LIBERTY INDEPENDENT SCHOOL DISTRICT
EMPOWERING EXCELLENCE

LIBERTY INDEPENDENT SCHOOL DISTRICT

EMPLOYEE BENEFIT GUIDE

2023-2024

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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.

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 30 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, 2023.

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 2023-2024 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

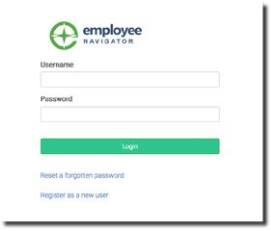
All **full-time** employees, who work **20** or more hours a week are eligible for all benefit offerings through the District.

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:
3mpwr-enroll.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. 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

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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 MembersSM at 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	$188	$266	$202	$751
Employee + Spouse	$953	$1,111	$991	$2,140
Employee + Child(ren)	$503	$636	$527	$1,245
Employee + Family	$1,268	$1,481	$1,316	$2,579

TRS-ActiveCare Plans

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+
Plan Summary	• Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage	• Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage
PLAN FEATURES (Individual / Family)		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Deductible	$2,500/$5,000	$1,200/$2,400
Coinsurance	You pay 30% after deductible	You pay 20% after deductible
Max Out-of-Pocket	$7,500/$15,000	$6,900/$13,800
Network	Statewide Network	Statewide Network
Primary Care Provider (PCP) Required	Yes	Yes
DOCTOR VISITS		
Primary Care	$30 copay	$15 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 (TM)	$0 per medical consultation	$0 per medical consultation
TRS Virtual Health-Teladoc®	$12 per medical consultation	$12 per medical consultation

LEARN MORE
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	TRS-ActiveCare HD		TRS-ActiveCare 2	
Plan Summary	• Similar to current 1-HD • Lower premium • Compatible with health savings account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet deductible before plan pays for non-preventive care		**NOTE:** Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many drugs and services • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals	
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	$7,500/$15,000	$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 (TM)	$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 (31 / 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 SaveOnSP eligible; You pay 30% after deductible	$0 if SaveOnSP eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61-90 day supply	$25 copay for 31-day supply; $75 for 61-90 day supply

	TRS-ActiveCare HD	TRS-ActiveCare 2
PRESCRIPTION DRUGS (31 / 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 SaveOnSP 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 emergeny 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 managment
- 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

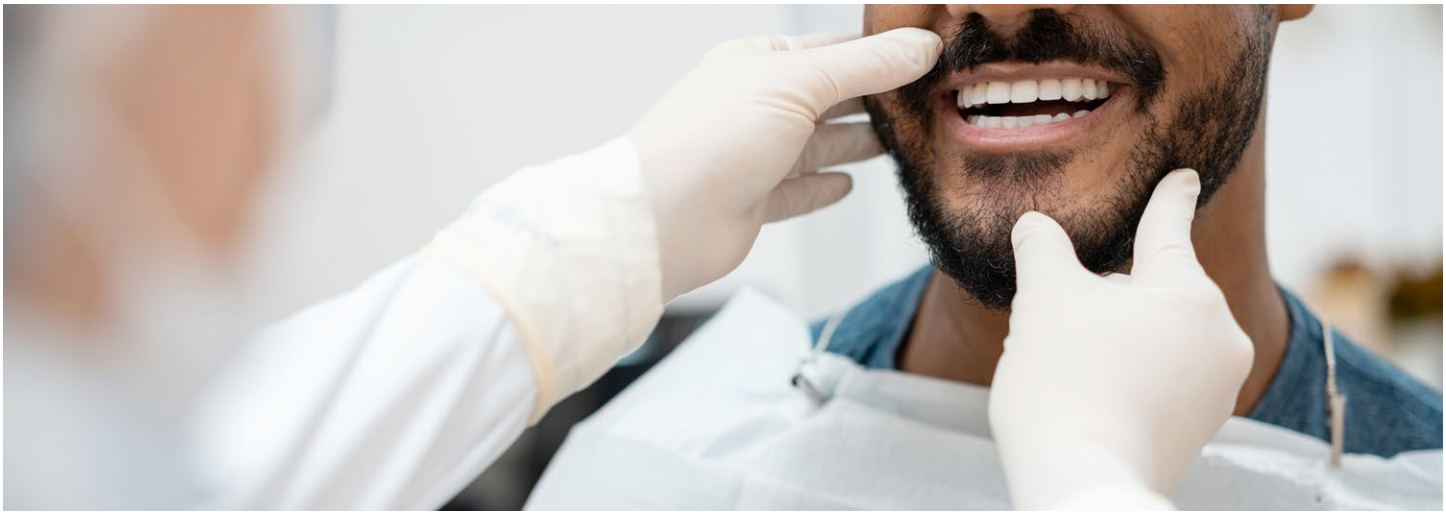
1. Access by Recuro mobile app, online or phone
2. Enter your employer member ID located on your card
3. *If you do not have a card, you can call 855-673-2876 anytime or reach out to your program administrator.
4. Create your username and password
5. Complete the required fields to begin your electronic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

Dental

New Provider



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

Type A - Routine Exams, Bitewing X-Rays, Cleanings, Fluoride Treatments, Sealants, etc.
Type B - Restorations, Simple Extractions, etc.
Type C - Oral Surgery, Endodontics (root canals), Periodontics (gum treatment), Inlays, Crowns, Onlays, Bridges, etc.
Type D - Orthodontics.

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

Understanding Your Plan

MetLife's Preferred Dentist Program is designed to help you get the dental care you need and help lower your costs.

You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

If you receive in-network services, you will be responsible for any applicable deductibles, cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services.

If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount or R&C Fee, and charges for non-covered services.

Dental Plan Premiums

Monthly	HIGH	LOW
Employee	$27.07	$21.04
EE + Spouse	$57.55	$44.41
EE + Child(ren)	$74.48	$57.84
EE + Family	$101.55	$78.88

Dental Benefits Summary*

DEDUCTIBLES**		
Individual (applies to Type B or Type C services)	$50.00	$50.00
Family (applies to Type B or Type C services)	$150.00	$150.00
SERVICES		
Type A - Diagnostic & Preventive	100%	100%
Type B - Basic Services	80%	50%
Type C - Major Services	50%	50%
Type D - Orthodontics	50%	NA
MAXIMUM BENEFIT***		
Types A, B, & C combined, per benefit year, per person	$1,750	$1,250
BENEFIT WAITING PERIOD****		
Types A & B Expenses	NONE	NONE

* Based on dental services that are provided by an in-network MetLife PDP dentist.
** Waived for Type A (applies to Type B and C Services)
*** Applies to Types A, B and C Services, if applicable
**** Waiting periods may apply. Refer to your certificate of coverage for details.

provided by: **METLIFE**

Vision

New Provider

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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.

Superior Vision Benefits Summary

	IN-NETWORK ALLOWANCES	OUT-OF-NETWORK ALLOWANCES
EXAM	$10 co-pay	$45 allowance after $0 copay
FRAMES	$150.00 (after $25 copay)	$70.00
MATERIALS	$25	See allowances below
LENSES (STANDARD) PER PAIR		
Single Vision	$25 copay	$30 allowance
Bifocal	$25 copay	$50 allowance
Trifocal	$25 copay	$65 allowance
Progressive	Up to $55	$50 allowance
Lenticular	$25 copay	$100 allowance
Polycarbonate (for children to age 19)	Covered in full and up to $40 for adults	Applied to the allowance for the applicable corrective lens, same for adults
Scratch-resistant coating	Varies by type up to $15-$30	Apllied to the allowance for the applicable corrective lens
CONTACT LENSES*		
Elective	$150 allowance	$105 allowance
Medically Necessary	Covered in full	$210 allowance
LASIK VISION CORRECTION	Savings of 40-50% off the national average price of traditional LASIK available at over 1,000 locations across nationwide network	

Superior Vision Plan Premiums

Monthly	
Employee	$7.63
EE + Spouse	$16.90
EE + Child(ren)	$16.97
EE + Family	$21.94

FREQUENCIES (Based on Date of Service)	
Contact Lenses*	1 per 12 Months
Exam	1 per 12 Months
Frame	1 per 12 Months
Lenses	1 per 12 Months

Other MetLife 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 yourcontact 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, 2023 - Aug. 31, 2024**

Claim Filing Deadlines:

- **Healthcare FSA** has a $610 carryover provision* and no grace period for claims filing.
- **Dependent Care FSA** has a 30 day grace period.

Max Annual Contribution:

- HFSA: **$3,050**
- **Limited** HFSA: **$3,050**
- 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: **$3,850**
- EE + Family: **$7,750**
- 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: **THE STANDARD**

Life/AD&D

LEARN MORE
Click Here

New Provider Basic Life/AD&D — 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.

When You Need to File a Claim

Handling a Life insurance claim takes a special touch. All of our Life benefits employees complete annual grief training helping them to empathize with beneficiaries, and recognize when they need special attention. We're focused on settling claims quickly.

Additional Features:

- **Accelerated Death Benefit** - Terminally ill members may withdraw up to 80% of their Life benefit to a maximum of $500,000 (when Basic Life and any Additional Life are combined).
- **Helmet Benefit** - This feature pays a benefit for a loss of life due to an accident that occurs when riding a bicycle or a motorcycle3 and wearing a helmet.

New Provider Voluntary Life/AD&D — Employee Paid

In addition to your Basic Life Insurance, you have the opportunity to purchase additional Voluntary Life/AD&D insurance protection from the Standard. 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 available, and 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?

On the policy effective date, all members (enrolled or eligible) may increase their benefit amount up to the guarantee issue amount without health questions or exams.

At-A-Glance

- Get up to $250,000 guarantee issue for yourself and $50,000 for your spouse, in increments of $5,000
- No evidence of insurability is required for child coverage.

What Else Is Included

- **Accelerated Death Benefit** — Terminally ill members may withdraw up to 80% of their Life benefit to a maximum of $500,000 (when Basic Life and any Additional Life are combined).
- **Waiver of premium** — Life insurance for dependents continues automatically, without premium payment, for five months after the death of the insured member.
- **Portability** — You may be able to keep coverage if you leave the District, retire or change the number of hours you work.

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

provided by: **THE STANDARD**

Disability Insurance

New Provider

Educator Options Group Voluntary Long Term Disability insurance from The Standard helps school employees (grades K-12) protect their income by meeting their specific needs, including leaves of absence, coverage during school breaks and vacations, and summer earnings. Educator Options provides a monthly benefit to eligible employees who are partially or totally disabled due to a covered physical disease, injury, pregnancy or mental disorder.

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 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.

The Affordable Solution

The Standard's long-term 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, The Standard's 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

provided by: **THE STANDARD**

Employee Assistance

New Provider

Help When You Need It Most

There are times in life when you might need a little help coping or figuring out what to do.

Take advantage of the Employee Assistance Program,[1] which includes WorkLife Services and Travel Assistance It is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard).

It's confidential — information will be released only with your permission or as required by law.

You, your dependents (including children to age 26)[2] and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email.

You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

EAP Services Can Help You With

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation and other legal documents

At-A-Glance

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

- **Call toll-free 24/7 access:** 1-888-293-6948 (TTY Services: 711)
- **Online:** healthadvocate.com/standard3

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

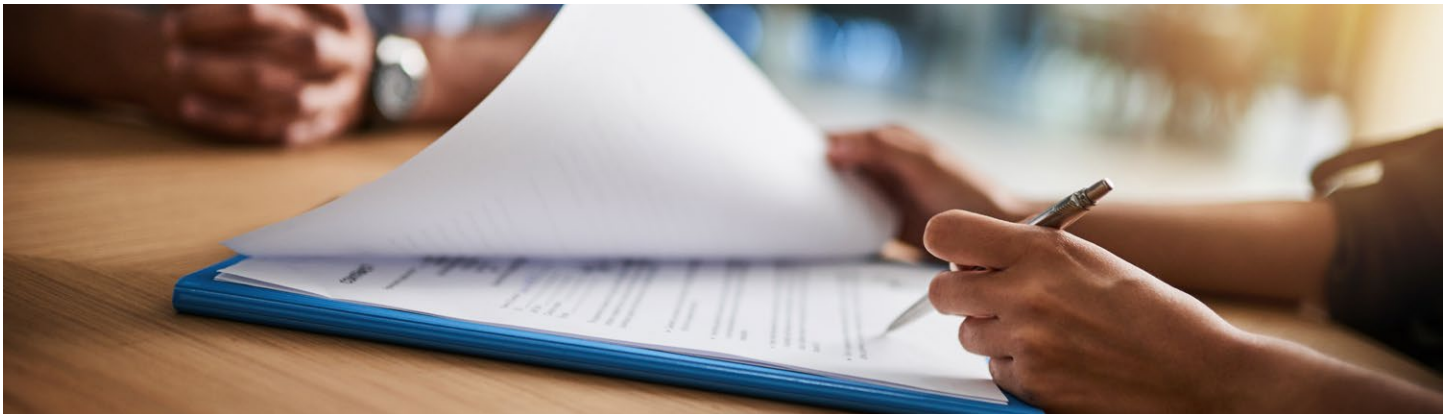
Help is Easy to Access

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text. .

[1] The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

[2] Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

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.

New Provider Accident Insurance provided by: THE STANDARD

Accidents happen. The Standard **Accident Insurance** helps you handle these unexpected events 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.

A Youth Organized Sports benefit is included with EE+CH and Family coverage. If a covered child age 18 or younger is injured while playing an organized sport, the Standard pays an additional 25% of the total benefits for treatment received.

Both plans also feature a Health Screening benefit of $200.

Accident Insurance Premiums

Monthly	ENHANCED	PREMIER
Employee	$11.40	$16.38
EE + Spouse	$19.08	$26.68
EE + Child(ren)	$20.95	$30.40
EE + Family	$33.22	$47.99

New Provider Critical Illness provided by: THE STANDARD

At-A-Glance

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

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.

Other Benefits

LEARN MORE
Click Here

New Provider Hospital Indemnity provided by: **THE STANDARD**

A trip to the hospital can be costly - and many employees aren't prepared for the out of pocket expenses that come with a hospital stay, even with medical coverage. **Hospital Indemnity** insurance pays cash benefits to employees in the event of a hospitalization, regardless of treatment costs or other insurance coverage. It's an affordable way for employees to keep their finances on track.

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

High Plan features a $3,000 annual payout for hospitalization.
Low Plan features a $1,500 annual payout for hospitalization.

Hospital Indemnity Premiums

Monthly	HIGH	LOW
Employee	$32.02	$18.97
EE + Spouse	$54.41	$32.12
EE + Child(ren)	$44.06	$26.51
EE + Family	$79.38	$47.46

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: **GENOMIC LIFE**

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

Genomic Life 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.

New Provider Identity Theft

provided by: **ALLSTATE**

With Allstate Identity Protection Pro+ Cyber, you get comprehensive identity monitoring and fraud resolution designed to help you protect yourself and your family against today's digital threats, plus cybersecurity features designed to identify and address vulnerabilities before they can be exploited.

Allstate ID Theft Rates

Monthly	
Employee	$9.50
EE + Family	$18.50

New Product Pet Protection

provided through: **MY BENEFITS WORK**

Keep your pets happy and healthy with discounts on everything from toys and treats to vet visits and eats. You can save on prescription medications and foods, veterinary services, a GPS-enabled lost pet notification system, and more.

Pet Protect Rate

Monthly	
Employee	$9.95

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**

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,** 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**. (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 LLC

COBRA Department
430 W. 7th Street, Suite 219893
Kansas City, MO 64105-1407
800-274-0503 Option 4
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**.

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** 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** 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

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

1-877-267-2323, Menu Option 4, Ext. 61565
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

As a result of the Affordable Care Act, starting in 2014, there became 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 starts November 1, 2023, and ends January 15, 2024, in most states.

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. Starting January 1, 2023, if the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.12% 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.[1]

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** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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

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 e 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** will guide you through the process. Here's the employer information you'll enter when you visit **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
7300 State Hwy 121 Ste. 300.
McKinney, Texas 75070
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

TELEMEDICINE
RECURO
855-673-2876

recurohealth.com

FSA/HSA
NATIONAL BENEFIT SERVICE
Group #: **NBS921358**

800-274-0503

www.nbsbenefits.com

DENTAL/VISION
METLIFE
Group #: **5390120**

800-438-6388

metlife.com

EMPLOYEE ASSISTANCE
STANDARD
Group #: **171556**

888-293-6948

healthadvocate.com/standard3

LIFE INSURANCE, AD&D & DISABILITY
STANDARD
-Basic Life & AD&D -
Group #: **171556**

-Voluntary Life & AD&D -
Group #: **171556**

-Disability - Group #: **171556**

Life: **800-628-8600**

Disability: **800-368-1135**

standard.com

CRITICAL ILLNESS
STANDARD
Group #: **171556**

800-634-1743

standard.com

MEDICAL TRANSPORT
MASA GLOBAL
Group #: **B2BLBTISD**

Emergency: 800-643-9023

Customer Support: 800-423-3226

www.masaglobal.com

CANCER INSURANCE
METLIFE
Group #: **5390120**

800-638-5433

www.metlife.com

UNIVERSAL LIFE
TRUSTMARK
Group #: **3000000907**

800-918-8877

www.trustmarksolutions.com

ACCIDENT
STANDARD
Group #: **171556**

800-634-1743

standard.com

HOSPITAL INDEMNITY
STANDARD
Group #: **171556**

800-634-1743

standard.com

IDENTITY THEFT
ALLSTATE
Group #: **9417**

800-789-2720

allstate.com/AIP

LEGAL SERVICES
ARAG
Group #: **18777**

800-247-4184

www.araglegalcenter.com

GENETIC CANCER TESTING
GENOMIC LIFE
Group #: **LISD-CGx-2021-1427**

844-694-3666

genomiclife.com

PET INSURANCE
PET PROTECT
Group #: **NB32302D**

800-800-7616

mybenefitswork.com

LIBERTY INDEPENDENT SCHOOL DISTRICT

EMPOWERING EXCELLENCE

Contract Administrator

FBMC BENEFITS MANAGEMENT

FBMC Benefits Management, Inc.

7300 State Hwy 121 Ste. 300 • McKinney, Texas 75070

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.