

2022 - 2023 Plan Year



# ESC REGION 11 EBC **BENEFIT GUIDE**

EFFECTIVE: 09/01/2022 - 8/31/2023

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



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HOW TO  
ENROLL

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SUMMARY  
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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> Aetna Group #802465 (800) 607-3366 <a href="http://www.aetna.com">www.aetna.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 Lindsay ISD ONLY: Group #621453 (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> Higginbotham (866) 419-3519 <a href="https://flexservices.higginbotham.net">https://flexservices.higginbotham.net</a>	<b>EMERGENCY MEDICAL TRANSPORT</b> MASA Group #B2BESC11 (800) 423-3226 <a href="http://www.masamts.com">www.masamts.com</a>
<b>CRITICAL ILLNESS</b> Cigna Sanger ISD ONLY (800) 754-3207 <a href="http://www.cigna.com">www.cigna.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 59 to find your  
district’s group #

Text  
**“FBS BC11”**  
to  
**(800) 583-6908**

OR SCAN



 SCAN ME

 Download on the  
**App Store**

 GET IT ON  
**Google Play**



# 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
<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 **7/18/2022-8/18/2022**.
- 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 2022 benefits become effective on September 1, 2022, you must be actively-at-work on September 1, 2022 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
Critical Illness	26

*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 9/1/2022 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>	\$1,400 single (2022) \$2,800 family (2022)	N/A
<b>Maximum Contribution</b>	\$3,650 single (2022) \$7,300 family (2022)	\$2,850 (2022)
<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 \$500 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. 42**

**FLIP TO**  
FOR FSA INFORMATION

**PG. 56**





The below rates apply to the following districts:

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

### TRS Region 11 Medical Rates\*

TRS ActiveCare HD	
Employee Only	\$429.00
Employee & Spouse	\$1,209.00
Employee & Child(ren)	\$772.00
Employee & Family	\$1,445.00
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	\$417.00
Employee & Spouse	\$1,176.00
Employee & Child(ren)	\$751.00
Employee & Family	\$1,405.00
TRS ActiveCare Primary+	
Employee Only	\$525.00
Employee & Spouse	\$1,284.00
Employee & Child(ren)	\$845.00
Employee & Family	\$1,614.00
Central and North Texas Baylor Scott & White HMO	
Employee Only	\$569.24
Employee & Spouse	\$1,431.08
Employee & Child(ren)	\$915.65
Employee & Family	\$1,647.24

\*Listed rates do not include employer contributions.

# LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

## TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.



### 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.

# 2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 –

## 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.

## 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.

## Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

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

	TRS-ActiveCare Primary	TRS-ActiveCare Secondary
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 than Primary</li> <li>• Copays for many services</li> <li>• Higher premium</li> <li>• Statewide network</li> <li>• PCP referrals required</li> <li>• Not compatible with HSA</li> <li>• No out-of-network coverage</li> </ul>

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$417	\$	\$525
Employee and Spouse	\$1,176	\$	\$1,284
Employee and Children	\$751	\$	\$845
Employee and Family	\$1,405	\$	\$1,614

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$8,150/\$16,300
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

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

Prescription Drugs		
Drug Deductible	Integrated with medical	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred Brand	You pay 30% after deductible	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Preferred to see specialists with 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>

**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
	\$	\$429	\$
	\$	\$1,209	\$
	\$	\$772	\$
	\$	\$1,445	\$

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

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$3,600	\$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	\$7,050/\$14,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

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

\$30 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	

\$200 brand deductible	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 PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
\$11 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx 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 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$417	\$417	\$0	<ul style="list-style-type: none"> <li>Member Rewards was expanded to include more than 100 new procedures</li> <li>Copay for Teladoc® rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> </ul>
	Employee and Spouse	\$1,176	\$1,176	\$0	
	Employee and Children	\$751	\$751	\$0	
	Employee and Family	\$1,405	\$1,405	\$0	
<b>TRS-ActiveCare HD</b>	Employee Only	\$429	\$429	\$0	<ul style="list-style-type: none"> <li>In-network maximum rose by \$50/individual; \$100/families</li> <li>The Member Rewards program is now available for HD participants                             <ul style="list-style-type: none"> <li>Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses</li> </ul> </li> <li>Consult fee for Teladoc rose from \$30 to \$42</li> </ul>
	Employee and Spouse	\$1,209	\$1,209	\$0	
	Employee and Children	\$772	\$772	\$0	
	Employee and Family	\$1,445	\$1,445	\$0	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$542	\$525	(\$17)	<ul style="list-style-type: none"> <li>Member Rewards was expanded to include more than 100 new procedures</li> <li>Copay for Teladoc rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> </ul>
	Employee and Spouse	\$1,334	\$1,284	(\$50)	
	Employee and Children	\$879	\$845	(\$34)	
	Employee and Family	\$1,675	\$1,614	(\$61)	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> <li>Copay for Teladoc rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> <li>This plan is still closed to new enrollees</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

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, 2022



## Compare Prices for Common Medical Services

### REMEMBER:

Log into Blue Access for Members<sup>SM</sup> at [www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare) to use the cost estimator tool. This will help you find the best prices through different providers.

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 Personal Health Guide at 1-866-355-5999 with questions.

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

## 2022-23 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 also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

	<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

<b>Total Monthly Premiums</b>	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$569.24	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,431.08	\$	N/A	\$	N/A	\$
Employee and Children	\$915.65	\$	N/A	\$	N/A	\$
Employee and Family	\$1,647.24	\$	N/A	\$	N/A	\$

<b>Plan Features</b>						
Type of Coverage	In-Network Coverage Only		N/A		N/A	
Individual/Family Deductible	\$1,900/\$4,750		N/A		N/A	
Coinsurance	You pay 20% after deductible		N/A		N/A	
Individual/Family Maximum Out of Pocket	\$8,000/\$15,000		N/A		N/A	

<b>Doctor Visits</b>						
Primary Care	\$15 copay		N/A		N/A	
Specialist	\$70 copay		N/A		N/A	

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

<b>Prescription Drugs</b>						
Drug Deductible	\$200 (excl. generics)		N/A		N/A	
Days Supply	30-day supply/90-day supply		N/A		N/A	
Generics	\$12/\$30 copay		N/A		N/A	
Preferred Brand	You pay 30% after deductible		N/A		N/A	
Non-preferred Brand	You pay 50% after deductible		N/A		N/A	
Specialty	You pay 25%/35% after deductible (perferred/non-preferred)		N/A		N/A	

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



# Health Savings Account (HSA)

Carrier Name

EMPLOYEE  
BENEFITS

## 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 more than a way to help you and your family cover health care costs; it 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.

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

## HSA Eligibility

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

- Enrolled in an HSA-eligible 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

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

## Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2022 is based on the coverage option you elect:

- Individual – \$3,650
- Family (filing jointly) – \$7,300

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! Refer to IRS Publication 502 for comprehensive guidelines.

## Important HSA Information

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

# Hospital Indemnity

## Aetna

### 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)



The Hospital Indemnity Plan provided through Aetna helps with the high cost of medical care by paying you a set amount when you have an inpatient hospital stay. Unlike traditional insurance, which pays a benefit to the hospital or doctor, this plan pays you directly based on the care or treatment you receive.

### Plan Highlights

- No Pre-existing Limitations!
- HSA Compatible
- You must be available to work on the effective date of coverage to be eligible for coverage.

### Claims

If you need to submit a claim you do so on the Aetna portal at [myaetnasupplemental.com](http://myaetnasupplemental.com).

Hospitalization Benefits	Plan 1 ER Paid Option Only	Plan 2	Plan 3
<b>Hospital Stay Admission-</b> Pays a lump sum benefit for the initial day of your stay in a hospital. Maximum 1 stay per plan year.	\$500	\$1000	\$2000
<b>Hospital Stay- Daily-</b> Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital. Maximum 30 days per plan year	\$100	\$100	\$100
<b>Hospital Stay- (ICU) Daily-</b> Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital. Maximum 30 days per plan year	\$200	\$200	\$200
<b>Newborn routine care-</b> Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.	\$100	\$100	\$200
<b>Observation unit-</b> Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury. Maximum 1 day per plan year.	\$100	\$100	\$200

Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum.

HOSPITAL INDEMNITY			
	\$500 Plan <sup>1</sup> ER Paid Option Only	\$1,000 Plan <sup>2</sup> Voluntary rate	\$2,000 Plan <sup>2</sup> Voluntary rate
Employee	\$0.00	\$15.04	\$25.41
Employee + Spouse	\$7.10	\$31.23	\$51.17
Employee + Child(ren)	\$2.68	\$21.52	\$36.11
Family	\$8.34	\$34.86	\$57.91

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

<sup>2</sup> Employer Paid groups decrease cost by \$6.06

### 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.
- Online – [www.mdlive.com/fbs](http://www.mdlive.com/fbs)
- 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.

TELEHEALTH	
Employee	\$8.00
Employee + Family	\$16.00

*Check with your district 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	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Preventive and Diagnostic Care</b>	100%	No Charge	100%	No Charge
Exams, cleanings, X-rays, fluoride treatments, sealants, space maintainers	No Deductible		No Deductible	
<b>Basic Restorative Care</b>	80% After Deductible	20% After Deductible	70% after deductible	30% after deductible
Fillings, minor oral surgery, Emergency Care to Relieve Pain				
<b>Major Restorative Care</b>	50% After Deductible	50% after deductible	50% after deductible	50% after deductible
Crowns, dentures, bridges, periodontics, endodontics				
<b>Orthodontia</b>	50%	\$50%	No Coverage	No Coverage
Children only to age 26	No Deductible	No Deductible		
<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	\$34.64	\$26.36	\$12.78
Employee & Spouse	\$72.18	\$52.76	\$20.21
Employee & Child(ren)	\$78.53	\$55.39	\$27.71
Employee & Family	\$116.92	\$84.75	\$32.91



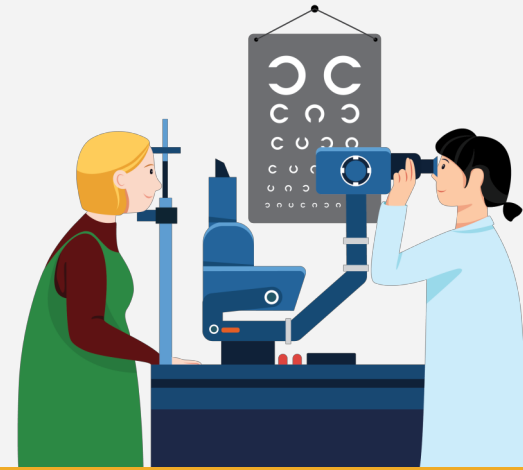
# Vision Insurance

## 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 <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocals</li> <li>• Trifocals</li> </ul>	Covered in full	Up to \$25 retail Up to \$40 retail Up to \$45 retail
Frames	\$125 retail Allowance	Up to \$70 retail
Contacts In lieu of frames and lenses Contact Lenses	\$150 retail allowance	Up to \$80 retail

#### 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 One America.

**CLAIMS:** Call One America Disability Claims at 855-517-6365 to file a claim or email [disability.claims@oneamerica.com](mailto:disability.claims@oneamerica.com). 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 your 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. The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.

### 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 an Injury or Sickness resulting in 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.** Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which 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. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage. A limited benefit will be paid if the Person's Disability begins in the first 12 months following the Person's Individual Effective Date of Insurance; and the Person's Disability is caused by, contributed to by, or the result of a condition for which the Person received medical advice or treatment in the 3 months just prior to the Person's Individual Effective Date of Insurance. **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. or injury. Depending on the age at which disability occurs, the maximum duration may vary. Please see the applicable schedules below based on the Premium benefit option.

Age when Total Disability Begins:	Maximum Duration
Less than age 60	Greater of Social Security Full Retirement Age or to Age 65
Age 60	5 years
Age 61	4 years
Age 62	3.5 years
Age 63	3 years
Age 64	2.5 years
Age 65	2 years
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and older	12 months

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

Sample Event	Benefit
<b>Accident hospital care</b>	
Surgery open abdominal, thoracic	\$1,200
Surgery exploratory or without repair	\$175
Blood, plasma, platelets	\$600
Hospital admission	\$1,250
Hospital confinement per day, up to 365 days	\$375
<b>Accident care</b>	
Initial doctor visit	\$90
Urgent care facility treatment	\$225
Emergency room treatment	\$225
Follow-up doctor treatment	\$90
Chiropractic treatment up to six per accident	\$45
Medical equipment	\$120
Physical or occupational therapy up to six per accident	\$45
Speech therapy up to 6 per accident	\$45
Prosthetic device (two or more)	\$1,200
X-ray	\$45
<b>Common injuries</b>	
Emergency dental work	\$350 crown, \$90 extraction
Eye injury removal of foreign object	\$100
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$225
Torn knee cartilage surgical repair	\$800
Laceration <sup>1</sup> treated no sutures	\$30
Laceration <sup>1</sup> sutures up to 2"	\$60
Laceration <sup>1</sup> sutures 2" – 6"	\$240
Laceration <sup>1</sup> sutures over 6"	\$480
<b>Dislocations</b>	<b>Closed/open reduction<sup>2</sup></b>
Knee	\$2,400/\$4,800
Ankle or foot bone(s) other than toes	\$1,500/\$3,000
Shoulder	\$1,600/\$3,200
<b>Fractures</b>	<b>Closed/open reduction<sup>3</sup></b>
Hip	\$3,000/\$6,000
Leg	\$2,500/\$5,000
Ankle	\$1,800/\$3,600
Foot excluding toes, heel	\$1,800/\$3,600
Upper arm	\$2,100/\$4,200
Forearm, hand, wrist except fingers	\$1,800/\$3,600
Finger, toe	\$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 - \$5000 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
Credit Report(s) & VantageScore Credit Score(s)	1 Bureau Monthly	1 Bureau Daily & 3 Bureau Annually
Credit Score Tracker	1 Bureau Monthly	1 Bureau Daily
Credit Report Monitoring	1 Bureau	Multi-Bureau
Credit Report Lock	1 Bureau	Multi-Bureau
Identity Theft Insurance	Up to \$1M	Up to \$1M
401K/HSA Stolen Funds Reimbursement	-	✓
Subprime Loan Block within the monitored lending network	-	✓
Social Account Takeover Alerts	-	✓

IDENTITY THEFT		
	1B	PLATINUM
Employee	\$7.95	\$11.95
Employee and Family	\$14.95	\$22.95

# Flexible Spending Account (FSA)

## Higginbotham

EMPLOYEE  
BENEFITS

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



A Cafeteria Plan is designed to take advantage of Section 125 of the Internal Revenue Code. It allows you to pay certain qualified expenses on a pre-tax basis, thereby reducing your taxable income.

### Health Care FSA

The Health Care FSA covers qualified medical, dental and vision expenses for you or your eligible dependents. You will receive a front-loaded debit card to use on eligible expenses, such as:

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

You may not contribute to a Health Care FSA if you enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA).

### 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.

### 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.

### Things to Consider Regarding the Dependent Care FSA

- 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.

### Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$2,850. The maximum per plan year you can contribute to a Dependent Care FSA is \$5,000 when filing jointly or head of household and \$2,500 when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.
- Funds allocated to the FSA/LFSA/DCFSA must be used during the plan year or are forfeited. Check with your employer to learn of any rollover or grace period options.
- The Flexible Spending Accounts & what they reimburse:
  - ◇ Full FSA (FSA) – Medical, Dental, Vision expenses and over the counter Items.
  - ◇ Limited FSA (LFSA) – Dental and Vision expenses (not offered at all districts)
  - ◇ Dependent Care (DCFSA) – Day care, Before & Afterschool care, Day Camps & Elder Day Care

### Higginbotham Portal

The Higginbotham Portal provides information and resources to help you manage your FSAs.

- Access plan documents, letters and notices, forms, account balances, contributions and other plan information
- Update your personal information
- Utilize Section 125 tax calculators
- Look up qualified expenses
- Submit claims
- Request a new or replacement Benefits Debit Card

### Register on the Higginbotham Portal

Visit <https://flexservices.higginbotham.net> and click Register. Follow the instructions and scroll down to enter your information.

- Enter your Employee ID, which is your Social Security number with no dashes or spaces.
- Follow the prompts to navigate the site.
- If you have any questions or concerns, contact Higginbotham:
  - \* Phone – 866-419-3519
  - \* Email – [flexclaims@higginbotham.net](mailto:flexclaims@higginbotham.net)
  - \* Fax – 866-419-3516

### FSASTore.Com

FSASTore.com offers thousands of FSA-eligible products and services to purchase using your Higginbotham Benefits Debit Card or any major credit card. Competitive pricing and free shipping on orders over \$50 can save you up to 40% using your FSA pretax dollars. Visit FSA Store by logging into [www.fsastore.com](http://www.fsastore.com).

### 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. After the group health plan pays its portion, MASA MTS works with providers to deliver our members' \$0 in out-of-pocket costs for emergency transport.

#### 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

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

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

District	GROUP #
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
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
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
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
Winfree Academy Charter Schools	ESC11AZ

## 2022 - 2023 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)

