HURST-EULESS-BEDFORD ISD

SUBSTITUTE & PART-TIME BENEFIT GUIDE

2024 – 2025 PLAN YEAR
EFFECTIVE 9/1/2024 – 8/31/2025
BENEFIT CONTACT INFORMATION

HEB ISD – BENEFITS OFFICE

Maria Ortiz
Benefits & Workers Compensation Specialist
817-399-2056
mariaortiz@hebisd.edu

Kelley Farr
Benefits & Leave Specialist
817-399-2085
benefits@hebisd.edu

TRS–ACTIVECARE MEDICAL & PHARMACY

Blue Cross Blue Shield of Texas
866-355-5999
www.bcbstx.com/trsactivecare

Express Scripts
800-282-2881
www.express-scripts.com

FICA ALTERNATIVE ACCOUNT

TCG Administrators
900 S. Capital of TX Hwy, Ste 350
Austin, Texas 78746
PH: 800-943-9179  FAX: 888-989-9247
www.region10rams.org

403b – The OMNI Group
220 Alexander Street, Ste 400
Rochester, NY 14607
PH: 877-544-6664  FAX: 585-672-6194
www.omni403b.com

457b – TCG Holdings, LLC
PH: 800-943-9179
http://tcgservices.com/documents/#/255/457b

HEB ISD – PAYROLL DEPARTMENT

PH: 817-399-2057
payroll@hebisd.edu

EMPLOYEE ASSISTANCE PROGRAM (EAP)

ComPsych
online: guidanceresources.com
App: GuidanceNow
Web ID: COM589
Scan QR Code:
ELIGIBILITY FOR HEALTH COVERAGE

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

Although the district reasonably expects substitutes or temporary employees 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 or temporary employees 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 are due one month in advance. Payment must be received by the 30th of the month prior to the coverage month. (Example: Payment for month of May is due by April 30th) If the 30th falls on a weekend or a day the district is closed, the payment must be made the preceding business day. Enrollees in the health plan will not receive monthly bills, invoices or payment reminders. If you fail to timely pay the monthly premiums, the district will proceed with the coverage cancellation process. Your coverage may also be canceled if you lose eligibility for TRS ActiveCare.

You may be removed from the district’s substitute or temporary employee roster for poor performance or misconduct. In addition, you may be removed from the substitute or temporary employee roster if:

- You repeatedly turn down assignments, are repeatedly unavailable for calls, or frequently cancel assigned positions.
- You do not accept at least 5 assignments per semester
- You do not timely return a letter of reasonable assurance

A substitute or temporary employee who is enrolled in TRS ActiveCare and who is then removed from the substitute or temporary employee 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 will not be eligible for COBRA.
IMPORTANT INFORMATION

EFFECTIVE DATE OF INSURANCE
Your insurance would be effective the 1st of the month following your hire date.

NEW HIRES
New hires must enroll within 30 days of their hire date. Failure to complete the enrollment during this timeframe will result in the forfeiture of coverage.

RETURNING EMPLOYEES
Returning substitutes and part-time employees must enroll during open enrollment. If you do not enroll during open enrollment, you cannot enroll until the next year unless you experience a qualifying event change.

PAYCHECKS
ALL employees are paid on the 5th and 20th of each month. Please review the 2024-2025 Pay Schedule to verify pay dates.

MANDATORY DEDUCTIONS
Three mandatory deductions: Federal, Medicare, and FICA. Alternative deductions are taken on every paycheck.

EMPLOYEE ACCESS CENTER
To update your mailing address, contact information, paycheck stubs, and download W2's. Download the app on your phone by searching for eFinance Plus Employee in your app store. Type in “HURST” as the employer name then select “HURST-EULESS-BEDFORD Independent School District SD.” Follow the login instructions to view your account.
- Username: 6-digit HEB ID# only
- Password: SSN (no dashes)

ANNUAL ENROLLMENT
During your annual enrollment period, you have the opportunity to review, change, or continue your medical coverage each year. Changes are not permitted during the plan year unless you have a qualifying event change (known as a family status change).

DEPENDENT ELIGIBILITY REQUIREMENTS
You can cover eligible dependent children under medical coverage up to the age of 26. Dependents cannot be double covered by married spouses within HEB ISD or as both employees and dependents.
FAMILY STATUS CHANGE

SECTION 125 CAFETERIA PLAN GUIDELINES

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Change in the benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefits Office within 30 days of your qualifying event. Contact the Benefits Office to complete and sign the Family Status Change form to select your changes. Benefit changes must be consistent with the qualifying event.

QUALIFYING EVENTS:

MARITAL STATUS
- A change in marital status includes marriage, death of a spouse, divorce, or annulment (legal separation is not recognized in all states).

CHANGE IN THE NUMBER OF TAX DEPENDENTS
- A change in the number of dependents includes birth, adoption, and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.

CHANGE IN STATUS OF EMPLOYMENT AFFECTING COVERAGE ELIGIBILITY
- Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer’s plan includes commencement or termination of employment.

GAIN / LOSS OF DEPENDENT'S ELIGIBILITY STATUS
- An event that causes an employee’s dependent to satisfy or cease to satisfy coverage requirements under an employer’s plan may include a change in age, student, marital, employment, or tax dependent status.

JUDGEMENT / DECREE / ORDER
- If a judgment, decree, or order from a divorce, annulment, or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual provides the coverage.

ELIGIBILITY FOR GOVERNMENT PROGRAMS
- Gain or loss of Medicare, Medicaid, or CHIP coverage may trigger a permitted election change.
The Support you Need

ComPsych® GuidanceResources® provides you with the tools, resources or expert advice you need. See below for the different programs available to you today.

Emotional Support | Your ComPsych® GuidanceResources® Program Can Help

The program is staffed by ComPsych® highly trained, caring clinicians who are available by phone or online 24 hours a day, seven days a week. Six face-to-face sessions are also available per issue per employee/family member per year.

Call Any Time With Personal Concerns, Including:

| Stress, Anxiety and Depression | Marital and Family Conflicts | Alcohol or Drug Use | Job Pressures | Dealing with Change | Grief and Loss |

Legal Guidance | Get the Legal Help You Need

You’ll be connected to a GuidanceConsultant™ who will talk with you about your situation and schedule a phone appointment for you with a ComPsych® staff attorney.

ComPsych® Attorneys Can Help You With:

- Family law matters, including divorce, custody, child support and adoption
- Bankruptcy and credit issues
- Landlord/tenant issues, including eviction and lease questions
- Real estate and foreclosure questions
- Immigration concerns
- Wills and living wills

Work-Life Solutions | Get the Everyday Help You Need

ComPsych® Work-Life Specialists will research your question, and, send you a complete packet of practical information, including prescreened referrals, articles on your topic and much more.

Call Any Time for Assistance With Topics, Including:

| Finding Child or Elder Care | Housing Searches | Seeking Financial Assistance | Finding Pet Care | Sending a Child Off to School | Planning a Major Project or Event |

Online Support | What you want. When you want it.

Access your ComPsych® GuidanceResources® services anytime, anywhere from your computer, tablet or smartphone.

Go Online For:

- Articles, podcasts, videos, slideshows
- On-demand trainings, online communities and chat
- “Ask a GuidanceConsultant™ personal responses to your questions

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WORKERS COMPENSATION

WHAT TO DO WHEN YOU ARE INJURED ON THE JOB
- All on-the-job injuries MUST be reported to your supervisor immediately - even if you don’t think you will need medical treatment or need to be off of work.
- The injured worker must complete the First Report of Injury form within 3 days of an injury. Contact your school nurse, your supervisor, or the Benefits Office to receive instructions on how to complete the First Report of Injury Google Form.

IN CASE OF AN EMERGENCY...
If you are hurt at work and it is a life-threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours or while working outside your service area, you should go to the nearest care facility. After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the provider list. The doctor you choose will oversee the care you receive for your work-related injury. Except for emergency care, you must obtain all health care and specialist referrals through your treating doctor.

SEEKING MEDICAL TREATMENT
If you are injured on the job and need to seek medical treatment, you must see a doctor who is on the District’s approved list of treating doctors. You have 30 days from the date of your injury to seek medical treatment.
- Obtain a list of approved doctors from your supervisor, campus nurse, or the Benefits Office.
- When you visit the doctor, you must give him/her the "Authorization for Treatment form".

EMPLOYEE’S RESPONSIBILITY
- After each doctor’s appointment, you must contact HEB ISD Benefits Office - Maria Ortiz at (817) 399-2056.
- If the doctor gives you work restrictions, you may not return to work until you contact the Benefits Office or Esmeralda Valerino and obtain approval to return to work.
- You must schedule follow-up doctor appointments before or after school. If you choose to go to the doctor during work hours, please make sure to clock out.
- You must attend all doctor’s appointments in order to stay in compliance with your workers' comp claim.

Workers Compensation Third Party Administrator (TPA) Contact Information
TPA: TRISTAR
Adjuster: Frank Walsh
Phone Number: (469) 784-9414
Email: frank.walsh@tristargroup.net
Fax: (214) 492-5602
Mailing Address: TRISTAR
PO Box 2805
Clinton, IA 51733-2805

For more information scan this QR code
or visit bit.ly/hebsdwc

Questions?
If you have questions, please contact Maria Ortiz in the Benefits Office at HEB ISD. Her phone number is (817) 399-2056.
# 2024-2025 HEB ISD Health Insurance for Subs & Part-Time Employees

Blue Cross Blue Shield
1-866-355-5999
Provider Search

Teladoc - [www.member.teladoc.com/trsactivecare](http://www.member.teladoc.com/trsactivecare)
RediMD - [www.redimd.com](http://www.redimd.com)
Express Scripts - [www.express-scripts.com/trsactivecare](http://www.express-scripts.com/trsactivecare)

## MEDICAL BENEFITS

<table>
<thead>
<tr>
<th>In-Network Benefits (Participant Pays)</th>
<th>ActiveCare Primary</th>
<th>ActiveCare Primary+</th>
<th>*ActiveCare HD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible (in-network)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>Family</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Deductible (out-of-network)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>Family</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Maximum Out-of-Pocket</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(includes deductible, coinsurance &amp; copays)</td>
<td>Individual</td>
<td>Family</td>
<td>$8,050</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>Family</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
</tbody>
</table>

### Office Visit Copay

<table>
<thead>
<tr>
<th>PCP</th>
<th>Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30</td>
<td>$70</td>
</tr>
<tr>
<td>$15</td>
<td>$70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Virtual Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 ④/ $12 ⑤</td>
</tr>
<tr>
<td>$0 ④/ $12 ⑤</td>
</tr>
<tr>
<td>$30 ④/ $42 ⑤</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urgent Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%①</td>
</tr>
<tr>
<td>20%①</td>
</tr>
<tr>
<td>30%①</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient Hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%①</td>
</tr>
<tr>
<td>20%①</td>
</tr>
<tr>
<td>30%①</td>
</tr>
</tbody>
</table>

## OTHER PLAN FEATURES

<table>
<thead>
<tr>
<th>Out of Network Benefits?</th>
<th>NO</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>Statewide</td>
<td>Statewide</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Primary Care Provider (PCP) required?</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Referrals needed to see a specialist?</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

## PRESCRIPTION DRUGS

<table>
<thead>
<tr>
<th>Drug Deductible</th>
<th>Subject to medical deductible</th>
<th>$0 Generic $200 Brand</th>
<th>Subject to medical deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 - Generic</td>
<td>$15⑨</td>
<td>$15</td>
<td>20%①⑨</td>
</tr>
<tr>
<td>Tier 2 - Preferred Brand</td>
<td>30%①</td>
<td>25%⑦</td>
<td>25%①</td>
</tr>
<tr>
<td>Tier 3 - Non-Pref Brand</td>
<td>50%①</td>
<td>50%⑦</td>
<td>50%①</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>30%①⑧</td>
<td>30%⑦⑧</td>
<td>20%①</td>
</tr>
</tbody>
</table>

## PREMIUMS

<table>
<thead>
<tr>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
</tr>
</tbody>
</table>

① After the MEDICAL deductible has been met
④ RediMD
⑤ Teladoc
⑥ After the PRESCRIPTION deductible has been met
⑦ $0 if SaveOnSP eligible
⑧ Certain generic preventive drugs are covered 100%
⑨ * Deductible must be met before benefits are paid and is HSA Compatible
## Plan Summary

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>TRS-ActiveCare Primary</th>
<th>TRS-ActiveCare Primary+</th>
<th>TRS-ActiveCare HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Coverage</td>
<td>In-Network Coverage Only</td>
<td>In-Network Coverage Only</td>
<td>In-Network Coverage Only</td>
</tr>
<tr>
<td>Individual/Family Deductible</td>
<td>$2,500 / $5,000</td>
<td>$3,200 / $6,400</td>
<td>$3,200 / $6,400</td>
</tr>
<tr>
<td>Consequence</td>
<td>You pay 30% after deductible</td>
<td>You pay 20% after deductible</td>
<td>You pay 30% after deductible</td>
</tr>
<tr>
<td>Individual/Family Maximum Out of Pocket</td>
<td>$8,050 / $16,100</td>
<td>$8,050 / $16,100</td>
<td>$20,250 / $40,500</td>
</tr>
<tr>
<td>Network</td>
<td>Statewide Network</td>
<td>Statewide Network</td>
<td>Nationwide Network</td>
</tr>
<tr>
<td>PCP Required</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

## Prescriptions

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>2024 - 2025 TRS-ActiveCare Plan Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premiums</td>
<td>Total Premium</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$505</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$1,364</td>
</tr>
<tr>
<td>Employee and Children</td>
<td>$859</td>
</tr>
<tr>
<td>Employee and Family</td>
<td>$1,717</td>
</tr>
</tbody>
</table>

## Doctor Visits

<table>
<thead>
<tr>
<th>Type of Visit</th>
<th>TRS-ActiveCare Primary</th>
<th>TRS-ActiveCare Primary+</th>
<th>TRS-ActiveCare HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>$30 copay</td>
<td>$15 copay</td>
<td>You pay 30% after deductible</td>
</tr>
<tr>
<td>Specialist</td>
<td>$70 copay</td>
<td>$70 copay</td>
<td>You pay 50% after deductible</td>
</tr>
</tbody>
</table>

## Immediate Care

<table>
<thead>
<tr>
<th>Type of Visit</th>
<th>TRS-ActiveCare Primary</th>
<th>TRS-ActiveCare Primary+</th>
<th>TRS-ActiveCare HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>You pay 30% after deductible</td>
</tr>
<tr>
<td>TRS Virtual Health-RediMDTM</td>
<td>$0 per medical consultation</td>
<td>$0 per medical consultation</td>
<td>$30 per medical consultation</td>
</tr>
<tr>
<td>TRS Virtual Health-Teladoc®</td>
<td>$12 per medical consultation</td>
<td>$12 per medical consultation</td>
<td>$42 per medical consultation</td>
</tr>
</tbody>
</table>

## Prescription Drugs

<table>
<thead>
<tr>
<th>Drug Deducible</th>
<th>TRS-ActiveCare Primary</th>
<th>TRS-ActiveCare Primary+</th>
<th>TRS-ActiveCare HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generics</td>
<td>$15 / $45 copay</td>
<td>$15 / $45 copay</td>
<td>You pay 20% after deductible</td>
</tr>
<tr>
<td>Preferred</td>
<td>You pay 30% after deductible</td>
<td>You pay 25% after deductible</td>
<td>You pay 25% after deductible</td>
</tr>
<tr>
<td>Non-preferred</td>
<td>You pay 50% after deductible</td>
<td>You pay 50% after deductible</td>
<td>You pay 50% after deductible</td>
</tr>
<tr>
<td>Specialty</td>
<td>$0 if SaveOnSP eligible; You pay 30% after deductible</td>
<td>$0 if SaveOnSP eligible; You pay 30% after deductible</td>
<td>You pay 20% after deductible</td>
</tr>
<tr>
<td>Insulin</td>
<td>$25 copay for 31-day supply; $75 for 61-90 day supply</td>
<td>$25 copay for 31-day supply; $75 for 61-90 day supply</td>
<td>You pay 25% after deductible</td>
</tr>
</tbody>
</table>

## Plan Highlights

All TRS-ActiveCare participants have three plan options. Each includes a wide range of wellness benefits.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>TRS-ActiveCare Primary</th>
<th>TRS-ActiveCare Primary+</th>
<th>TRS-ActiveCare HD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic Labs</strong></td>
<td>In-Network Only</td>
<td>In-Network Only</td>
<td>In-Network</td>
</tr>
<tr>
<td></td>
<td>Office/Independent Lab: You pay $0</td>
<td>Office/Independent Lab: You pay $0</td>
<td>You pay 30% after deductible</td>
</tr>
<tr>
<td></td>
<td>Outpatient: You pay 30% after deductible</td>
<td>Outpatient: You pay 20% after deductible</td>
<td>You pay 50% after deductible</td>
</tr>
<tr>
<td><strong>High-Tech Radiology</strong></td>
<td>You pay 30% after deductible</td>
<td>You pay 20% after deductible</td>
<td>You pay 30% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Costs</strong></td>
<td>You pay 30% after deductible</td>
<td>You pay 20% after deductible</td>
<td>You pay 50% after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Costs</strong></td>
<td>You pay 30% after deductible</td>
<td>You pay 20% after deductible</td>
<td>You pay 50% after deductible (500 facility per day maximum)</td>
</tr>
<tr>
<td><strong>Freestanding Emergency Room</strong></td>
<td>You pay $500 copay + 30% after deductible</td>
<td>You pay $500 copay + 20% after deductible</td>
<td>You pay $500 copay + 30% after deductible</td>
</tr>
<tr>
<td><strong>Bariatric Surgery</strong></td>
<td>Facility: You pay 30% after deductible</td>
<td>Facility: You pay 20% after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Professional Services: You pay $5,000 copay + 30% after deductible</td>
<td>Professional Services: You pay $5,000 copay + 20% after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Only covered if rendered at a BDC+ facility</td>
<td>Only covered if rendered at a BDC+ facility</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)</strong></td>
<td>You pay $70 copay</td>
<td>You pay $70 copay</td>
<td>You pay 30% after deductible</td>
</tr>
<tr>
<td><strong>Annual Hearing Exam (one per plan year)</strong></td>
<td>$30 PCP copay $70 specialist copay</td>
<td>$30 PCP copay $70 specialist copay</td>
<td>You pay 50% after deductible</td>
</tr>
</tbody>
</table>

**Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.**
FICA Alternative Plan
FOR PART-TIME, SEASONAL, AND TEMPORARY EMPLOYEES

What is a 457(b) FICA Alternative Plan?
The Omnibus Budget Reconciliation Act of 1990 (OBRA 90) mandates that employees of public agencies, including school districts who are not members of the employer’s existing retirement system as of January 1, 1992 be covered under Social Security or a qualifying alternate plan. The ESC Region 10 457(b) FICA Alternative Plan satisfies federal requirements and provides substantial cost savings compared to Social Security.

Eligibility
An employee is eligible to participate in the plan if they meet one of the eligibility requirements listed below:

- Part-time (20 hours or less per week)
- Seasonal (five months or less per year)
- Temporary (contract of two years or less in duration)
- Not covered by TRS in a position otherwise covered by TRS

Contributions
Social Security requires that the equivalent of 12.4% of an employee’s salary be contributed each month (6.2% employee, 6.2% employer). However, the FICA Alternative Plan requires only a 7.5% contribution to a retirement account. The deferrals are made on a "pretax" basis, unlike Social Security, which are made on an "after-tax" basis.

Investments
The FICA Alternative investment portfolio is selected by the employer and directly overseen by an Investment Advisory Committee. The portfolio is comprised of a broad range of stock and bond mutual funds, as well as individual bonds typically held to maturity. The portfolio is periodically adjusted to adapt to changing market conditions. You can view the investments as of the end of each calendar quarter and the asset performance data for the quarter, year to date and other time periods on the www.region10rams.org website.

Distributions
Employees or their beneficiaries will receive the FICA Alternative Plan account balance when an employee eligibility is met for any of the following reasons:

- Termination of Employment
- Permanent and Total Disability
- Death
- Retirement
- Changed employment status to a position covered by another retirement system (e.g., TRS)

Note: If there have been no contributions to the account for two (2) years and the account balance is less than $5,000, the employee may be able to request a distribution.
Taxation
When the employee begins to receive benefits, the funds received become taxable income. If the taxable portion of the account balance exceeds $200, the employee can avoid immediate taxation by directing the account balance to:

- A traditional IRA
- An eligible employer plan that accepts the rollover (i.e., TRS, 403(b), 457, etc.)

Designating a Beneficiary
If the employee dies while a participant in the Plan, the account balance will be distributed to the employee’s beneficiary. If the employee is married at the time of death, the spouse is automatically the beneficiary. If the employee wishes to designate someone other than the spouse as beneficiary, the employee must do so in writing and the spouse must sign a spousal consent form. If the employee is unmarried at the time of death, the account balance will be paid to the employee’s estate unless another beneficiary has been designated. To designate a beneficiary, please login to your account at www.region10rams.org using the instructions under “Account Access” below.

Company Offering Services
The company chosen to provide the 457(b) FICA Alternative Plan is TCG Administrators, an organization with many years of proven expertise in administering retirement plans to public sector employees.

Protection from Liability
The District as a 457(b) plan sponsor is responsible for the types of investments offered to participants. Most 457(b) plans do not protect the District from fiduciary liability. The 457(b) FICA Alternative Retirement Plan offers fiduciary protection for the District through an Investment Advisory Agreement with TCG Advisory Services, LLC.

Fees & Plan Information
For a detailed explanation of the plan rules and fees, you may access the Summary Plan Description at www.region10rams.org/documents by searching your employer’s plan name. TCG Administrators will send a statement to you at the end of the plan year. However, you may view your account value updated daily online using steps from the following section.

Account Access
To review your account balance or request a distribution, you can access your account on the Region 10 RAMS website. Please follow the steps below to access your account:

1. Visit www.region10rams.org
2. Click the Login button in the upper right-handcorner
3. Use the following credentials to access your account:
   User Name: Your Social Security Number (no spaces or dashes)
   Password: Your date of birth (MMDDYYYY)
4. Done! You should now have full access to your account

Get started at www.region10rams.org
Virtual assistance is available at www.region10rams.org/appointment or by calling the Customer Service at 800-943-9179.
ABOUT RETIREMENT PLANS

A 403b plan is a U.S. tax-advantaged retirement savings plan available for public education organizations.

A 457b plan is a tax-deferred compensation plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

For full plan details, please visit your benefits website: www.mybenefitshub.com/hebisd

The OMNI Group
877-544-6664
www.omni403b.com

What is a 403b?
A 403b plan is a retirement plan for certain employees of public schools, tax-exempt organizations, and ministers. Contributions are made under a Salary Reduction Agreement (SRA) with your employer. This agreement allows your employer to withhold money from your paycheck to be contributed directly into a 403b account for your benefit. Usually, you do not pay income tax on these contributions until you withdraw them from the account.

You have 35 companies to choose from with a variety of investment types available (fixed annuity, fixed index annuity, variable annuity, investment advisory services, or mutual funds)

How to Enroll:
- Set up your 403b account with an approved company
- Complete the Salary Reduction Agreement Form with OMNI Group

Maximum Contributions
Annual Maximum: $23,000
Over age 50 Catch-up: $7,500

There is an additional tax penalty on any funds withdrawn before retirement age.

TCG Administrators
800-943-9179
http://tcgservices.com/documents/#/255/457b

What is a 457b?
A 457b plan is a type of deferred-compensation retirement plan that is available for governmental employers. The employer provides the plan and the employee defers compensation into it on a pre-tax basis. For the most part, the plan operates similarly to a 401k or 403b plan. The key difference is that there is no penalty for withdrawal before the age of 59 1/2 (but subject to income tax).

HEB ISD has elected 1 company to provide our employees with the 457b plan. TCG Administrators offer several investment options. Visit the website for a list of fees of service plan providers.

How to Enroll:
- Complete the Salary Reduction Agreement with TCG Administrators
- Plan password for enrolling online: hurst457

Maximum Contributions
Annual Maximum: $23,000
Over age 50 Catch-up: $7,500

No penalty for early withdrawal (upon separation of service)
FAQS...

ANNUAL ENROLLMENT
The period during which existing employees are allowed to enroll in or change their current elections.

ANNUAL DEDUCTIBLE
The amount you pay each plan year before the plan begins to pay covered expenses.

CALENDAR YEAR
January 1st through December 31st

CO-INSURANCE
After any applicable deductible, your share of the cost of a covered healthcare service is calculated as a percentage (for example, 20%) of the allowed amount for the service.

IN-NETWORK
Doctors, hospitals, optometrists, dentists, OB/GYN, and other providers who have contracted with the plan as a network provider.

MAXIMUM OUT-OF-POCKET
The most the insured person can pay in co-insurance for covered expenses.

PLAN YEAR
September 1st through August 31st

PRE-EXISTING CONDITIONS
There are no pre-existing conditions for the medical plan.

WHEN WILL I RECEIVE ID CARDS
You can expect to receive them 3-4 weeks after your effective date. You can log in to the carrier website and print a temporary ID card.

During open enrollment, if there are no changes to the plan, you will NOT receive a new ID card. If you need additional ID cards please contact your insurance carrier.

WHO DO I CONTACT WITH QUESTIONS
For supplemental benefit questions, you contact your Benefits Office or you can call Financial Benefits Services (FBS) at 866-914-5202.

WHAT HAPPENS IF I FORGET TO SEND MY PAYMENT BY THE DUE DATE
Payment is due on the last day of the month before the coverage month (EX: payment for the month of May is due by April 30th). If payment is not received unfortunately benefits will be terminated. You will not be able to re-enroll until the next open enrollment period.

WHERE DO I SEND MY PAYMENT AND ENROLLMENT FORM
You can mail or drop it off in person. If you pay by cash please have the exact amount, as we do not give change. If you paying with a check or money order, please make the check payable to HEB ISD.

Mailing Address: HEB ISD Administration, Bldg A
ATTN: Benefits
1849 Central Drive
Bedford, Texas 76022

Business Hours: Monday - Thursday
8:00 am - 4:30 pm
Friday 8:00 am - 4:00 pm

*Please call the office during summer hours as they are subject to change.
CONTACT INFO

www.hebisd.edu

mariaortiz@hebisd.edu

817-399-2056

1849 Central Drive, Bldg A
Bedford, Texas 76022