



## London ISD Substitute Eligibility for Health Insurance Coverage

London ISD provides health coverage to employees through TRS-ActiveCare. A district substitute is eligible to enroll in TRS-ActiveCare if the district reasonable expects the substitute to work at least 10 hours per week. Hours worked for other school districts are not considered in determining whether a substitute is eligible for benefits through London ISD.

Although the district reasonably expects substitutes to work at least 10 hours per week, the district does not guarantee that you will receive 10 hours every week. The district's need for substitutes varies from week to week. In some weeks, you may not receive any assignments. Similarly, the district understands that some weeks you may not be able to accept assignments due to illness or other personal reasons.

If you elect to enroll, you will be responsible for the full premium. You must submit payment for one calendar month with your enrollment form. The premiums for subsequent months will be deducted from your pay for the preceding month. If your pay is not sufficient to cover the full premium, you must submit the difference to the district by the 15<sup>th</sup> day of the preceding month. If the 15<sup>th</sup> day falls on a weekend or a day the district is closed, the payment must be made the preceding business day. If you fail to timely pay the monthly premiums, the district will proceed with the coverage cancellation process. Your coverage may also be cancelled if you lose eligibility for TRS-ActiveCare.

A substitute who is enrolled in TRS-ActiveCare and who is then removed from the substitute roster becomes ineligible for health coverage and will be provided notice regarding continuation coverage under COBRA (if eligible). Cancellation due to non-payment is considered a voluntary drop: Therefore you would not be eligible for COBRA.

I, \_\_\_\_\_ (Name) would like to ENROLL in medical coverage.

**Select Plan:**

**Select who the plan will need to provide coverage for:**

TRS-ActiveCare Primary: \_\_\_\_\_

Employee Only: \_\_\_\_\_

TRS-ActiveCare Primary+: \_\_\_\_\_

Employee + Spouse: \_\_\_\_\_

TRS-ActiveCare HD: \_\_\_\_\_

Employee + Children: \_\_\_\_\_

TRS-ActiveCare 2: \_\_\_\_\_

Employee + Family: \_\_\_\_\_

(ActiveCare2 is only available for participants already on this plan)

	TRS ActiveCare Primary	TRS ActiveCare Primary+	TRS ActiveCare HD	TRS ActiveCare 2
Employee	\$401	\$504	\$414	\$1,013
Employee + Spouse	\$1,130	\$1,231	\$1,136	\$2,402
Employee + Children	\$721	\$810	\$742	\$1,507
Employee + Family	\$1,353	\$1,548	\$1,391	\$2,841

I, \_\_\_\_\_ (Name) would like to DECLINE medical coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_