care providers
- Lower premiums** for families with children

## Did You Know

- Our provider search tool will be available in June.
- Choosing a PCP helps you meet your health goals faster.
- Generic medications save money! Ask your provider if your medicine has a generic.

## Leverage Your \$0 Preventive Care\*

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 40+)
- Annual OBGYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care (unlimited up to age 12)
- Healthy diet/obesity counseling (unlimited to age 22; ages 22+ get twenty-six visits per year)
- Smoking cessation counseling (8 visits per year)
- Breastfeeding support (six per year)
- Colonoscopy (ages 50+ once every ten years)


\*Available for all plans. See benefits guides for more details.



# 2020-21 Health Maintenance Organization Plans and Premiums for Select Regions of the State

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

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas another regional plan option.

	Central and North Texas Baylor Scott & White HMO Brought to you by TRS-ActiveCare	South Texas Blue Essentials HMO Brought to you by TRS-ActiveCare	West Texas Blue Essentials HMO Brought to you by TRS-ActiveCare
	<b>You can choose this plan if you live in one 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 these counties:</b> Cameron, Hidalgo, Starr, Willacy	<b>You can choose this plan if you live in one 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
<b>Total Monthly Premiums</b>			
Employee Only	\$551.10	\$491.54	\$534.42
Employee and Spouse	\$1,382.06	\$1,182.52	\$1,287.58
Employee and Children	\$883.50	\$766.96	\$835.68
Employee and Family	\$1,478.56	\$1,258.52	\$1,370.12
<b>Plan Features</b>			
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$950/\$2,850	\$500/\$1,000	\$950/\$2,850
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 25% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,450/\$14,900	\$4,500/\$9,000	\$7,450/\$14,900
<b>Doctor Visits</b>			
Primary Care	\$20 copay	\$25 copay	\$20 copay
Specialist	\$70 copay	\$60 copay	\$70 copay
<b>Immediate Care</b>			
Urgent Care	\$50 copay	\$75 copay	\$50 copay
Emergency Care	\$500 copay after deductible	You pay 20% after deductible	\$500 copay before deductible plus 25% after deductible
<b>Prescription Drugs</b>			
Drug Deductible	\$150 (excl. generics)	\$100	\$150
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply
Generics	\$5/\$12.50 copay	\$10/\$30 copay	\$5/\$12.50 copay ACA Preventative: \$0
Preferred Brand	30% after deductible	\$40/\$120 copay	30% after deductible
Non-preferred Brand	50% after deductible	\$65/\$195 copay	50% after deductible
Specialty	15%/25% after deductible (preferred/nonpreferred)	You pay 20% after deductible	15%/25% after deductible (preferred/nonpreferred)

# Annual Benefit Enrollment

SUMMARY  
PAGES

## Benefit Updates - What's New:

### MEDICAL- NEW PROVIDER!

Effective 9/1/2020, the health plan administrator for TRS-ActiveCare medical benefits will change. Benefit and premium changes will apply to all TRS-ActiveCare plans for the next plan year.

#### Plan Options

- **ActiveCare Primary- *NEW PLAN!***
- **ActiveCare HD (formerly 1-HD)-** If currently enrolled in TRS-AC1HD and make no changes, you will be enrolled in this plan.
- **ActiveCare Primary+ (formerly Select)-** If currently enrolled in TRS-AC Select and make no changes, you will be enrolled in this plan.

#### HMO Plan Options

- **Central, North Texas First Care or Scott & White-** If currently enrolled in BSW and make no changes, you will be enrolled in this plan.
- **South and West Texas Blue Essentials HMO-** If currently enrolled in an HMO in South or West Texas, you will be enrolled in this plan.

To review new premiums and plan options, refer to **2020-21 TRS-ActiveCare Plan Highlights** on your benefit website.

### TELEHEALTH— ADDED BENEFITS

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Your Telehealth benefits now include 3 annual video conferences for Behavioral Health. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available. Participation in medical insurance is not required and there are no consultation fees.

### MEDICAL TRANSPORT- ADDED BENEFIT!

Now includes Non-Emergent Transportation and Repatriation Benefits.

### IDENTITY THEFT- ADDED BENEFIT!

The Identity Theft Protection now includes discounted Legal Services.

### INDIVIDUAL LIFE- GUARANTEE ISSUE!

Permanent life coverage that stays in place until age 121.

\*Open Enrollment Guarantee Issue this year which means no health questions!

- **Login and complete your benefit enrollment starting 07/20/2020**
- Enrollment assistance is available by calling Financial Benefit Services at (866) 914-5202 Monday-Friday 8am – 7pm CST.
- Update your profile information: home address, phone numbers, email, beneficiaries
- **REQUIRED:** Provide correct dependent social security numbers



## 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.

## Annual 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.

## Annual Enrollment

### 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.etxebc.com](http://www.etxebc.com). Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

### How can I find a Network Provider?

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

### When will I receive ID cards?

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

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

## Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 20 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 2020 benefits become effective on September 1, 2020, you must be actively-at-work on September 1, 2020 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 ETXEBE as both employees and dependents.

PLAN	MAXIMUM AGE
Accident	Through 25
Cancer	Through 24
Critical Illness	Through 25
Dental	Through 25
Dependent Flex	12 or younger or qualified individual unable to care for themselves & claimed as a dependent on your taxes
Healthcare FSA	Through 25 or IRS Tax Dependent
Health Savings Account	IRS Tax Dependent
Hospital Indemnity	Through 25
Medical	Through 25
Telehealth	Through 25
Vision	Through 25
Voluntary Life and AD&D	Through 25

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.

# Helpful Definitions

## 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 9/1/2020 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).



# HSA vs. FSA

SUMMARY  
PAGES

	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>	\$1,400 single (2020) \$2,800 family (2020)	N/A
<b>Maximum Contribution</b>	\$3,550 single (2020) \$7,100 family (2020)	\$2,750
<b>Permissible Use Of Funds</b>	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 \$500 rollover provision.
<b>Does the account earn interest?</b>	Yes	No
<b>Portable?</b>	Yes, portable year-to-year and between jobs.	No

# About Medical

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

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



## Why I Need Medical Insurance

Healthcare is one of the few things that people purchase and never know the true cost or value. If we knew the typical cost of common medical services. We would realize how much we save by opting into a major medical plan.

- ✓ The average 30-day prescription for a name brand is \$945.98. For a generic prescription, it is \$67.61.
- ✓ An average emergency room visit without insurance is \$1,283.
- ✓ A Well Baby Visit typically costs \$204 and a regular delivery is \$10,273.
- ✓ Certain preventative care services are covered at 100% in-network.



60% of adults across the United States have a chronic disease.

<https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>

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



## Why I Need a Hospital Indemnity Plan

Hospital indemnity policies pay a set benefit based on your hospital stay. These funds:

- ✓ Help cover high medical deductibles and copays.
- ✓ Provide a safety net for unexpected medical expenses.
- ✓ Can be paid directly to you or the care provider.

The median hospital cost has grown to over \$10,500 per stay.



<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2012.pdf>

<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb204-Most-Expensive-Hospital-Conditions.jsp>

## 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. A Health Savings Account can only be used if you are also enrolled in a High Deductible Health Care Plan (HDHP).

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



## Why I Need an HSA

Healthcare Savings Accounts are designed to work in conjunction with high deductible health plans (HDHPs) to help cover the rising costs of healthcare.

- ✓ HSA funds accrue interest over time tax-free with no lifetime limit.
- ✓ HSA accounts are individual accounts. Contributions are yours to keep even if you leave your employer.
- ✓ HSA funds can be used to pay for any qualified medical expense for you and your tax-eligible dependents, even if the expense is not covered by your insurance plan.



The interest earned in an HSA is tax free.



Money withdrawn for medical spending never falls under taxable income.

<https://www.irs.gov/publications/p969>  
<https://www.irs.gov/pub/irs-pdf/p969.pdf>

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



## Why I Need Telehealth

Healthcare should be simple, fast, and effective. Telehealth makes it easy to get treatment for your minor ailments without visiting urgent care or your primary care physician.

- ✓ Virtual visits can treat mild conditions like sinus infections, allergies, and pink eye without waiting on the next available appointment.
- ✓ No consultation fees on most plans.
- ✓ Appointments while at work or traveling.



of all doctor, urgent care, and ER visits could be handled safely and effectively via telehealth.

[http://pages.healthcareitnews.com/rs/922-ZLW-292/images/How%20To%20Successfully%20Adopt%20Telemedicine%20Into%20Your%20Practice\\_0.pdf?alid=913083420](http://pages.healthcareitnews.com/rs/922-ZLW-292/images/How%20To%20Successfully%20Adopt%20Telemedicine%20Into%20Your%20Practice_0.pdf?alid=913083420)



## About Dental

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

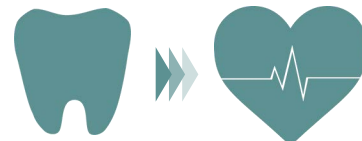
For full plan details, please visit your benefit website:  
[www.etxebc.com](http://www.etxebc.com)



## Why I Need Dental Insurance

By opting into dental insurance, a person can save thousands of dollars per year on routine and emergency oral care. Average costs of dental procedures without insurance include:

- ✓ Office visits = \$288
- ✓ Cavity filling = \$90-\$250
- ✓ Tooth Extraction = \$75-\$300



Good dental care may improve your overall health.

Women with gum disease may be at greater risk of giving birth to a preterm or low birth weight baby.

[https://jada.ada.org/article/S0002-8177\(17\)30399-9/pdf](https://jada.ada.org/article/S0002-8177(17)30399-9/pdf)

<https://www.colgate.com/en-us/oral-health/life-stages/oral-care-during-pregnancy/pregnancy-oral-health-and-your-baby>

## About Vision

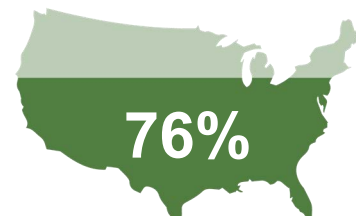
Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

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



## Why I Need Vision Insurance

- ✓ Vision insurance reduces the costs of services and products such as vision exams, glasses, frames, and contact lens.
- ✓ Regular eye exams can help detect other health issues such as diabetes, cancer, liver disease, and heart disease.
- ✓ Signs you need an eye exam include squinting, blurred vision, night vision issues, or chronic itching and redness.



of adults use some sort of vision correction.

<https://www.thevisioncouncil.org/sites/default/files/Q415-Topline-Overview-Presentation-Stats-with-Notes-FINAL.PDF>

# About Disability

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

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



## Why I Need Disability Insurance

On top of the medical bills that come with a serious injury or illness, can you afford to be out of work for an extended period of time? Disability insurance can offer you peace of mind to protect your paycheck.

- ✓ One in 8 workers will be disabled for 5 or more years during their working careers.
- ✓ A disabling injury occurs every eight seconds.
- ✓ Americans have a 50% chance of becoming disabled for 90 days or more between the ages of 35 and 65.



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire.

# 34.6

months is the duration of the average disability claim.

<https://www.ssa.gov/disabilityfacts/facts.html>

<https://disabilitycanhappen.org/overview/>

## About Cancer

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

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



## Why I Need Cancer Insurance

Cancer kills more than 500,000 Americans each year, making it the second most common cause of death in the United States. Cancer insurance is designed to relieve your financial burden to help you focus on recovering your health. Money received from cancer benefits can help pay for many expenses such as:

- ✓ Experimental cancer treatments
- ✓ Travel and lodging costs related to treatment
- ✓ Routine living expenses like mortgage and utility bills



Breast Cancer is the most commonly diagnosed cancer in women.



If caught early, prostate cancer is one of the most treatable malignancies.

<https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.htm>

<https://www.medicalnewstoday.com/articles/32270019p>

# About Life and AD&D

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

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

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



## Why I Need Life and AD&D

Life insurance is never fun to think about and may seem like an unnecessary expense. However, if you have someone that depends on you financially, life insurance is really about protecting them if something were to happen to you. Life insurance and AD&D policies help your loved ones pay for expenses, such as:

- ☒ Mortgage payments
- ☒ College tuition
- ☒ Burial expenses

### Motor vehicle crashes



are one of the top causes of accidental deaths in the US including falls and poisoning.

<https://www.cdc.gov/nchs/fastats/accidental-injury.htm>

## About Individual Life

Individual insurance is a policy that covers a single person and is intended to meet the financial needs of the beneficiary, in the event of the insured's death. This coverage is portable and can continue after you leave employment or retire.

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



## Why I Need Individual Life

Individual life policies are owned by you and can be taken with you if you leave your employer and kept into retirement. These policies help protect loved ones from financial distress when you are gone.

- ☒ Premiums are paid through your payroll deductions as long as you are with your employer.
- ☒ Premiums are based on coverage amount and age at time of purchase.

Experts recommend at least



your gross annual income in coverage when purchasing life insurance.

[https://money.cnn.com/retirement/guide/insurance\\_life.moneymag/index11.htm](https://money.cnn.com/retirement/guide/insurance_life.moneymag/index11.htm)



# About Critical Illness

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

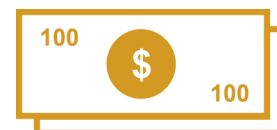
For full plan details, please visit your benefit website:  
[www.etxebc.com](http://www.etxebc.com)



## Why I Need Critical Illness Insurance

Serious medical conditions can affect not only your health, but also your bank account. Medical expenses reportedly lead to more than half of all bankruptcies in the United States. When faced with a severe illness, a critical illness policy can help in many ways.

- ✓ Plans are designed to pay a benefit specific to the diagnosis usually ranging from \$10,000 to \$30,000.
- ✓ Plans often include a wellness benefit that pays employees for having certain annual screenings performed.
- ✓ Critical illness plans complement high deductible health plans (HDHP) by reducing the worry of having to pay a large medical deductible while suffering from a major illness.



# \$20,000

Is the average cost of a hospital stay for a heart attack.

<https://www.healthline.com/health-news/how-much-does-hospital-stay-cost#2>

## About Accident

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

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



## Why I Need Accident Insurance

Accident insurance will deliver a pre-determined payment to you for various qualifying incidents. These occurrences may include:

- ✓ Injuries such as fractures, dislocations, burns, concussions, lacerations, etc.
- ✓ Medical services and treatments such as emergency transportation and physical therapy.
- ✓ Some plans also include accidental death and dismemberment or common carrier benefits as an add on benefit.



More than **1/2** of all medically consulted injuries in the US happen at home.

# 78%

of American workers live paycheck to paycheck to maintain their livelihood.

<https://injuryfacts.nsc.org/all-injuries/overview/>

<http://press.careerbuilder.com/2017-08-24-Living-Paycheck-to-Paycheck-is-a-Way-of-Life-for-Majority-of-U-S-Workers-According-to-New-CareerBuilder-Survey>

## About Identity Theft

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



## Why I Need Identity Theft Protection

ID theft helps you recover your identity in many ways. Your plan includes:

- ✓ Monitoring of your personal information 24/7/365.
- ✓ System alerts to inform you of potential threats.
- ✓ Works on your behalf to restore your identity.
- ✓ Peace of mind should a breach occur.



An identity is stolen every  
**2 seconds**,  
and an average of  
**30 hours**  
to resolve, causing an average  
loss of \$500.

<https://money.cnn.com/2014/02/06/pfi/identity-fraud/index.html>

<https://www.ftc.gov/sites/default/files/documents/reports/federal-trade-commission-identity-theft-program/synovatereport.pdf>

## About FSA

A Flexible Spending Account allows you to pay for eligible healthcare 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.etxebc.com](http://www.etxebc.com)



## Why I Need an FSA

- ✓ Your Flexible Spending Account saves you money by putting aside funds tax-free that can be used to pay for qualified medical expenses.
- ✓ Your pre-loaded FSA debit card can be used at places like the doctor's office or the pharmacy without the need for reimbursement forms.
- ✓ You do not have to be enrolled in a medical plan to enroll in an FSA.



The funds in a full-purpose healthcare FSA can be used to pay for eligible medical expenses like deductibles, co-payments, prescription drugs, orthodontics, glasses and contacts for you and any tax-eligible dependents.

<http://www.hr.emory.edu/eu/benefits/tecbenefits/fsa/about.html>

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



## Why I Need Emergency Transportation

Emergency transportation is one of the more expensive items in emergency medical care. Benefits of a medical transportation plan include:

- ✓ No cost emergency transportation for covered individuals.
- ✓ Coverage anywhere in the US and Canada. Some plans include worldwide coverage.
- ✓ Coverage for both ground and air transportation.



A ground ambulance  
can cost up to  
**\$2,400**  
and a helicopter transportation fee  
can cost **over \$30,000**

<https://www.gao.gov/assets/650/649018.pdf>

<https://www.gao.gov/assets/690/686167.pdf>

For full details on all your benefits, please visit your benefit website:  
[www.etxebc.com](http://www.etxebc.com)



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

