



# CONNECT TO HEALTHCARE

Liberty Independent School District

## Employee Benefit Guide

2022 - 2023

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## ABOUT THIS BENEFITS GUIDE

This benefits guide describes the highlights of Liberty Independent School District's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this benefits guide. If there is any discrepancy between the description of the program elements as contained in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific and important legal and benefit-related documents by each of the respective carriers in the benefits website at <https://libertyisd.fbmcbenefits.com/>.

You should be aware that any and all elements of Liberty Independent School District's benefits programs may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Liberty Independent School District.

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**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 19 for more details.**



# Welcome

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Liberty Independent School District offers a comprehensive, cost-effective and competitive benefits package. This package helps protect you and your family, but it works only if you take control and make thoughtful decisions about your benefits. To get the most from your benefits, you need to make wise enrollment decisions.

Liberty ISD gives you several tools, including this summary and the online enrollment website to help you in this decision-making.

All newly eligible employees will have 31 days from date of employment (start date) to enroll in benefits. All benefits will be effective the first day of the month following the employment start date.

Changes made to all insurance plans during annual Open Enrollment are deducted from the first payroll check in September, and coverage is effective Sept. 1, 2022.

## KEY THINGS TO KNOW

### MANDATORY ENROLLMENT

Coverage will NOT automatically roll to the new benefit year, so all employees must enroll with an enroller or complete self enrollment through the Employee Navigator portal for the 2022 - 2023 plan year.



### PLAN DOCUMENTS

To view provider plan documents, visit:

<https://libertyisd.fbmcbenefits.com/>

## INSURANCE 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; ie. 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.you in this decision-making.



# Enrollment

## ENROLLMENT

Once enrolled, coverage will begin on the first of the month following your hire date except for medical.

**NOTE: If you select to enroll in medical coverage to be effective on your date of hire, then you are acknowledging that your monthly premium will be deducted in full.**

This benefit will not be prorated based on the effective date. Example: If a new employee begins work in August with the first pay date being in September, there will be two deductions for the full medical premiums on your September pay check for August and September.

Carefully consider your benefit choices, since certain eligibility and qualifying event rules may apply to any changes you would like to make during the plan year.

(See the **Section 125 plan document** available for review from your employer for more information.)

Please be sure to check your first paycheck stub following your effective date to verify your insurance coverage. Report any discrepancies to the benefits department immediately.

## ELIGIBILITY

All **full-time** employees, who work **20** or more hours a week are eligible for all benefit offerings through the District.

## HOW TO ENROLL

### 1 ASSISTED ENROLLMENT WITH A BENEFIT COUNSELOR



Schedule and appointment with a benefits counselor by scanning the QR or using the link below:

[fbmc-scheduler.com/Liberty-OE](http://fbmc-scheduler.com/Liberty-OE)

### 2 SELF-ENROLL WITH EMPLOYEE NAVIGATOR



Utilize the Employee Navigator Portal to update your elections and/or your beneficiaries.

Use the link below to access an instructional PDF:

[Portal Registration Instructions](#)

Company ID: **LIBERTY-ISD**

You can make elections for benefits at [www.employeenavigator.com](http://www.employeenavigator.com). To prepare for enrollment, you will want to have the following items available to you when enrolling online:

1. Social Security numbers and birth dates for your eligible family members.
2. Expense records for medical, dental, and vision care so you can plan your benefit choices.
3. Information about other benefit coverages or insurances you may have, such as the coverage details for your spouse's plans.
4. Beneficiary designation information, so you can properly identify your beneficiaries for your life insurance coverage.

## IMPORTANT

Please remember that any premiums paid on a pretax basis are “locked in”. Your benefit elections cannot be changed mid-plan year unless you have a qualifying life event. Some examples of this would include:

- Marriage or Divorce
- Birth or Adoption
- Death of a Dependent
- A Change in Residence that Affects Coverage
- Loss or Gain of Spouse's Employment
- CHIPRA (Children's Health Insurance Program Reauthorization Act)



provided by: TRS

# Medical

**LEARN MORE**

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While no one can predict the future, you can prepare for it. Your medical benefits provide you with access to people, resources, and tools to help you when you aren't feeling your best.

Liberty ISD offers three choices for health insurance. The plans have different levels of copays, deductibles, and out-of-pocket maximums. To make an informed decision, please continue reading for brief descriptions of your coverage options.

The medical program, administered by **BCBSTX**, provides the framework for your health and well-being. To better meet the varying needs of our employees, Liberty ISD offers three medical plans described on the following four pages.

## 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.

## MEDICAL PREMIUMS

### TRS-ACTIVECARE PLANS

#### Monthly

	PRIMARY	PRIMARY+	HD	AC2
Employee	\$155	\$265	\$167	\$751
Employee + Spouse	\$914	\$1,028	\$947	\$2,140
Employee + Child(ren)	\$489	\$587	\$510	\$1,245
Employee + Family	\$1,143	\$1,360	\$1,183	\$2,579

# TRS-ActiveCare Plans

	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+
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 the 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>

## PLAN FEATURES (Individual / Family)

Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Deductible	\$2,500/\$5,000	\$1,200/\$3,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible
Max Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800
Network	Statewide Network	Statewide Network
Primary Care Provider (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 20% 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

	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2
Plan Summary	<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>	<p><b>NOTE:</b> <u>Closed</u> to new enrollees</p> <ul style="list-style-type: none"> <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>

**PLAN FEATURES (Individual / Family)**

Type of Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$3,000/\$6,000	\$5,500/\$11,000	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
Max Out-of-Pocket	\$7,050/\$14,100	\$20,250/\$40,500	\$7,900/\$15,800	\$23,700/\$47,400
Network	Nationwide Network		Nationwide Network	
Primary Care Provider (PCP) Required	No		No	

**DOCTOR VISITS**

Primary Care	You pay 30% after deductible	You pay 50% after deductible	\$30 copay	You pay 40% after deductible
Specialist	You pay 30% after deductible	You pay 50% after deductible	\$70 copay	You pay 40% after deductible

**IMMEDIATE CARE**

Urgent Care	You pay 30% after deductible	You pay 50% after deductible	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible		You pay a \$250 copay plus 20% after deductible	
TRS Virtual Health-RediMD <sup>(TM)</sup>	\$30 per medical consultation		\$0 per medical consultation	
TRS Virtual Health-Teladoc®	\$42 per medical consultation		\$12 per medical consultation	

# TRS-ActiveCare Plans

## TRS-ACTIVECARE PRIMARY

## TRS-ACTIVECARE PRIMARY+

### PRESCRIPTION DRUGS (30 / 90-Day Supply)

Drug Deductible	Integrated with medical	\$200 brand deductible
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 for certain generics	\$15/\$45 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if Prudent RX eligible; You pay 30% after deductible	\$0 if Prudent Rx 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

## TRS-ACTIVECARE HD

## TRS-ACTIVECARE 2

### PRESCRIPTION DRUGS (30 / 90-Day Supply)

Drug Deductible	Integrated with medical	\$200 brand deductible
Generics	You pay 20% after deductible; \$0 coinsurance for certain generics	\$20/\$45 copay
Preferred Brand	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 (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
Specialty	You pay 20% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
Insulin Out-of-Pocket Costs	You pay 25% after deductible	\$25 copay for 31-day supply; \$75 for 61-90 day supply



provided by: **RECURO**

# Tele-Health

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Welcome to Recuro, your telemedicine and behavioral health provider for only \$10/month! Recuro has a national network of board certified, state licensed doctors offering medical consultations 24 hours a day, 7 days a week! Recuro doctors diagnose acute non emergency medical conditions and prescribe medications when clinically appropriate.

Along with on-demand medical consultations, you can now virtually connect with a Psychiatrist or Licensed Counselor\* through secure video consultations. Simply make an appointment on your lunch break, while traveling, or weekends to utilize this service anytime, anywhere.

\*Additional fees apply at the time of consult for Psychiatrist or Licensed Counselor.

## MEDICAL CONDITIONS:

- allergies
- bladder infection
- bronchitis
- cold & flu
- rashes
- sinus conditions
- pink eye
- and more...

## BEHAVIORAL HEALTH CONDITIONS:

- child & adolescent issues
- depression
- eating disorders
- life changes
- parenting
- stress management
- trauma & PTSD
- and more...

## AT-A-GLANCE

- Get access to medical consultations 24 hours a day, 7 days a week for only **\$10 per month**.
- Speak to your doctor within minutes from anywhere – home – work – or while traveling for \$0 per consult.
- **Phone** - 855-673-2876 or 855-6RECURO
- **Online** - <https://recurohealth.com/>

## PRESCRIPTION POLICY

- If medically necessary, a prescription will be called in to your pharmacy of choice.
- Our doctors do not prescribe DEA (schedule I-IV) controlled substances and non therapeutic drugs

## ACTIVATE YOUR RECURO ACCOUNT

1. Access by Recuro mobile app, online or phone
2. Enter your employer member ID located on your card
3. \*If you do not have a card, you can call 855-673-2876 anytime or reach out to your program administrator.
4. Create your username and password
5. Complete the required fields to begin your electronic medical record
6. Request a consult

\*Registering your account is not required to use the service, you can call 855-673-2876 anytime for 24/7 access to doctors.



provided by: UNUM

# Dental



Good health begins in your mouth. Dental Insurance pays for regular dental checkups and cleanings. It also makes treatment for cavities, root canals, and other conditions more affordable.

### TYPES OF SERVICES

Class A - Routine Exams, Bitewing X-Rays, Cleanings, Fluoride Treatments, Sealants, etc.

Class B - Restorations, Simple Extractions, etc.

Class C - Oral Surgery, Endodontics (root canals), Periodontics (gum treatment), Inlays, Crowns, Onlays, Bridges, etc.

Class D - Orthodontics. (Only available on PPO Dental plan)

NOTE: The list above is an incomplete description of benefits. For full details, please review the relevant plan documents.

### DENTAL CARRYOVER BENEFIT

Each benefit year a member must have:

- One cleaning,
- One regular exam, and
- Total dental claims for preventive, basic and major covered procedures paid during the year below the threshold limit.

If all three criteria above are met, a portion of the annual maximum will carry over to the next year.

#### Other Specifications:

- Each covered family member receives their own carryover benefit.
- Group carryover benefit rider must be in effect for one benefit year before any members can utilize carryover benefits.
- A member must be on the plan for a minimum of three months before accruing carryover benefits.
- Carryover benefit may be used toward preventive, basic and major covered services only
- A member's carryover account will be eliminated, and the accrued carryover benefits lost if the insured has a break in coverage for any length of time or any reason.

### DENTAL PLAN PREMIUMS

Monthly	PPO	MAC
Employee	\$28.80	\$22.38
EE + Spouse	\$61.22	\$47.24
EE + Child(ren)	\$79.23	\$61.53
EE + Family	\$108.03	\$83.91

### DENTAL BENEFITS SUMMARY

#### DEDUCTIBLES\*

Individual (applies to Class B or Class C services)	\$50.00	\$50.00
Family (Maximum of 3 per year) (applies to Class B or Class C services)	\$50.00	\$50.00

#### SERVICES

Class A - Diagnostic & Preventive	100%	100%
Class B - Basic Services	80%	50%
Class C - Major Services	50%	50%
Class D - Orthodontics	50%	NA

#### MAXIMUM BENEFIT\*\*

Classes A, B, & C combined, per benefit year	\$1,500	\$1,000
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#### BENEFIT WAITING PERIOD\*\*\*

Classes A & B Expenses	NONE	NONE
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\* Waived for Class A (applies to Class B and C Services)

\*\* Applies to Class A, B and C Services, if applicable

\*\*\* Waiting periods may apply. Refer to your certificate of coverage for details.



provided by: UNUM

# Vision

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Your vision health is an important part of complete wellness. Vision benefits are designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health. This plan encourages yearly exams along with the frames and lenses you want.

## VISION BENEFITS SUMMARY

	IN-NETWORK ALLOWANCES	OUT-OF-NETWORK ALLOWANCES
<b>EXAM</b>	\$10 co-pay	Up to \$35.00
<b>FRAMES</b>	\$150.00	Up to \$50.00
<b>MATERIALS</b>	\$25	See allowances below
LENSES (STANDARD) PER PAIR		
<b>Single Vision</b>	Covered by co-pay	Up to \$25.00
<b>Bifocal</b>	Covered by co-pay	Up to \$40.00
<b>Trifocal</b>	Covered by co-pay	Up to \$50.00
<b>Progressive</b>	\$70 allowance	Up to \$40.00
<b>Lenticular</b>	\$80 allowance	Up to \$50.00
<b>Polycarbonate (for children to age 19)</b>	Covered by co-pay	Not covered
<b>Scratch resistant coating</b>	Covered by co-pay (at Walmart only)	Not covered
CONTACT LENSES*		
<b>Elective</b>	\$150 allowance	Up to \$100.00
<b>Medically Necessary</b>	\$210 allowance	Up to \$210.00
<b>LASIK VISION CORRECTION</b>	Discounts are available with participating surgery providers across the country. (Not an insured benefit.)	

## VISION PLAN PREMIUMS

Monthly	
<b>Employee</b>	\$7.63
<b>EE + Spouse</b>	\$16.90
<b>EE + Child(ren)</b>	\$16.97
<b>EE + Family</b>	\$21.94

## FREQUENCIES (Based on Date of Service)

<b>Contact Lenses*</b>	1 per 12 Months
<b>Exam</b>	1 per 12 Months
<b>Frame</b>	1 per 12 Months
<b>Lenses</b>	1 per 12 Months

## OTHER UNUM VISION SPECIFICATIONS

- **Dependent children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-400-9304.
- **Services not listed:** If you expect to require a vision service not included here, it may still be covered. Please contact customer service at 888-400-9304, to confirm your exact benefits.
- This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

\*(1 per 12 months) In lieu of eyeglass lenses and frames (Includes fit, follow-up and materials) Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.



provided by: NATIONAL BENEFIT SERVICES

# FSA/HSA

## FLEXIBLE SAVINGS ACCOUNT

provided by: NATIONAL BENEFIT SERVICES



A **Flexible Spending Account (FSA)** lets you pay for eligible expenses with tax-free money. You contribute to an FSA with pre-tax money from your paycheck each pay period. This, in turn, may help lower your taxable income. Types of FSAs:

- **Healthcare FSA** - Helps pay for qualifying medical expenses not covered by insurance (co-pays, deductibles, prescription costs, etc.)
- **Limited Purpose FSA** - Can be combined with a health savings account (HSA). Helps to pay for out-of-pocket dental and vision expenses only
- **Dependent Care FSA** - Helps pay for care expenses for eligible dependents such as your children, spouse and/or relative.

### AT-A-GLANCE

*The FSA Plan Year:*

- **Sep. 1, 2022 - Aug. 31, 2023**

*Claim Filing Deadlines:*

- **Healthcare FSA** has a \$570 carryover provision\* and no grace period for claims filing.
- **Dependent Care FSA** has a 30 day grace period.

*Max Annual Contribution:*

- HFSA: **\$2,850**
- DCFSA: **\$5,000**

\*The carryover provision allows employees to carry over a portion of unused FSA funds from the previous plan year into the next plan year.

## HEALTH SAVINGS ACCOUNT

provided by: NATIONAL BENEFIT SERVICES



### AT-A-GLANCE

*IRS Max Annual Contribution:*

- Employee: **\$3,650**
- EE + Spouse: **\$7,300**
- EE + Family: **\$7,300**
- Catch-up\*: **\$1,000**

\*If you are age 55+ by the end of the year, you can contribute an additional \$1,000 to your HSA.

A **Health Savings Account** (also known as an HSA) is a tax-advantaged bank account you can open when you are enrolled in a qualified HDHP. The HSA provides a way to save for current and future health care expenses - with tax advantages along the way. HSAs are commonly referred to as a triple-tax-advantaged account, meaning:

- Your individual contributions to an HSA can be tax-free, up to an annual maximum set by the IRS.
- Earnings on contribution (through interest and investments) can be tax-free.
- You can use the money in your HSA, tax-free, for eligible health care expenses, prescription costs, etc.).
- Your HSA is owned by and goes with you if you become unemployed, change jobs, or retire you can:
  - You can leave the money in your current account.
  - You can transfer the money to another HSA.
  - If you make an early withdrawal - or use your HSA for non-eligible expenses - the money may be subject to penalty or taxes.



provided by: UNUM

# Life/AD&D

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## BASIC LIFE/AD&D INSURANCE

**EMPLOYER PAID**



Protecting your family’s future is no doubt one of your highest priorities. One way to help achieve this goal is through life insurance. Liberty Independent School District provides you with a valuable basic life insurance plan at no cost to you.

### AT-A-GLANCE

*Basic Life Insurance Benefit:*

- \$10,000

*AD&D Insurance Benefit:*

- \$10,000

### HOW DOES IT WORK?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

### WHY CHOOSE UNUM?

Basic Life and AD&D Insurance will be reduced as Your employer is offering you this coverage at no cost to you. Unum is the leading provider of employee benefits, with more than 165 years of experience. We’ll be there to back our benefits and provide you with the support you need.

### ADDITIONAL FEATURES:

- **A "Living" Benefit** - If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living.
- **Portability** - You may be able to keep coverage if you leave the District or retire.
- **Waiver of premium** — The cost may be waived if you are totally disabled for a period of time.

## VOLUNTARY LIFE/AD&D INSURANCE

**EMPLOYEE PAID**

In addition to your Basic Life Insurance, you have the opportunity to purchase additional Voluntary Life/AD&D insurance protection from Unum. This benefit is designed to help provide financial security for you and your family. This coverage is an **employee-paid** benefit.

### HOW DOES IT WORK?

You choose the amount of coverage that’s right for you, and you keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

### WHY IS THIS COVERAGE SO VALUABLE?

If you previously purchased coverage, you can increase it up to \$250,000 to meet your growing needs — with no health questions or exams.

### AT-A-GLANCE

- Get Term Life coverage in \$10,000 increments, up to 7 times your earnings.
- Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 10 times your earnings.

### WHAT ELSE IS INCLUDED

- **A ‘Living’ Benefit** — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living.
- **Waiver of premium** — Your cost may be waived if you are totally disabled for a period of time.
- **Portability** — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

**Visit <https://libertyisd.fbmcbenefits.com/> for premiums and additional plan-specific information**



provided by: UNUM

# Disability Insurance



You always have bills to pay, even when you can't get to work due to injury, illness, or surgery. **UNUM's Educator Select disability insurance** is designed to help you make ends meet during difficult times and protect your income should you become disabled as a result of a covered accident or illness.

## GET THE COVERAGE YOU NEED

The coverage includes features that allow you to design a flexible plan that best meets your needs. You can select:

- The benefit amount you would receive each month if you could not work due to a covered disabling illness or injury, in increments of \$100\*.
- The elimination period, which is the amount of time you would need to wait between the day a disability begins and the date you start receiving benefits.
- The duration amount, which is the length of time you could receive benefits.

\* Benefits may be reduced by deductible sources of income.

## A LOT RIDES ON YOUR PAYCHECK

Most of us take our health and ability to work for granted. You know how much you'd be missed at school, but consider how a temporary loss of income would affect your family's financial security. If a disability kept you from earning an income, how would you pay your mortgage, your car payment and other expenses? That's why Educator Select disability insurance is so important.

## THE AFFORDABLE SOLUTION

Unum Educator Select disability insurance is offered to you at a competitive group rate, with the ease and convenience of payroll deductions. Best of all, you choose the benefit amount that suits the needs of your family and you do not have to answer any health questions or have a medical exam when you apply for coverage.

## CLAIMS SERVICE

If you file a disability claim, Unum Benefits Center employees are committed to meeting your needs with prompt and efficient claims services. Our claims process is focused on the whole person, not just the diagnosis. Our dedicated and responsive claim management professionals understand the emotional and financial strain that can often occur during a period of disability.

**Visit <https://libertyisd.fbmcbenefits.com/> for premiums and additional plan-specific information**

# Employee Assistance Program



## HELP WHEN YOU NEED IT MOST

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor\* who can help you.

A Licensed Professional Counselor\* can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more

## WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community for issues such as:

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!
- And more

## WHO IS COVERED?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

## AT-A-GLANCE

Turn to us, when you don't know where to turn.

- **Call toll-free 24/7 access:** 1-800-854-1446 (multi-lingual)
- **Online:** [www.unum.com/lifebalance](http://www.unum.com/lifebalance)

## HELP IS EASY TO ACCESS

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

## MEDICAL BILL SAVER™

As health care costs continue to rise, many people have trouble paying medical expenses that insurance doesn't cover. Luckily, our EAP — with the Medical Bill Saver feature — can help.

## HOW DOES IT WORK?

When a covered employee has a medical or dental bill totaling over \$400 in out-of-pocket costs, our skilled negotiating team works with the provider(s) to get a discount. Successful negotiations can save employees hundreds, and sometimes thousands, of dollars.

Our experts can also show employees how to keep bills lower in the future — for example, by using in-network providers.

By helping reduce employees' out-of-pocket-costs, Medical Bill Saver can make consumer-driven health plans (CDHPs) more attractive — and more effective.

\* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.



# Other Benefits



## UNIVERSAL LIFEEVENTS

provided by: TRUSTMARK

**Universal LifeEvents Insurance with Long-Term Care Benefit** provides a higher death benefit during your working years, when your needs and responsibilities are the greatest. You can choose a plan and benefit amount that provides the right protection for you.

Universal LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the ending of one story won't stop the beginning of another.

### AT-A-GLANCE

- Long-Term care (LTC) benefits that stay the same throughout your life.
- Use part of your death benefit to help manage costs if you're diagnosed with a terminal illness.
- Keep your coverage at the same price and benefits if you change jobs or retire.



## ACCIDENT INSURANCE

provided by: TRUSTMARK

You do everything you can to keep your family safe, but accidents do happen. Take comfort knowing you have help to manage the medical costs associated with accidental injuries that occur both on- and off-the-job. Trustmark **Accident Insurance** helps by paying cash directly to you. The plan pays regardless of other coverage you have, and there are no restrictions on how you may use the money. You may also get paid a \$50 annual Wellness Benefit just for taking steps to help yourself stay well! The Wellness Benefit pays cash directly to you when you get certain screening tests or wellness exams.

### ACCIDENT INSURANCE PREMIUMS

Monthly	LOW	MEDIUM
Employee	\$15.38	\$19.14
EE + Spouse	\$24.81	\$30.53
EE + Child(ren)	\$31.19	\$39.87
EE + Family	\$44.62	\$54.85



## CRITICAL ILLNESS

provided by: UNUM

**Critical Illness Insurance** protects you and your family in the event of a serious illness or other medical condition with portable coverage. Payments are made directly to the employee and can be applied to claims, household bills, or other expenses as needed.

**For premiums, please contact your Benefit Counselor.**

### AT-A-GLANCE

- *Annual Wellness Benefit: \$50 per insured/year*
- *Coverage Amounts Available: \$10,000, \$20,000, or \$30,000*
- Guaranteed issue, Fully portable, Payroll deducted

# Other Benefits

LEARN MORE  
[Click Here](#) 



## HOSPITAL INDEMNITY INSURANCE

provided by: TRUSTMARK

**Hospital Indemnity Insurance** can help with medical costs that your health insurance may not cover. You can use the cash however you see fit so you can focus on your recovery. These benefits are available for you, your spouse and eligible dependent children.

Plan options and premiums for Liberty ISD are shown at right.

Plan 1 features a \$1,500 lump-sum cash payment.  
 Plan 2 features a \$3,000 lump-sum cash payment.

### HOSPITAL STAYPAY PREMIUMS

Monthly	PLAN 1	PLAN 2
Employee	\$31.51	\$54.85
EE + Spouse	\$56.01	\$97.64
EE + Child(ren)	\$42.73	\$73.71
EE + Family	\$71.05	\$122.90



## CANCER INSURANCE

provided by: METLIFE

While treatments have greatly improved, the cost of treating cancer poses an enormous financial strain on those diagnosed and their families. **Cancer Insurance** helps fill the financial gaps when benefits stop being paid, or expenses are not covered under a basic health insurance policy.

Payments are made directly to you.

### AT-A-GLANCE

- **MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee age-banded rates are outlined online at <https://libertyisd.fbmcbenefits.com/>**



## MEDICAL TRANSPORT

provided by: MASA

Most people assume that their health insurance will cover most, if not all, of the costs for these transports. Usually, the opposite is true, leaving you with financial responsibilities. **Medical Transport** coverage pays these costs so you don't have to.

### MEDICAL TRANSPORT PREMIUMS

Monthly	EMERGENT PLUS	PLATINUM
Employee	\$14.00	\$39.00
EE + Family	\$14.00	\$39.00



## LEGAL INSURANCE

provided by: ARAG

No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. When they do, it's reassuring to know that help and support are close at hand. That's where **Legal Insurance** has you covered!

### LEGAL INSURANCE PREMIUMS

Monthly	ULTIMATE ADVISOR	ULTIMATE ADVISOR PLUS
Employee	\$17.25	\$23.25
EE + Family	\$17.25	\$23.25

# Other Benefits



## GENETIC CANCER TESTING

provided by: **CANCER GUARDIAN**

Cancer Guardian® is a transformative benefit program that combines the power of advanced DNA testing with the personalized support of expert cancer care resources. Cancer Guardian provides services that are not typically made available or covered by health insurance.

### CANCER GUARDIAN PREMIUMS\*

#### Monthly

Employee	\$20.00
EE + Spouse	\$40.00

\* Dependents under the age of 26 are automatically covered if the member elects coverage. 12 month enrollment is required.



## IDENTITY THEFT

provided by: **ID WATCHDOG**

With ID Watchdog®, you have an easy and affordable way to help better protect and monitor the identities of you and your family. You'll be alerted to potentially suspicious activity and enjoy the peace of mind that comes with the support of dedicated identity resolution specialists.

### ID WATCHDOG RATES

#### Monthly

	1B PLAN	PLATINUM
Employee	\$7.95	\$11.95
EE + Family	\$14.95	\$22.95



# Important Notices

**LEARN MORE**  
Click Here

## **IMPORTANT NOTICE FROM LIBERTY ISD ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BCBSTX (TRS ActiveCare) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. BCBSTX (TRS ActiveCare) has determined that the prescription drug coverage offered by BCBSTX (TRS ActiveCare) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current BCBSTX (TRS ActiveCare) coverage will be affected. You can keep this coverage if you elect to join a Medicare drug plan, and your BCBSTX (TRS ActiveCare) health plan will coordinate your benefits with Medicare for drug coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

*If you do decide to join a Medicare drug plan and drop your current BCBSTX (TRS ActiveCare) coverage, be aware that you and your dependents will not be able to get this coverage back.*

### **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with BCBSTX (TRS ActiveCare) and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information about This Notice or Your Current Prescription Drug Coverage:**

Contact the person listed below for further information.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through BCBSTX (TRS ActiveCare) changes. You also may request a copy of this notice at any time.

### **For More Information about Your Options Under Medicare Prescription Drug Coverage:**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call: **1-800-MEDICARE (1-800-633-4227)**  
TTY users should call: **1-877-486-2048**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Last Updated: **July 1, 2022**

Name of Entity: Liberty Independent School District  
Contact-Position/Office: Stephanie Smith  
Address: 1600 Grand Ave., Liberty, TX, 77575  
Phone Number: 936-336-7213

## **COBRA Q&A/CONTINUATION COVERAGE RIGHTS**

### **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage plus a 2% administrative fee.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

# Important Notices

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child".

## When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator (NBS) of the qualifying event.

## You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's loss of eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Human Resources Director, including the appropriate paperwork (divorce decree; legal separation document, etc.) to support your claim if applicable.

## How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

## Disability extension of 18-month period of continuation coverage.

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

## Second qualifying event extension of 18-month period of continuation coverage.

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

# Important Notices

**LEARN MORE**  
Click Here 

## If You Have Questions:

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

## Keep Your Plan Informed of Address Changes:

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## NATIONAL BENEFIT SERVICES

c/o: Lynette Saunders  
8523 S Redwood Rd.  
West Jordan, UT 84088  
(801) 406-6391  
[www.nbsbenefits.com](http://www.nbsbenefits.com)

## THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

If you or your spouse have had or are going to have a mastectomy, you/she may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA).

For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the covered mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

If you would like more information on WHCRA benefits, call the customer service number on the back of your medical ID card.

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## HIPAA SPECIAL ENROLLMENT NOTICE

Federal If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

As a result of the COVID-19 national emergency, the DOL, IRS, and HHS have extended both 30- and 60-day special enrollment periods. The extension is accomplished by requiring group health plans and health insurers to disregard the COVID-19 outbreak period when counting the 30- or 60-day enrollment. The COVID-19 outbreak period started March 1, 2020, and generally will end 60 days after the end of the COVID-19 national emergency.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

**LIBERTY ISD**  
Benefits Department  
936-336-7213

# CHIP Notice

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Florida, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or [insurekidsnow.gov](https://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [askebsa.dol.gov](https://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in Florida, you may be eligible for assistance paying your employer health plan premiums. If you reside outside of Florida, view the entire CHIP Model Notice online at: <https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.doc>

Contact your state for more information on eligibility.

### TEXAS – MEDICAID

Website: <https://hhs.texas.gov/services/health/medicaid-chip>  
Phone: **800-335-8957**

To locate the list of states, current as of January 31, 2021, or to view states that have recently added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

**U.S. DEPARTMENT OF LABOR**  
Employee Benefits Security Administration

1-866-444-EBSA (3272)  
[dol.gov/agencies/ebsa](https://www.dol.gov/agencies/ebsa)

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services

1-877-267-2323, Menu Option 4, Ext. 61565  
[cms.hhs.gov](https://www.cms.hhs.gov)

# Marketplace Notice

LEARN MORE  
Click Here 



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Liberty ISD ATTN: Benefits Dept., 1600 Grand Ave., Liberty, TX 77575, 936-336-7213**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

# Marketplace Notice

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Liberty ISD</b>		4. Employer Identification Number (EIN) <b>74-6001608</b>	
5. Employer address <b>1600 Grand Ave.</b>		6. Employer phone number <b>936-336-7213</b>	
7. City <b>Liberty</b>	8. State <b>TX</b>	9. ZIP code <b>77575</b>	
10. Who can we contact about employee health coverage at this job? <b>Liberty ISD</b>			
11. Phone number (if different from above)		12. Email address <b>smsmith@libertyisd.net</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

- All employees. Eligible employees are:

Teachers, administrative personnel, substitutes, bus drivers, librarians, crossing guards, cafeteria workers, among others, are all eligible for coverage, provided no exception applies, if they are employees of the district/entity, not volunteers, and are either active contributing TRS members or are employed by a participating district/entity for 10 or more regularly scheduled hours each week.

- Substitutes and return-to-work retirees are always considered part-time regardless of the number of hours worked. However, in order to be eligible for TRS-ActiveCare benefits they must have a minimum of 10 or more regularly scheduled hours per week. Some employees. Eligible employees are:

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

A spouse, including a common law spouse (A common law spouse is not considered eligible unless there is a Declaration of Informal Marriage filed with an authorized government agency.) A child under 26, who is one of the following: A natural child, An adopted child or a child who is lawfully placed for legal adoption, A stepchild, A foster child, A child under the legal guardianship of the employee, A grandchild under 26 whose primary residence is the household of the employee and who is a dependent of the employee for federal income tax purposes for the reporting year in which coverage of the grandchild is in effect. "Any other dependent" (other than those listed above) under 26 in a regular parent-child relationship with the employee, meeting all four of the following requirements: The child's primary residence is the household of the employee; The employee provides at least 50% of the child's support; Neither of the child's natural parents resides in that household; and The employee has the legal right to make decisions regarding the child's medical care. This requirement does not apply to dependents 18 and over. A child, 26 or over, of a covered employee may be eligible for dependent coverage, provided that the child is either mentally or physically incapacitated to such an extent that they are dependent on the employee on a regular basis as determined by TRS, and meet other requirements as determined by TRS. A dependent does not include a brother or a sister of an employee, unless the brother or sister is an individual under 26 who is either: (1) under the legal guardianship of an employee, or (2) in a regular parent-child relationship with.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



# Contacts

**LEARN MORE**  
Click Here

## LIBERTY ISD

1600 Grand Ave.  
Liberty, TX 77575  
936-336-7213

<https://libertyisd.fbmcbenefits.com/>

## FBMC SERVICE CENTER

877-532-8473

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

## MEDICAL \*

### BCBSTX (TRS ActiveCare)

**Group numbers:** AC Primary  
385003 | AC Primary+ 385001  
AC HD 385000 | AC 2 385002

866-355-5999

[www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare)

## TELEMEDICINE

### RECURO

855-673-2876

[recurohealth.com](http://recurohealth.com)

## FSA/HSA\*

### NATIONAL BENEFIT SERVICE

Group #: NBS921358

800-274-0503

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

## DENTAL\*/VISION\*

### UNUM

Group #: 448705

888-400-9304

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

## EMPLOYEE ASSISTANCE

### Unum

Group #: 469100

800-854-1446

[www.unum.com/lifebalance](http://www.unum.com/lifebalance)

## LIFE INSURANCE, AD&D & DISABILITY

### UNUM

-Basic Life & AD&D -

Group #: 469100

-Voluntary Life & AD&D -

Group #: 469101

-Disability - Group #: 448704

866-679-3054

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

## CRITICAL ILLNESS

### Unum

Group #: R0550160

866-679-3054

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

## MEDICAL TRANSPORT MASA GLOBAL

Group #: B2BLBTISD

Emergency: 800-643-9023

Customer Support: 800-423-3226

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

## CANCER INSURANCE\*

### METLIFE

Group #: 5390120

800-638-5433

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

## UNIVERSAL LIFE

### TRUSTMARK

Group #: 3000000907

800-918-8877

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

## ACCIDENT\* TRUSTMARK

Group #: 3000000907

866-813-7192, option 1

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

## HOSPITAL INDEMNITY\* TRUSTMARK

Group #: 3000000907

866-813-7192, option 1

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

## IDENTITY THEFT ID WATCHDOG

Group #: 3085

866-513-1518

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

## LEGAL SERVICES ARAG

Group #: 18777

800-247-4184

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

## GENETIC CANCER TESTING CANCER GUARDIAN

Group #: LISD-CGx-2021-1427

844-694-3666

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

\*Pre-tax benefit



*Contract Administrator*

FBMC Benefits Management, Inc.

PO Box 1878 • Tallahassee, Florida 32302-1878

FBMC Service Center: **1-877-532-TISD (1-877-532-8473)**

Monday - Friday, 7 a.m. - 6 p.m. CST

Information contained herein does not constitute an insurance certificate or policy.  
Certificates or policies will be provided to participants following the start of the plan year, if applicable.