

Qualifying Event Packet



Presented By:
Employee Benefits
Department

Qualifying Life Events

You may only change coverage during the plan year if you have a Qualifying Life Event, such as:



Marriage

Divorce

Death of a dependent



Birth

Adoption

Placement for adoption

Change in benefits eligibility



COBRA event, judgment, or decree

Becoming eligible for Medicare, Medicaid, or TRICARE

Receiving a Qualified Medical Child Support Order



Gain or loss of benefits coverage

Change in employment status affecting benefits

MARITAL STATUS CHANGES

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

NUMBER OF TAX DEPENDENTS CHANGES

A change in the number of dependents includes the following: 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.

GAIN/LOSS OF DEPENDENTS' 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 change in age, student, marital, employment, or tax dependent status.

JUDGMENT/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 actually provides the coverage.

GOVERNMENT PROGRAMS ELIGIBILITY

Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

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.

You have **30 days** from the date of your qualifying life event to **notify the Benefits Office and complete your changes**. You may need to provide documents to verify the change.

2025 2026 HEB ISD Health Insurance

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	ActiveCare Primary	ActiveCare Primary+	*ActiveCare HD
	In-Network Benefits Participant Pays)		
Deductible (in-network) Individual Family	\$2,500 \$5,000	\$1,200 \$2,400	\$3,300 \$6,600
Deductible (out-of-network) Individual Family	N/A	N/A	\$6,600 \$13,200
Maximum Out-of-Pocket <i>(includes deductible, coinsurance & copays)</i> Individual Family	\$8,050 \$16,100	\$6,900 \$13,800	\$8,300 \$16,600 (in-network) \$20,500 \$41,000 (out-of-network)
Coinsurance	30%	20%	30%
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Office Visit Copay PCP Specialist	\$30 \$70	\$15 \$70	30% ①
Virtual Health	\$0 RediMD \$12 Teledoc	\$0 RediMD / \$12 Teledoc	\$30 RediMD / \$42 Teledoc
UrgentCare	\$50	\$50	30% ①
Emergency Room	30% ①	20% ①	30% ①
Freestanding ER	\$500 copay+ 30% ①	\$500 copay + 20% ①	\$500 copay + 30% ①
Inpatient Hospitalization	30% ①	20% ①	30% ①
OTHER PLAN FEATURES			
Out of Network Benefits?	NO	NO	YES
Network	Statewide	Statewide	Nationwide
Primary Care Provider (PCP) Required?	YES	YES	NO
Referrals needed to see a specialist?	YES	YES	NO
PRESCRIPTION DRUGS			
Drug Deductible	Subject to medical deductible	\$0 Generic \$200 Brand	Subject to medical deductible
Tier 1 - Generic	\$15 ③	\$15	20% ① ③
Tier 2 - Preferred Brand	30% ①	25% ②	25% ①
Tier 3 - Non-Pref Brand	50% ①	50% ②	50% ①
Specialty Drugs	30% ① ④	30% ② ④	20% ①
PREMIUMS			
	PER PAYCHECK	PER PAYCHECK	PER PAYCHECK
Employee Only	\$127.00	\$175.00	\$135.00
Employee & Spouse	\$598.00	\$695.00	\$619.50
Employee & Child(ren)	\$321.00	\$402.50	\$334.50
Employee & Family	\$792.00	\$922.50	\$819.00

① After the MEDICAL deductible has been met

② After the PRESCRIPTION deductible has been met

③ Certain generic preventive drugs are covered 100%

④ \$0 if SaveOnSP eligible

* Deductible must be met before benefits are paid & is HSA Compatible

2025-2026

CIGNA DENTAL Benefits Summary

Visit: www.mycigna.com

	HIGH PLAN (PPO)		LOW PLAN (PPO)		DHMO
	In-Network	Out ofNetwork	In-Network	Out ofNetwork	In-Network ONLY
NETWORK	TOTAL CIGNA DPPO		TOTAL CIGNA DPPO		CIGNA Dental Care DHMO ----- CHARGES ARE FIXED AND NOT SUBJECT TO ANNUAL MAXIMUMS OR DEDUCTIBLES UNDER THIS PLAN.
Deductible Per Plan Year:					
Individual Family	\$50 \$150	\$50 \$150	\$25 \$75	\$25 \$75	
BENEFIT HIGHLIGHTS					
Policy Year Benefits Maximum Applies to: Class I, II, III & IV expenses	Year 1: \$1,000 Year 2: \$1,125 Year 3: \$1,250 Year 4: \$1,375		Year 1: \$750 Year 2: \$875 Year 3: \$1,000 Year 4: \$1,125		
Class I: Diagnostic & Preventive:					
Oral Evaluations, Prophylaxis: routine cleanings, X-rays: routine, X-rays: non-routine, Fluoride Application, Sealants: per tooth, Space Maintainers: non-orthodontic, Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge	Fixed Co-Pays
Class II: Basic Restorative					
Restorative: fillings, Periodontics: minor and major, Oral Surgery: minor and major, Anesthesia: general and IV sedation, Repairs: Bridges, Crowns and Inlays, Repairs: Dentures, Denture Relines, Rebases and Adjustments, Crowns: prefabricated stainless steel / resin	80% After Deductible	20% After Deductible	70% After Deductible	30% After Deductible	Fixed Co-Pays
Class III: Major Restorative					
Inlays and Onlays, Prosthesis Over Implant, Crowns: permanent cast and porcelain, Bridges and Dentures, Endodontics: minor and major	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	Fixed Co-Pays
Class IV: Orthodontia					
Adults and Child(ren) to age 19 Lifetime Benefits Maximum: \$1,000	50% No Deductible	50% No Deductible	NO COVERAGE	NO COVERAGE	Fixed Co-Pay
Primary Care Dentist REQUIRED?	NO		NO		YES
OUT-OF-NETWORK Benefits	Maximum Reimbursable Charge		Maximum Allowable Charge		NO
PREMIUMS	PER PAYCHECK		PER PAYCHECK		PER PAYCHECK
Employee Only	\$21.67		\$14.15		\$7.10
Employee + 1	\$43.04		\$29.14		\$13.48
Employee and Family	\$65.28		\$39.33		\$21.28

How to Find a Dentist: Visit <https://hcpdirectory.cigna.com/> or call (800) 244-6224 to find an in-network dentist. Your network will be Total Cigna DPPO or Cigna Dental Care DHMO.

Vision Coverage

Our vision plan offers quality care to help preserve your health and eyesight. Regular exams can detect certain medical issues such as diabetes and high cholesterol, in addition to vision and eye problems.

Vision Provider: SuperiorVision by  VersantHealth ¹	Network: Superior Vision
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You may seek care from any vision provider, but the plan will pay the highest level of benefits when you see in-network providers, which include Visionworks, Sam's Club Optical, America's Best, and thousands of independent providers.

Vision Benefits Summary

	Vision Plan	
	In-Network You Pay	Out-of-Network Reimbursement
Exam	\$10 copay	Up to \$42
Materials	\$25 copay	Up to \$52
Lenses	Covered in full	Up to \$26
• Single vision		Up to \$34
• Bifocal		Up to \$50
• Trifocal		Not covered
• Factory scratch coat		Not covered
• Polycarbonate for eye dependent children		
Frames	\$130 retail allowance	Up to \$52
Contacts		
<i>In lieu of frames and lenses</i>		
• Fitting (standard and specialty ²)	\$0	Not covered
• Elective	\$150 retail allowance	Up to \$100
Employee Per Paycheck Premiums		
Employee Only		\$3.52
Employee and 1 Dependent		\$6.83
Employee and Family		\$10.02

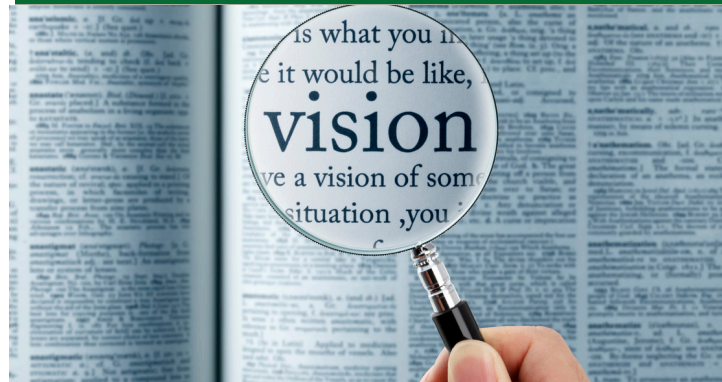
¹Materials copay applies to lenses and frames only, not contact lenses.

²Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.



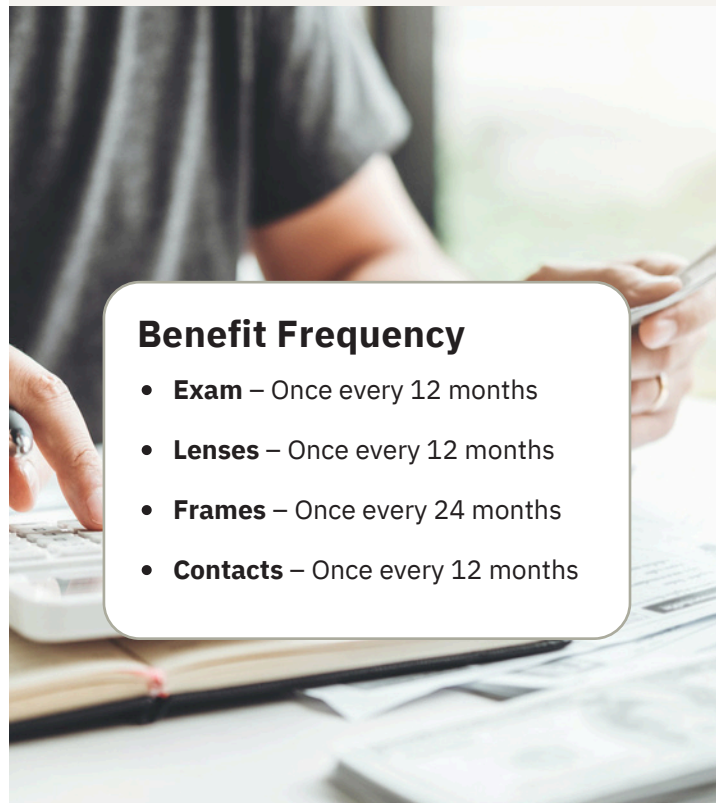
Find an In-Network Provider

Visit www.superiorvision.com
Call 800-507-3800



Discounts

- 20% off lens upgrades and 30% off additional pair of glasses
- LASIK discount via QualSight (lasik.sv.qualsight.com)
- Up to 40% savings on brand name hearing aids



Benefit Frequency

- **Exam** – Once every 12 months
- **Lenses** – Once every 12 months
- **Frames** – Once every 24 months
- **Contacts** – Once every 12 months

Hospital Indemnity Insurance

The Hospital Indemnity plans help you with the high cost of medical care by paying you a cash benefit when you have an inpatient hospital stay.

Hospital Indemnity Insurance Provider:

CHUBB®

Unlike traditional insurance which pays a benefit to the hospital or doctor, these plans pay you directly. It is up to you how you want to use the cash benefit. These costs may include meals, travel, childcare or eldercare, deductibles, coinsurance, medication, or time away from work. See the plan document for full details.



Hospital Indemnity Benefits Summary

	Plan 1	Plan 2
First Hospitalization Benefit Maximum benefit per certificate: 1	\$500	\$500
Hospital Admission Benefit Amount		
• Hospital (maximum 5 per calendar year)	\$1,500	\$3,000
• ICU (maximum 3 per calendar year)	\$3,000	\$6,000
Daily Hospital Stay Benefit 30-day maximum per year	\$100 per day	\$200 per day
Hospital Confinement ICU Benefit 30-day maximum per year	\$200 per day	\$400 per day
Observation Coverage 2 per calendar year, less than 20 hours	\$500	\$500
Newborn Care Admission One-time admission, 2 days maximum per confinement	\$500 per day	\$500 per day
Pregnancy Coverage Included	Yes	Yes
Wellness Benefit Maximum of 1 day per calendar year	\$50	\$50
Employee Per Paycheck Premiums		
Employee Only	\$7.69	\$15.38
Employee and Spouse	\$15.43	\$30.85
Employee and Child(ren)	\$11.49	\$22.97
Employee and Family	\$19.22	\$38.44

Critical Illness Insurance

Critical Illness insurance helps pay the cost of non-medical expenses related to a covered critical illness or cancer.



Critical Illness Insurance Provider:

CHUBB®

The plan provides a lump sum benefit payment to you upon first and second diagnosis of any covered critical illness or cancer. The benefit can help cover expenses such as lost income, out-of-town treatments, special diets, daily living, and household upkeep costs. This coverage is portable. See the plan document for full details.

Critical Illness Insurance Benefits Summary

Critical Illness Insurance Plan

Employee and Spouse Face Amounts – \$10,000, \$20,000, \$30,000, and \$40,000
Child Coverage – Included in employee rate

FIRST OCCURENCE BENEFITS

Full Coverage Benign brain tumor, invasive cancer, coma, loss of speech, loss of hearing, loss of sight, heart attack, kidney failure, major organ failure, ALS, Alzheimer's disease, multiple sclerosis, Parkinson's disease, severe burns, stroke	100% of benefit amount
Partial Coverage Coronary artery obstruction, carcinoma in situ, transient ischemic attacks	10%-50% of benefit amount
Childhood Diseases Cerebral palsy, cleft lip/palate, cystic fibrosis, Type 1 diabetes, Down Syndrome, sickle cell anemia, spina bifida	100% of benefit amount
Additional Benefits Miscellaneous diseases rider, Covid-19	100% of benefit amount
Wellness Benefit Per insured per year	\$100

Per Paycheck Critical Illness EMPLOYEE Rates

Age band	\$10,000	\$20,000	\$30,000	\$40,000
<25	\$1.88	\$3.76	\$5.64	\$7.52
25-29	\$2.33	\$4.66	\$6.99	\$9.32
30-34	\$2.88	\$5.76	\$8.64	\$11.52
35-39	\$3.83	\$7.66	\$11.49	\$15.32
40-44	\$4.98	\$9.96	\$14.94	\$19.92
45-49	\$6.48	\$12.96	\$19.44	\$25.92
50-54	\$8.23	\$16.46	\$24.69	\$32.92
55-59	\$11.08	\$22.16	\$33.24	\$44.32
60-64	\$15.33	\$30.66	\$45.99	\$61.32
65+	\$21.50	\$43.00	\$64.50	\$86.00

Life and AD&D Insurance

Voluntary Term Life and AD&D

Voluntary Term Life and AD&D Insurance is available to purchase for you and your family. You must be actively at work for at least 20 hours per week to be eligible to enroll for coverage.

You and your eligible dependents may enroll up to the Guaranteed Issue amount without answering health questions. Amounts over the Guaranteed Issue will require medical underwriting. If you buy at least \$10,000 of coverage during initial enrollment, you may buy up to the Guaranteed Issue in subsequent re-enrollments without medical underwriting.

Voluntary Term Life and AD&D Insurance	
Employee Life	• Up to 7 times your annual earnings in \$10,000 increments to a maximum of \$500,000
Employee AD&D	• Up to 10 times your annual earnings in \$10,000 increments to a maximum of \$500,000
Guaranteed Issue	• \$330,000
Spouse Life	• \$5,000 increments up to a maximum of \$500,000 not to exceed 100% of employee amount
Spouse AD&D	• 50% of employee amount up to a maximum of \$250,000
Guaranteed Issue	• \$75,000
Child(ren) Life	• Live birth to 6 months: \$500 • 6 months to age 26: \$10,000
Child(ren) AD&D	• 15% of employee amount up to a maximum of \$30,000
Guaranteed Issue	• \$10,000

Voluntary Term Life Per Paycheck Rates					
Age	Employee per \$10,000	Spouse per \$5,000	Age	Employee per \$10,000	Spouse per \$5,000
<20	\$0.12	\$0.06	60-64	\$2.86	\$1.43
20-24	\$0.19	\$0.10	65-69	\$5.05	\$2.52
25-29	\$0.20	\$0.10	70-74	\$8.08	\$4.04
30-34	\$0.27	\$0.13	75-79	\$7.72	\$3.86
35-39	\$0.38	\$0.19	80-84	\$7.72	\$3.86
40-44	\$0.48	\$0.24	85-89	\$14.22	\$7.11
45-49	\$0.68	\$0.34	90-94	\$23.22	\$11.61
50-54	\$1.12	\$0.56	95+	\$35.25	\$17.63
55-59	\$1.98	\$0.99	Child(ren): \$0.60		

Voluntary Term AD&D Per Paycheck Rates	
Employee Only	\$0.12
Employee + Family	\$0.17

Voluntary Life and AD&D Highlights

- * **Portable** – keep your supplemental coverage if you leave your current employer.
- * **Convertible** – convert your group term life benefits to an individual whole life policy if your coverage ends.
- * **Two Accelerated Benefits Options** – Long Term Care and Terminal Illness benefits are available.
- * **Employee Assistance Program** – get six face-to-face visits.
- * **Travel Assistance Services** – enjoy these services as part of your coverage.
- * **AD&D Covered Losses and Benefits** – offers additional protection for you and your family if an accidental bodily injury results in death or dismemberment.

Calculate Your Per Paycheck Cost

Voluntary Term Life Insurance

$$\text{\$} ____ (\text{coverage amount}) \div \text{\$}10,000 = \times \text{\$} ____ (\text{rate}) = \text{\$} ____ (\text{per paycheck cost})$$

Voluntary Term AD&D Insurance

$$\text{\$} ____ (\text{coverage amount}) \div \text{\$}1,000 = \times \text{\$} ____ (\text{rate}) = \text{\$} ____ (\text{per paycheck cost})$$

Thank You

Thank you for taking the time to review this booklet. We hope it has provided clear and helpful information - and answered all of your questions.

If you have any additional questions or need further assistance, please do not hesitate to contact us at the number below.



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***Your journey has begun.
Let's move forward together.***