

INSTRUCTIONS FOR COMPLETING A BENEFIT CHANGE ONLINE

1. Go to www.lisd.net/benefits.
2. Click on the "Benefit Plans" tab to access the "Benefit Change Instructions" and the "Benefit Change Form".
3. Print and complete the information on the form as requested.
4. Select a reason for status change and enter the date of the event.
5. Add or drop dependent information as necessary.
6. Continue through each benefit, making appropriate changes to add or drop benefits where necessary. If no benefit is desired, please select Decline option.
7. Sign and date bottom of page 1.
8. Please review your changes.
9. Email the completed form to the LISD Benefits Office at benefits@lisd.net

****NOTE** There is only a 31-day window from the event date to make a change in your benefits.**

Completing this process will submit the change(s) to the Benefits office for approval. To approve any change, appropriate documentation of your status change must be forwarded to the Benefits Office within 31 calendar days from the Effective Date of the change.

REQUIRED PROOF: IF THE STATUS CHANGE IS A:

LOSS OF COVERAGE: Proof must be an official document listing the names of all family members who are losing coverage, the type of coverage (medical, dental, etc.) and the termination date of the coverage. Loss of coverage must be non-voluntary. If you or your dependents were voluntarily dropped from a plan, you cannot be added under a status change. Once approved, new coverage will be effective on the 1st of the month following the month that previous coverage was terminated.

GAIN OF COVERAGE: Proof can be any type of official documentation from the new employer or insurance company listing the names of all family members who are gaining coverage, the types of coverage that have been gained and the effective date of that coverage. You must submit your request during the month prior to the date you wish your coverage to end. Coverage cannot be canceled retroactively. Example: Submitted request to cancel on 1/13/21, coverage will end on 2/1/21.

BIRTH: No documentation is required.

ADOPTION: A copy of the front page of the official court documents either placing the child or granting adoption and the last page(s) of that same document with signatures all complete, or signature papers and waivers, if applicable.

MARRIAGE: To add a spouse or new dependents, proof will be a copy of the marriage certificate.

DIVORCE: To drop spouse and dependents, a copy of the first and last pages of the official divorce decree. The last pages (signature pages) must be signed and dated. To add coverage - See "Loss of Coverage" information above.

LISD Benefit Plan Rate

PLAN YEAR Sept. 1, 2021- Aug. 31, 2022

lisd.net/benefits

For complete Plan Summaries

TRS Medical Insurance

Monthly pay rates					
Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2*	Scott & White HMO
Employee only	\$91.00	\$103.00	\$184.00	\$655.00	\$184.48
Employee + spouse	\$788.00	\$821.00	\$946.00	\$2,014.00	\$974.70
Employee + children	\$379.00	\$400.00	\$507.00	\$1135.00	\$500.16
Employee + family	\$1,012.00	\$1,052.00	\$1,282.00	\$2,448.00	\$1,175.42
Semi-monthly pay rates - Facility Services					
Employee only	\$45.50	\$51.50	\$92.00	\$327.50	\$92.24
Employee + spouse	\$394.00	\$410.50	\$473.00	\$1,007.00	\$487.35
Employee + children	\$189.50	\$200.00	\$253.50	\$567.50	\$250.08
Employee + family	\$506.00	\$526.00	\$641.00	\$1,224.00	\$587.71
19 pay rates - Child Nutrition, Extended School Day, Security					
Employee only	\$57.47	\$65.05	\$116.21	\$413.68	\$116.51
Employee + spouse	\$497.68	\$518.53	\$597.47	\$1,272.00	\$615.60
Employee + children	\$239.37	\$252.63	\$320.21	\$716.84	\$315.89
Employee + family	\$639.16	\$664.42	\$809.68	\$1,546.11	\$742.37

Before you decide . . .

The NEW TRS Activecare Primary and Primary+ plans are State Network Only, so there are no out of network benefits. Both require you to provide a Primary Care Physician when you enroll. Look up TRS-ActiveCare Primary and Primary + Plan providers at bcbs.tx.com/trsactivecare under the Find a Doctor tab. Search our online Provider Finder directory to see which doctors and facilities are in-network. If you need help for the TRS medical plans, please call a Personal Health Guide at 1-886-355-5999

Also, there are no out-of-network benefits with Scott & White HMO. You must choose from a limited network of doctors located in the Dallas-Fort Worth area. Look up Scott & White HMO providers at trs.swhp.org before choosing this health plan.

Pooled Rates per Month

*Active Care 2 is a closed plan: No New Enrollments

	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White HMO
Employee + family	\$677.00	\$717.00	\$947.00	\$2,113.00	\$840.42

To be eligible for pooled rates, both employee and spouse must work for LISD.

Vision Plan -

United Healthcare Vision	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	\$8.38	\$4.19	\$5.29
Employee + spouse	\$15.33	\$7.66	\$9.68
Employee + children	\$16.06	\$8.03	\$10.14
Employee + family	\$24.78	\$12.39	\$15.65

New - MASA Emergent Transport

Employee + family	Monthly rates	Semi-Monthly	19 pay rates
	\$14.00	\$7.00	\$8.85

Hospital Indemnity -

AFLAC Hospital Indemnity	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	\$17.44	\$8.72	\$11.01
Employee + spouse	\$33.09	\$16.55	\$20.90
Employee + children	\$26.78	\$13.39	\$16.91
Employee + family	\$42.43	\$21.22	\$26.80

Flexible Spending Accounts

If you are enrolled in a Flexible Spending Account, you are limited to how much income you can set aside each year.

Health care reimbursement limit	\$2,750
Dependent care reimbursement limit	\$5,000

New - Cigna Critical Illness

Age	Sample rates shown are for \$10,000 Please see enrollment system for other age bands	Monthly pay rates	Semi-monthly	19 pay rates
<29	Employee only	\$2.05	\$1.03	\$1.29
	Employee + spouse	\$4.19	\$2.10	\$2.65
	Employee + children	\$4.74	\$2.37	\$2.99
	Employee + family	\$6.88	\$3.44	\$4.35
30-39	Employee only	\$4.04	\$2.02	\$2.78
	Employee + spouse	\$7.82	\$3.91	\$4.91
	Employee + children	\$6.72	\$3.36	\$4.24
	Employee + family	\$10.50	\$5.25	\$6.63
40-49	Employee only	\$6.75	\$3.38	\$4.26
	Employee + spouse	\$13.35	\$6.68	\$8.43
	Employee + children	\$9.04	\$4.52	\$5.71
	Employee + family	\$15.63	\$7.82	\$9.87

Health Savings Accounts

You must be enrolled in TRS-Active Care 1-HD. You are limited to how much income you can set aside each year.

Employee only	\$3,600
Age 55 and older	\$4,600
Family	\$7,200
Age 55 and older	\$8,200

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Benefit	Phone & Web Site
Medical	866-355-5999 www.bcbstx.com/trsactivecare
Dental	800-942-0854 www.metlife.com
Vision	800-638-3120 www.myuhcvision.com
Disability	800-362-4462 www.cigna.com
Medical Transport	800-423-3226 www.masamts.com
Critical Illness	800-362-4462 www.cigna.com
Hospital Indemnity	800-992-3522 www.aflac.com
Individual Permanent Life	800-283-9233 www.texaslife.com
Group Life	800-421-0344 www.unum.com
Legal Plan	800-248-9000 www.legaleaseplan.com
457 and 403(b) Retirement Plans	800-943-9179 www.tcgservices.com
Flexible Spending Accounts (FSA)	800-274-0503 www.nbsbenefits.com
Health Saving Accounts (HSA)	817-882-0800 www.eecu.org

Dental Plans

MetLife Standard Dental maximum of \$1,500 per insured person	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	\$42.68	\$21.34	\$26.96
Employee + spouse	\$85.38	\$42.69	\$53.92
Employee + children	\$87.10	\$43.55	\$55.01
Employee + family	\$129.80	\$64.90	\$81.98
MetLife Basic Dental maximum of \$1,000 per insured person			
Employee only	\$22.46	\$11.23	\$14.19
Employee + spouse	\$44.90	\$22.45	\$28.36
Employee + children	\$45.82	\$22.91	\$28.94
Employee + family	\$68.28	\$34.14	\$43.12

UNUM Voluntary Life

New Hires within 31 days of Hire -
 Employee guarantee issue: \$250,000 or 7x salary
 Spouse guarantee issue: \$50,000
 Child guarantee issue: \$10,000

Age	Rates per month per \$10,000
Under 30	\$.36
30-34	\$.45
35-39	\$.63
40-44	\$.99
45-49	\$ 1.71
50-54	\$ 2.97
55-59	\$ 4.23
60-64	\$ 5.04
65-69	\$ 9.00
70-74	\$ 15.39
75+	\$ 30.87

UNUM Child Life

Coverage amount	Child rates per month
\$2,000	\$.20
\$4,000	\$.40
\$6,000	\$.60
\$8,000	\$.80
\$10,000	\$ 1.00

UNUM Voluntary AD&D

Rate per month per \$10,000	\$.30
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Texas Life - Permanent Portable Life

Employees Express Issue coverage up to \$150,000 coverage; varies based on employee age
 Spousal Express issue Coverage up to \$50,000; varies based on spouse age

Sick Leave Bank

All new members, or if you used any SLB days during the 2020-21 year 1 local day

Cigna Long-Term Disability

Guarantee issue open enrollment every year
 Waiver of elimination period upon hospitalization with 30 day elimination period or less
 Pregnancy covered same as any illness - 12 month pre-existing limitation
 Can elect up to 66 2/3% of salary to a max of \$8,000

Plan A - pays sickness & injury to age 65

Elimination (waiting) period	Rate per month per \$100 of coverage
14 day	\$ 2.74
30 day	\$ 2.32
60 day	\$ 1.50
90 day	\$ 1.30

Plan B - pays sickness for 5 years & injury to age 65

Elimination (waiting) period	Rate per month per \$100 of coverage
14 day	\$ 2.42
30 day	\$ 2.08
60 day	\$ 1.35
90 day	\$ 1.16

Legalease Legal Plan

Monthly	\$15.18
Semi-monthly	\$7.59
19-pay	\$9.59