

GALENA PARK I.S.D. 2020-21 EMPLOYEE BENEFITS

Benefits Plan Year September 1, 2020 – August 31, 2021





ACTIVATE
YOUR  **HEALTH**

ELIGIBILITY AND ENROLLMENT

ELIGIBILITY

Full time employees are eligible for benefits as well as your spouse and dependent children. GPISD recognizes same gender and common law marriages as eligible spouses with documentation. At the time of enrollment, you may be asked to provide proof of relationship and identification for dependents such as social security card, birth certificate and marriage certificates. It is against the law to elect coverage for an ineligible person.

OPEN ENROLLMENT

Open enrollment for the 2020-21 plan year is **July 15, 2020 - August 21, 2020**. During open enrollment, you can enroll online or for assistance with enrollment call the Enrollment Assistance Center. **Changes will be effective September 1, 2020.**

ONLINE ENROLLMENTS

Go online and visit <https://ffga.benselect.com/enroll> beginning July 15th. Enter your social security number (no dashes) and your PIN is the last 4 digits of your SSN and last 2 digits of your birth year (Example:031190).

ASSISTED ENROLLMENTS

Call the Enrollment Assistance Center at 855-765-4473 and select option 3. Email Employee Benefits Department at benefits@galenaparkisd.com or call 832-386-1276 or 832-386-1507. A benefits representative will be available to assist you with enrollment Monday – Friday from 8am to 5pm.

EMPLOYEE BENEFITS

Benefit plan year runs September 1ST – August 31ST each year

- Medical
- Flexible Spending Accounts
- Dependent Care Accounts
- Health Savings Accounts
- Dental
- Vision
- Virtual Health
- Disability
- Cancer Plan
- Critical Illness
- Hospital Indemnity
- Prepaid Legal
- District Paid & Supplemental Life Insurance
- Permanent Life Insurance

Most benefits are available for enrollment without a medical plan. **Even if you do not enroll in benefits, you must waive them!**

Want to learn more about the benefits offered? Refer to the Employee Benefits Guide or visit the Employee Benefits website at <https://www.galenaparkisd.com/Domain/122> for detail plan information.

MEDICAL INSURANCE

BLUE CROSS BLUE SHIELD OF TEXAS

- Effective September 1, 2020 the medical plan is administered by Blue Cross Blue Shield of Texas (BCBS)*
- Four plans available:
 1. ActiveCare Primary (**NEW!**)
 2. ActiveCare Primary+
 3. ActiveCare HD
 4. ActiveCare 2**

**ActiveCare 2 is closed to new enrollees; however, if you are coming from another TRS district and was enrolled in ActiveCare 2, you can elect this coverage.

MEDICAL INSURANCE

NEW: TRS-ActiveCare Primary

- Lower premium
- Copays for doctor visits before you meet deductible
- Statewide network
- PCP referrals required to see specialists
- Not compatible with health savings account (HSA)
- No out-of-network coverage

Only employees that choose this new plan during Annual Enrollment will be enrolled in it.

TRS-ActiveCare HD

- 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

If you're currently in TRS-ActiveCare 1-HD and you make no change during Annual Enrollment, this will be your plan next year.

TRS-ActiveCare Primary+

- Simpler version of the current Select plan
- Lower deductible than 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

If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year.

TRS-ActiveCare 2

- 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

If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year.

MEDICAL INSURANCE

PLANS ON THE STATEWIDE NETWORK

Benefit	TRS-ActiveCare Primary+ (formerly ActiveCare Select)		TRS-ActiveCare Primary (New Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$1,200	N/A	\$2,500	N/A
Family Deductible	\$3,600	N/A	\$5,000	N/A
Individual Out-of-Pocket Max	\$6,900	N/A	\$8,150	N/A
Family Out-of-Pocket Max	\$13,800	N/A	\$16,300	N/A
Office Visit	\$30 PCP Copay \$70 SPC Copay	N/A	\$30 PCP Copay \$70 SPC Copay	N/A
Urgent Care	\$50 Copay	N/A	\$50 Copay	N/A
TRS Virtual Health	Covered at 100%	N/A	Covered at 100%	N/A
Preventive Care	Covered at 100%	N/A	Covered at 100%	N/A
Inpatient Admission	20% after deductible	N/A	30% after deductible	N/A
Emergency Room	20% after deductible	*Only for true emergencies	30% after deductible	*Only for true emergencies
Free-Standing Emergency Room	\$500 Copay + 20% after deductible	*Only for true emergencies	\$500 Copay + 30% after deductible	*Only for true emergencies

MEDICAL INSURANCE

PLANS ON THE NATIONWIDE NETWORK

Benefit	TRS-ActiveCare HD		TRS-ActiveCare 2 (closed to new enrollees)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$2,800	\$5,500	\$1,000	\$2,000
Family Deductible	\$5,600	\$11,100	\$3,000	\$6,000
Individual Out-of-Pocket Max	\$6,900	\$20,250	\$7,900	\$23,700
Family Out-of-Pocket Max	\$13,800	\$40,500	\$15,800	\$47,400
Office Visit	20% after deductible	40% after deductible	\$30 PCP Copay \$70 SPC Copay	40% after deductible
Urgent Care	20% after deductible	40% after deductible	\$50 Copay	40% after deductible
TRS Virtual Health	\$30 (RediMD Only)	N/A	Covered at 100%	N/A
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Inpatient Admission	20% after deductible	40% after deductible	\$150/day Copay + 20% after deductible	40% after deductible (\$500/day max)
Emergency Room	20% after deductible	40% after deductible	\$250 Copay + 20% after deductible	\$250 Copay + 20% after deductible
Free-Standing Emergency Room	\$500 Copay + 20% after deductible	\$500 Copay + 40% after deductible	\$500 Copay + 20% after deductible	\$500 Copay + 40% after deductible

MEDICAL INSURANCE

STATEWIDE NETWORK PLAN HIGHLIGHTS

ActiveCare
Primary+
ActiveCare
Primary (NEW)

2. PCP
selection
REQUIRED to
have access
to benefits.
Otherwise
claims deny

4. Access
to a
statewide
network

1. In-Network
coverage
ONLY

3. Referral
REQUIRED
to see
Specialists

MEDICAL INSURANCE

NATIONWIDE NETWORK PLAN HIGHLIGHTS

ActiveCare HD
ActiveCare 2

2. PCP
selection
not required
to access
benefits

4. Access to
a statewide
and
national
network

1. In-Network
and **Out-of-**
Network
benefits
available

3. Referrals **not**
required to see
Specialists

UNDERSTANDING YOUR FAMILY DEDUCTIBLE

Applicable to all TRS-ActiveCare plans

- All plans include an individual deductible as well as a family deductible.
- This means an individual can meet their own deductible and get plan benefits even if the combined family deductible has not been met.
- The individual deductible also applies towards the family deductible.
- Each family member continues to meet their own deductible until the family deductible is met.

TRS-ActiveCare Primary has a \$2,500 in-network individual deductible and a \$5,000 in-network family deductible.

- Plan pays for certain benefits for an individual as his/her deductible is met
- Everyone helps to meet the family deductible, but no one person pays more than the individual amount
- Since Amy has met her deductible, she will only pay a 30% coinsurance for certain medical services

**FAMILY
EXAMPLE:
Amy covers
her spouse
and two
dependents**



PREVENTIVE CARE COVERAGE

What's Covered?

- **Recommended routine gender and age-specific preventive care and screenings** – including yearly general wellness exams, recommended vaccines and screenings for conditions like diabetes, cancer and depression – both facility and professional services
- **In-network care covered at 100% with no copay, no deductible.** Out-of-network benefits may vary.
- **Note: TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans require preventive services to be rendered by your selected in-network PCP to receive 100% coverage with no copay.**
- **IMPORTANT to remember:** Lab tests related to a condition such as diabetes or asthma – **are not** considered preventive and are covered under applicable deductible and coinsurance levels.



Stay Healthy by
Getting Regular
Check-Ups

MEDICAL INSURANCE

GALENA PARK I.S.D. SEMI-MONTHLY RATES

Semi-Monthly Rates	ActiveCare Primary	ActiveCare HD	ActiveCare Primary Plus	ActiveCare 2
Employee Only	\$30.50	\$36.00	\$94.50	\$306.00
Employee and Children	\$176.50	\$186.50	\$246.00	\$525.50
Employee and Spouse	\$354.50	\$370.00	\$442.00	\$921.00
Employee and Family	\$460.50	\$479.00	\$604.00	\$1,123.50

MEDICAL INSURANCE

ACTIVATE YOUR HEALTH!

You will have to actively enroll in the NEW: TRS-ActiveCare Primary plan.

Both ActiveCare Primary and Primary+ require a PCP.

Current TRS-ActiveCare Plan	Plan employee will be enrolled in on Sept. 1, 2020 <u>if no action is taken</u>
TRS ActiveCare 1-HD	TRS ActiveCare HD
TRS ActiveCare Select – Memorial Hermann TRS ActiveCare Select – Kelsey Seybold TRS ActiveCare Select	TRS ActiveCare Primary+ (PCP requirement)
TRS ActiveCare 2	TRS ActiveCare 2
Not Enrolled	Not Enrolled

PRESCRIPTION BENEFITS

CVS Caremark

When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through CVS Caremark which gives you access to a large, national network of retail pharmacies.

PRESCRIPTION BENEFITS

TRS PRESCRIPTION DRUG BENEFIT

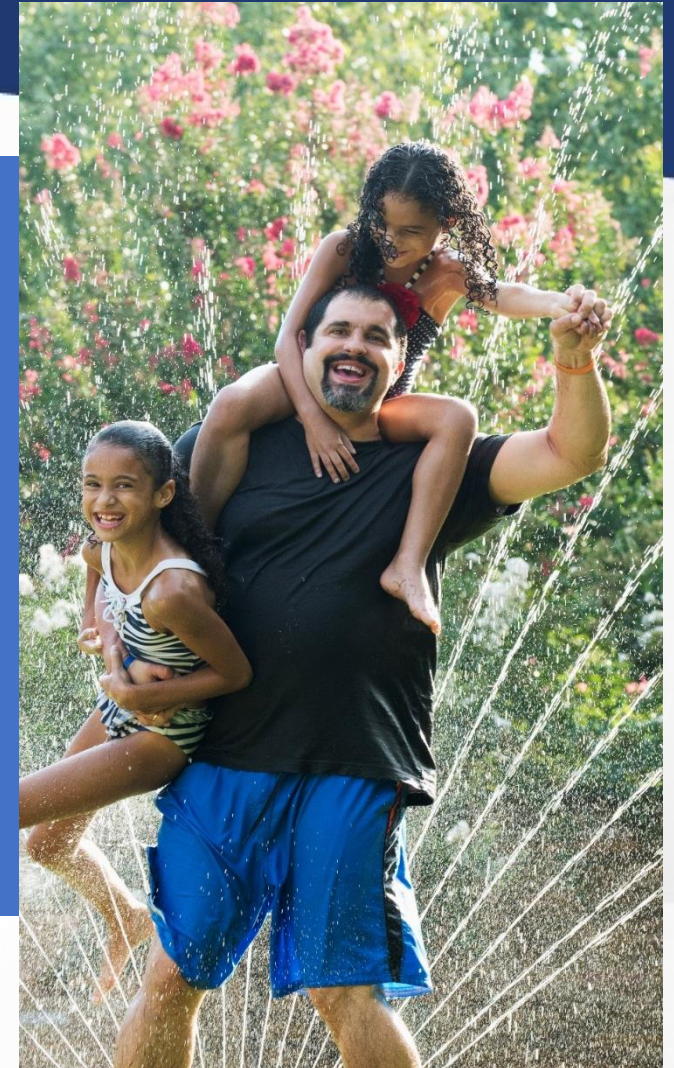
Benefit	TRS-ActiveCare Primary	TRS-ActiveCare HD	TRS-ActiveCare Primary+	TRS-ActiveCare 2
Drug Deductible (per person, per plan year)	\$2,500 individual, \$5,000 family	\$2,800 individual, \$5,600 family	\$0 generic; \$200 brand only Rx	\$0 generic; \$200 brand only Rx
Maximum Out of Pocket	Medical + Pharmacy Combined \$8,150 individual, \$16,300 family	Medical + Pharmacy Combined \$6,900 individual, \$13,800 family	Medical + Pharmacy Combined \$6,900 individual, \$13,800 family	Medical + Pharmacy Combined \$7,900 individual, \$15,800 family
Short-Term Supply at a Retail Location (up to a 31-day supply limit)				
Tier 1 - Generic	\$15 copay	20% coinsurance	\$15 copay	\$20 copay
Tier 2 – Preferred Brand	30% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance (Min \$40/ Max \$80)
Tier 3 - Non-Preferred Brand	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance (Min \$100/ Max \$200)
Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location (60- to 90-day supply)				
Tier 1 – Generic	\$45 copay	20% coinsurance	\$45 copay	\$45 copay
Tier 2 - Preferred Brand	30% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance (Min \$105/ Max \$210)
Tier 3 - Non-Preferred Brand	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance (Min \$215/ Max \$430)
Specialty Medications 31-Day Supply Limit	30% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance (Min \$200/ Max \$900)

TRANSITION OF CARE

- Applies to you or your covered dependents who are receiving care on or after Sept. 1, 2020, from a provider who is **not** part of BCBSTX's networks
- **If approved**, benefits will be paid at the in-network level for a specified period of time. Examples of who may be eligible for transitional care include those:
 - Receiving **cancer** treatment/therapies
 - Being treated for a **terminal illness**
 - In your second/third trimester of **pregnancy**
 - In **cardiac rehabilitation**

- Submit the Transition of Care form prior to September 1. You will receive a decision by mail.
- Completion of this form is not a guarantee of coverage.

The form will be available at <https://www.bcbstx.com/trsactivecare>



PRIOR AUTHORIZATIONS

If issued through Aug. 31, 2020, Aetna will transfer to BCBSTX

BCBSTX Provider → Valid through end date

If not a BCBSTX Provider → Valid for 90 days or the end date (whichever is sooner)

Note: Please work with your selected PCP to re-establish any existing referrals as referrals will not be transferred from your current carrier. Once re-established they can be valid for up to a year!

Sept. 1, 2020

If issued on or after Sept. 1, 2020

BCBSTX Provider → Valid through end date

If not a BCBSTX Provider → Not valid

TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

SECTION I — SUBMISSION

Issuer Name: _____ Phone: _____ Fax: _____ Date: _____

SECTION II — GENERAL INFORMATION

Review Type: Non-Urgent Urgent Clinical Reason for Urgency: _____

Request Type: Initial Request Extension/Renewal/Amendment Prev. Auth. #: _____

SECTION III — PAYMENT INFORMATION

Name: _____ Phone: _____ DOB: _____ Male Female
 Other Unknown

Subscriber Name (if different): _____ Member or Medicaid ID #: _____ Group #: _____

SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility: _____ Service Provider or Facility: _____

Name: _____ NPI #: _____ Specialty: _____ NPI #: _____ Specialty: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Contact Name: _____ Primary Care Provider Name (see instructions): _____

Requesting Provider's Signature and Date (if required): _____ Phone: _____ Fax: _____

SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version)	Code

Inpatient Outpatient Provider Office Observation Home Day Surgery Other: _____

Physical Therapy Occupational Therapy Speech Therapy Cardiac Rehab Mental Health/Substance Abuse

Number of Sessions: _____ Duration: _____ Frequency: _____ Other: _____

Home Health (MD Signed Order Attached? Yes No) (Nursing Assessment Attached? Yes No)

Number of Visits: _____ Duration: _____ Frequency: _____ Other: _____

DME (MD Signed Order Attached? Yes No) (Medicaid Only: Title 19 Certification Attached? Yes No)

Equipment/Supplies (include any HCPCS Codes): _____ Duration: _____

SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)

An issuer needing more information may call the requesting provider directly at: _____

TRS RESOURCES

PARTICIPANT WEBSITE

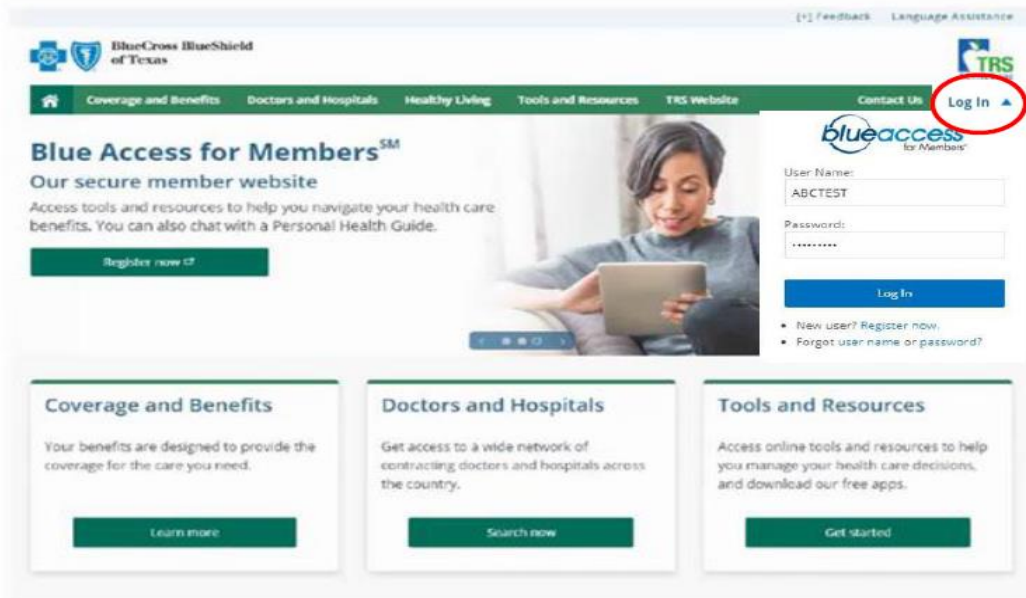


Website for TRS-ActiveCare Participants

- **Available June 1, 2020**
- Find an in-network doctor, hospital, or other provider
- Get plan information
- Get the latest news and updates
- Download forms and documents
- Learn about health and wellness resources

Available Sept. 1, 2020

- Register for Blue Access for Members
- Select or change your PCP
- Check the costs of doctors and services covered under your plan
- Download a temporary ID Card



www.bcbstx.com/trsactivecare

PROVIDER FINDER[®]

<https://www.bcbstx.com/trsactivecare>

BlueCross BlueShield of Texas

TR[®]S ACTIVECARE

Coverage and Benefits Doctors and Hospitals Health and Wellbeing Tools and Resources TRS Website Contact Us

Stay Connected

Download the BCBSTX App

Use the app to find providers, access coverage information, and view your member ID card. Text BCBSTXAPP to 33633.

Doctors and Hospitals

Get access to a wide network of contracting doctors and hospitals across the country.

Search now

Doctors and Hospitals

Nominate a Provider

Virtual Health

Doctors and Hospitals

Provider Finder[®]

Our Provider Finder offers you more ways to search than ever before. You can look up doctors, hospitals and other providers by location. You can also research providers using patient reviews, certifications and recognition information.

TR[®]S-ActiveCare Primary⁺

TR[®]S-ActiveCare Primary⁺

TR[®]S-ActiveCare HD

TR[®]S-ActiveCare 2

TR[®]S-ActiveCare Primary⁺ Houston, TX — 77015

Browse by Category or Q johnson, X

Names

Rose M Johnson Fant
Licensed Clinical Professional Counselor

Melissa J Johnson
Advanced Nurse Practitioner

Anita L Johnson

Provider Highlights

Azizi S Johnson Aubert, APN

☆☆☆☆☆

Be the First to Review

PCP ID: H08MB42501

H 1 Affiliation

LOCATION
8329 Lawndale St, Houston, TX 77012
[Get directions](#)

CONTACT INFORMATION
Phone: 832-548-5000

✓ Accepting New Patients

MEDICAL INSURANCE

NEED HELP SELECTING THE BEST MEDICAL PLAN?

- TRS is introducing a new virtual assistant this year.
- Emma will help you select the best plan based on age, gender, address, plan details and plan costs. Emma also evaluates expected doctor visits and current prescription drugs.

Visit www.tractivecare.bswift.com



Your benefits are a big deal.

Review your benefits and find the plan that fits you best.
Enroll Jul. 15 - Aug. 21

"How much can I expect to pay?"

"Which plan should I pick?"

"What exactly does 'deductible' mean, again?"

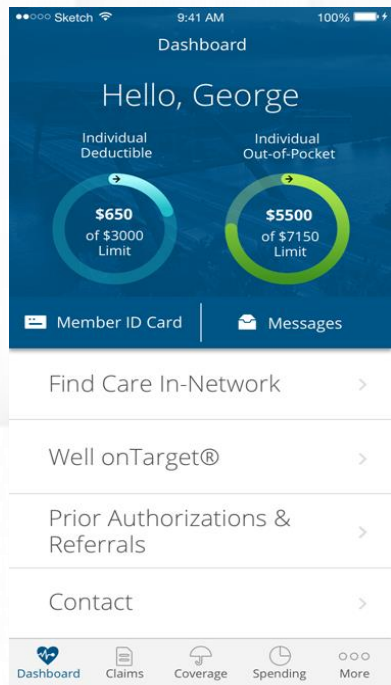
It's easy with **Ask Emma™**.

Your private, personalized virtual assistant that helps you get the most from your benefits.

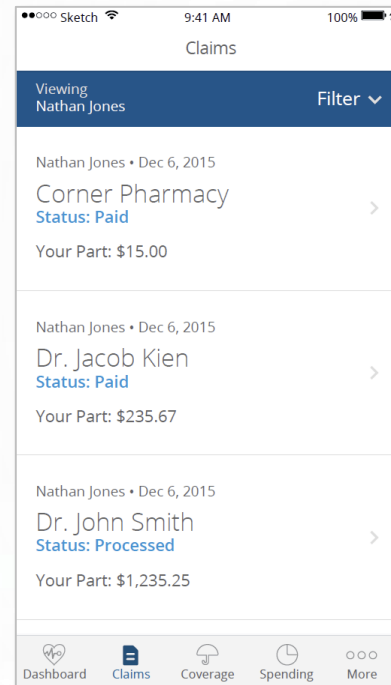
Don't wait. Get started today!
Visit tractivecare.bswift.com
from work, home or any mobile device.

MOBILE ACCESS

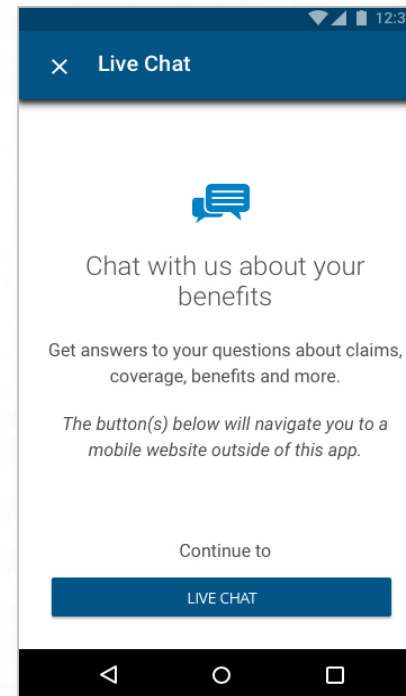
BCBSTX App – Available Sept. 1, 2020



Dashboard

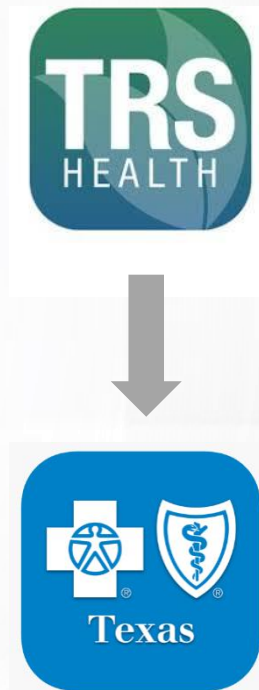


See claims and EOBs



Live chat

Monday-Friday 7:00AM-6:00PM



FLEXIBLE SPENDING ACCOUNTS

FIRST FINANCIAL ADMINISTRATORS

- A Health Flexible Spending Account (Health FSA) is an IRS-approved program that allows you to set aside pre-tax dollars for out-of-pocket medical expenses.
- An FSA benefits card will be issued for this account and the annual contribution selected will be available on the plans effective date.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- FSAs are “Use it or Lose” it accounts. Your plan allows an additional 2 ½ months to incur claims against unused funds at the end of the plan year. Balances will be forfeited November 30th each year at the end of the grace period.
- Employees who participate in a Flexible Spending Account must re-elect their contribution amount every year, even if the employee wishes to maintain the same contribution.
- If your spouse is participating in an Health Savings plan, you can not elect a Healthcare FSA plan.

MAXIMUM CONTRIBUTION FOR 2020 IS \$2,750

FLEXIBLE SPENDING ACCOUNTS

FIRST FINANCIAL ADMINISTRATORS

- With a Dependent Care Flexible Spending Account, you can set aside pre-tax dollars to pay for eligible dependent care expenses like child care, babysitters and adult day care.
- An FSA benefits card will be issued for this account and funds become available as contributions are made to your account each month.
- Eligible dependents children under age 13 or an adult dependent incapable of self-care must be claimed as an exemption on your tax return.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- FSA's are "Use it or Lose" it accounts. Your plan allows an additional 2 ½ months to incur claims against unused funds at the end of the plan year. Balances will be forfeited at the end of the grace period.

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services. If you are married and file a separate tax return, the limit is \$2,500.

HEALTH SAVINGS ACCOUNTS

FIRST FINANCIAL ADMINISTRATORS

To participate in this plan you must be enrolled in the TRS ActiveCare HD medical plan. An HSA may be used for the reimbursement of eligible medical expenses for you, your spouse, and your tax dependents.

- Pays for eligible expenses such as co-pays, deductibles, prescriptions, vision expenses, dental care and other HSA-qualified expenses.
- Balances roll over from year to year and earn interest along the way.
- Account earns tax-free interest
- Portable – you keep it even after you leave employment.
- Debit Cards are issued with this plan.

**Maximum contribution
for 2020**

**\$3,550 for Employee Only
\$7,100 for Family**

The annual “catch- up” contribution amount for individuals age 55 or older will remain \$1,000.

FSA & HSA RESOURCES



FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.



First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. An online marketplace that connects consumers to FSA-eligible products, seasonal deals, and account support resources such as open enrollment guides and educational videos.



First Financial has partnered with the HSA Store to bring you an easy to use online store to better understand and manage your HSA. An online marketplace that connects consumers to HSA-eligible products, seasonal deals, and account support resources such as a national database of providers as well as an HSA Learning Center.

VIRTUAL HEALTH



Medical

- Cold and flu symptoms
- Allergies
- Bronchitis
- Respiratory infections
- Stomach upset
- Sinus problems
- Skin problems

Mental Health

- Depressive and anxiety disorders
- Bipolar, schizophrenia and psychotic disorders
- Attention disorders
- Alcoholism and addiction and substance-related disorders

Medical Copay covered at 100% for all full-time employees. Mental Health copay waived for most medical plans.



Medical

- Back Strains
- Ankle Injuries
- Shoulder Strains
- Pulled Muscles
- Contusions/Bruises
- Asthma
- Shortness of Breath
- Infections
- Allergies
- Chemical Exposure

Available Sept. 1, 2020

Copay covered at 100% for all plans except HD. The HD plan will have a \$30 copay. No benefits for those who waive medical.

DENTAL INSURANCE

AMERITAS PPO DENTAL

- In/Out of Network Plan
- Freedom to choose your own dentist
- Deductible \$50 per person/\$150 family
- Preventative Service (Type 1)– plan pays 100%
- Basic Services (Type 2) - plan pays 80%
- Major Services (Type 3) – plan pays 50%
- Orthodontia – plan pays 50% (\$1000 Lifetime max)
- Annual Maximum - \$1000

Coverage Tier	Semi-Monthly Rates
Employee	\$13.82
EE + Spouse	\$30.90
EE + Children	\$30.02
Family	\$44.12

DENTAL INSURANCE

GUARDIAN DHMO DENTAL

- In-Network only plan
- Members must choose dentist from network
- Cleanings, Exams and X-Rays covered at 100%
- Low Office Visit Copay
- No Deductibles
- No Claim forms
- No Annual Maximums

Coverage Tier	Semi-Monthly Rates
Employee	\$1.21
EE + Spouse	\$5.42
EE + Children	\$6.47
Family	\$11.09

VISION INSURANCE

DAVIS VISION



Exams & Services: \$10 copay;
\$25 copay for Contact lens
evaluation, fitting and follow-
up.



Frames: \$130 other
locations; \$180 at
VisionWorks or
Exclusive Collection
covered in full.
Premier \$25 copay



Lenses: \$25 copay



Contacts: \$130
allowance (in lieu of
glasses) or Exclusive
Collection covered in
full.

Coverage Tier	Semi-Monthly Rates
Employee	\$3.25
EE + SPOUSE	\$5.85
EE + Children	\$6.17
Family	\$9.75

TERM LIFE INSURANCE

BLUE CROSS BLUE SHIELD

Galena Park I.S.D. provides all active eligible full time employees a \$25,000 group term life policy at no cost to you. The cost of this policy is paid for 100% by your employer.

Guarantee Issue for New Hires:

- Employee GI up to \$200,000, not to exceed 3 times Annual Earnings
- Spouse GI up to \$30,000
- Child GI up to 10,000

Coverage for Existing Employees:

- Employees currently enrolled in the plan, can increase coverage by \$20,000 without EOI.
- Can elect up to \$300,000, any amount over GI will be subject to evidence of insurability (EOI).
- Spouse coverage up to \$50,000, any amount over GI will be subject to evidence of insurability (EOI).
- Child coverage can elect \$5,000 or \$10,000 for ages 6 months to 26 years old. (live birth to 6 months, \$100 benefit only).

To view Life Insurance plan rates visit Employee Benefits at <https://www.galenaparkisd.com/Domain/122>

PERMANENT LIFE INSURANCE

TEXAS LIFE

PLAN HIGHLIGHTS

- Permanent Individual Life Insurance to age 121.
- Coverage available for spouse, children and grandchildren.
- Portable when you leave employment.
- Accidental Death, Accelerated Death and Chronic Illness (employee only) riders are included for selected ages.

EXPRESS ISSUE AGE

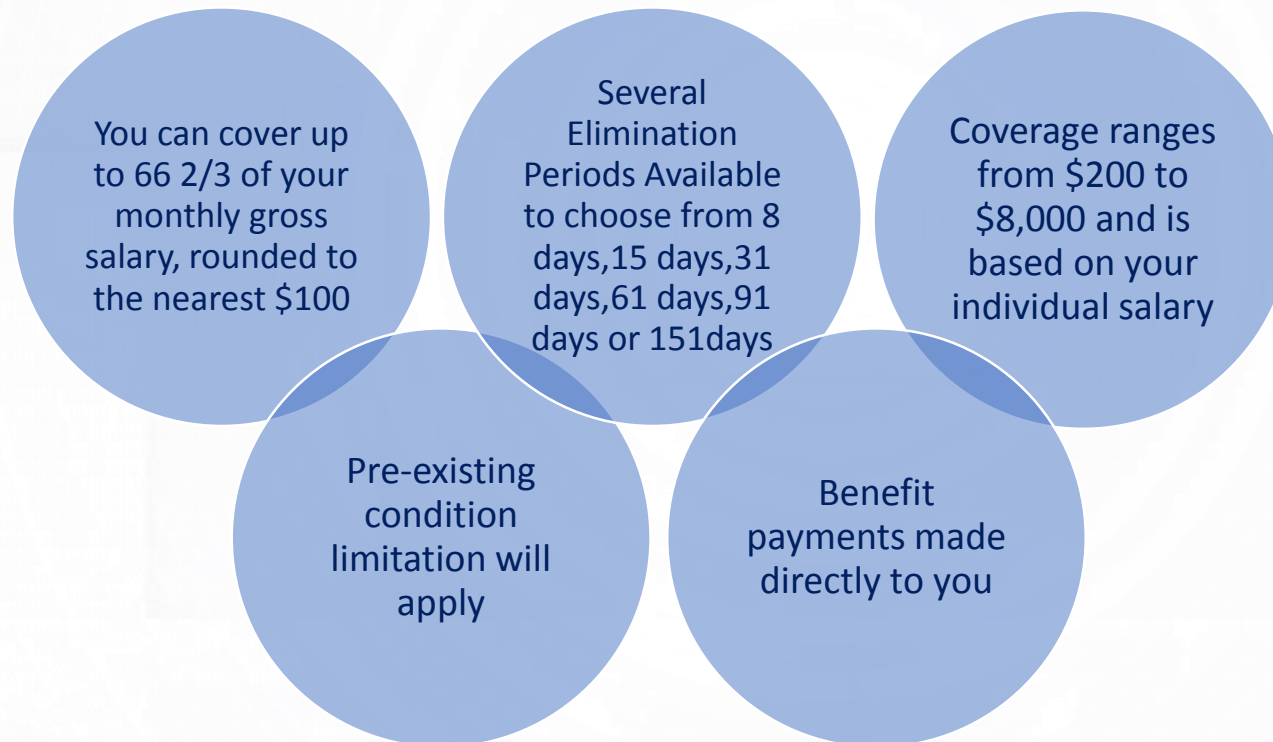
- Employee ages 49 and under can elect up to \$300k, Ages 50-65 up to \$100k.
- Spouse coverage available up to \$50k.
- Children and grandchildren coverage available up to \$50k.

To view Life Insurance plan rates visit the Employee Benefits Center at <https://www.galenaparkisd.com/Domain/122>

DISABILITY INSURANCE

AMERICAN FIDELITY

Disability Insurance protects your salary if you are unable to work due to sickness or an accident.



To view Disability plan rates visit the Employee Benefits Center at <https://www.galenaparkisd.com/Domain/122>

CANCER INSURANCE

ALLSTATE

Benefits Include	Plan 1	Plan 2
Initial Diagnosis	\$5,000	\$3,000
Radiation/Chemo benefit	\$5,000	\$15,000
Hospital Confinement	\$200 (daily)	\$300 (daily)
Surgery	\$1,500	\$3,000
Wellness Benefit	\$100	\$100

Guarantee Issue for New Hires who enroll within the first 31 days of employment

Semi-Monthly Premiums	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
Plan 1	\$10.17	\$14.25	\$16.33	\$20.40
Plan 2	\$16.34	\$23.11	\$25.44	\$32.21

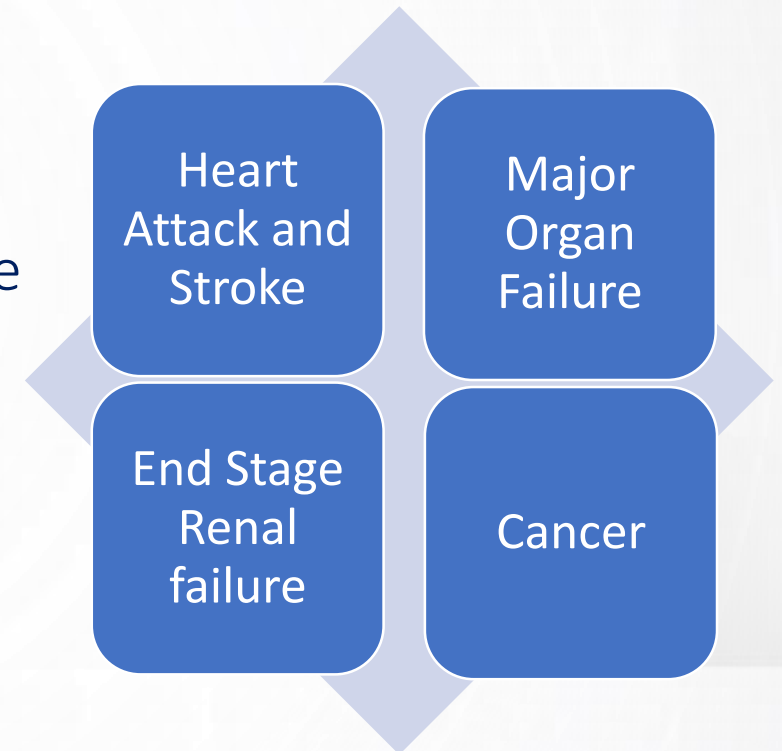
Additional plan features:

- ✓ There are 2 plans to choose from to fit your needs Plan 1 or Plan 2.
- ✓ Pays cash benefit for cancer and 29 specified diseases.
- ✓ Portable policy
- ✓ Pre-existing condition limitation will apply.

CRITICAL ILLNESS INSURANCE

AMERICAN FIDELITY

- Guaranteed Issue, no required medical exams
- Employee benefit amounts can range from \$5,000 to \$50,000.
- Spousal benefit amounts will be 50% of the employee benefit amount
- Dependent children covered at no additional cost
- Benefits paid directly to you
- Wellness benefit \$100
- Pre-existing limitations apply



HOSPITAL INDEMNITY PLAN

AETNA

Benefits Include	Plan 1	Plan 2
Hospital Admission	\$1,000	\$2,000
Hospital Daily Benefit	\$150 (daily)	\$200 (daily)
Intensive Care Unit	\$300 (daily)	\$400 (daily)
Newborn Routine Care	\$100	\$200
Rehabilitation Benefit	\$50 (daily)	\$75 (daily)

Additional plan features:

- ✓ There are 2 plans to choose from Plan 1 or Plan 2.
- ✓ Guaranteed Issue for all employees.
- ✓ Benefits pay directly to you.
- ✓ Plan is portable.

Semi-Monthly Premiums	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
Low Plan	\$9.97	\$15.63	\$21.18	\$25.20
High Plan	\$17.22	\$26.93	\$35.87	\$43.18

LEGAL PLAN

LEGALEASE

This plan offers support and protection from unexpected personal legal issues. You have access to a national network of attorneys with exceptional experience that are matched to meet your needs.

Provides coverage for:

- ✓ Home and Residential - Purchase/Sale/Refinancing of Primary Residence and Tenant dispute
- ✓ Auto and Traffic violations – license suspension, traffic ticket defense and serious traffic matters
- ✓ Financial and Consumer- bankruptcy, tax audit and small claims court
- ✓ Estate Planning and Wills
- ✓ Family matters – adoption, prenuptial agreements, name change and juvenile court

Coverage Tier	Semi-monthly rate
Family	\$7.88

RETIREMENT PLANS

403(b) Retirement Savings Plan

- Allows you to set money aside pre-tax for retirement.
- You choose where to invest your money.
- Yearly contribution limit is \$19,500 (\$26,000 if your are 50 or older).
- Subject to 10% penalty tax for early withdrawal.

457 Retirement Savings Plan

- Allows you to set money aside pre-tax for retirement.
- 21 different investment options to choose from.
- Yearly contribution limit is \$19,500 (\$26,000 if your are 50 or older).
- No 10% penalty tax for early withdrawal.

The Roth option is also available on both plans on a post-tax basis

ENROLLMENT

OPEN ENROLLMENT WILL BE JULY 15 - AUGUST 21, 2020

ONLINE ENROLLMENTS *JULY 15 – AUGUST 14, 2020*

Go online and visit <https://ffga.benselect.com/enroll> beginning July 15th. Enter your social security number (no dashes) and your PIN is the last 4 digits of your SSN and last 2 digits of your birth year (Example:031190).

ASSISTED ENROLLMENTS *JULY 15 – AUGUST 21, 2020*

Call the Enrollment Assistance Center at 855-765-4473 and select option 3. Email Employee Benefits Department at benefits@galenaparkisd.com or call 832-386-1276 or 832-386-1507. A benefits representative will be available to assist you with enrollment Monday – Friday from 8am to 5pm. Bilingual assistance available daily.

QUESTIONS

EMAIL:

benefits@galenaparkisd.com

VISIT:

<https://www.galenaparkisd.com/Domain/122>

CONTACTS

G.P.I.S.D. EMPLOYEE BENEFITS DEPARTMENT

Jenny Bernabe

Benefits Specialist

jbernabe@galenaparkisd.com

Valerie Guajardo

Lead Benefits Specialist

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Holli L. Sherrard

Director of Employee Benefits

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FIRST FINANCIAL BENEFITS TEAM

Rosalyn Punch

Sr. Account Manager

rosalyn.punch@ffga.com

Morgan Mayo

Client Service Specialist

morgan.mayo@ffga.com

First Financial Group of America

www.ffga.com



ACTIVATE
YOUR  **HEALTH**

ADDITIONAL PROGRAMS



BlueCross BlueShield
of Texas

Highlighting Wellness and Family Planning

Well onTarget®

Participant PORTAL

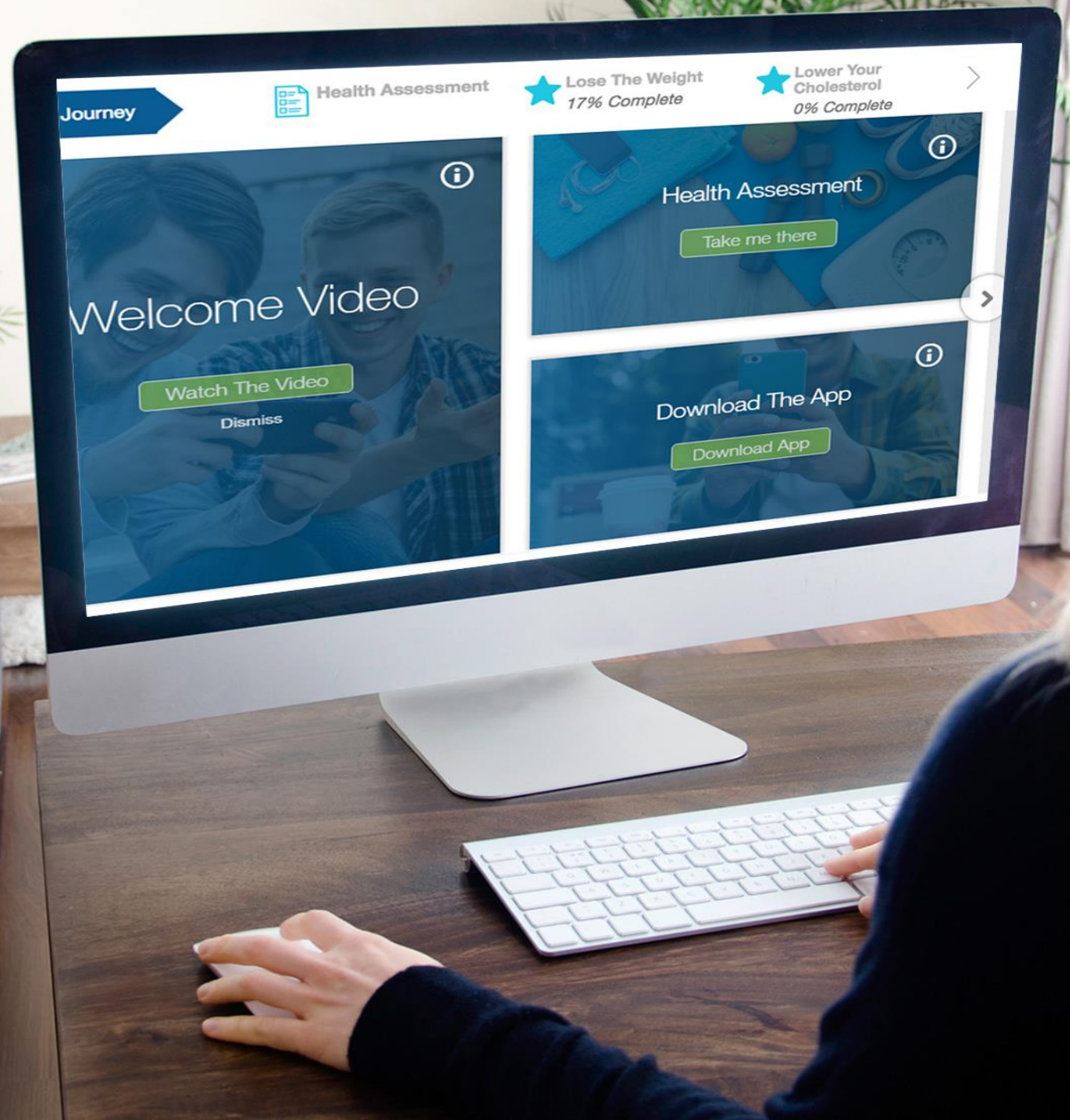
RELEVANT.

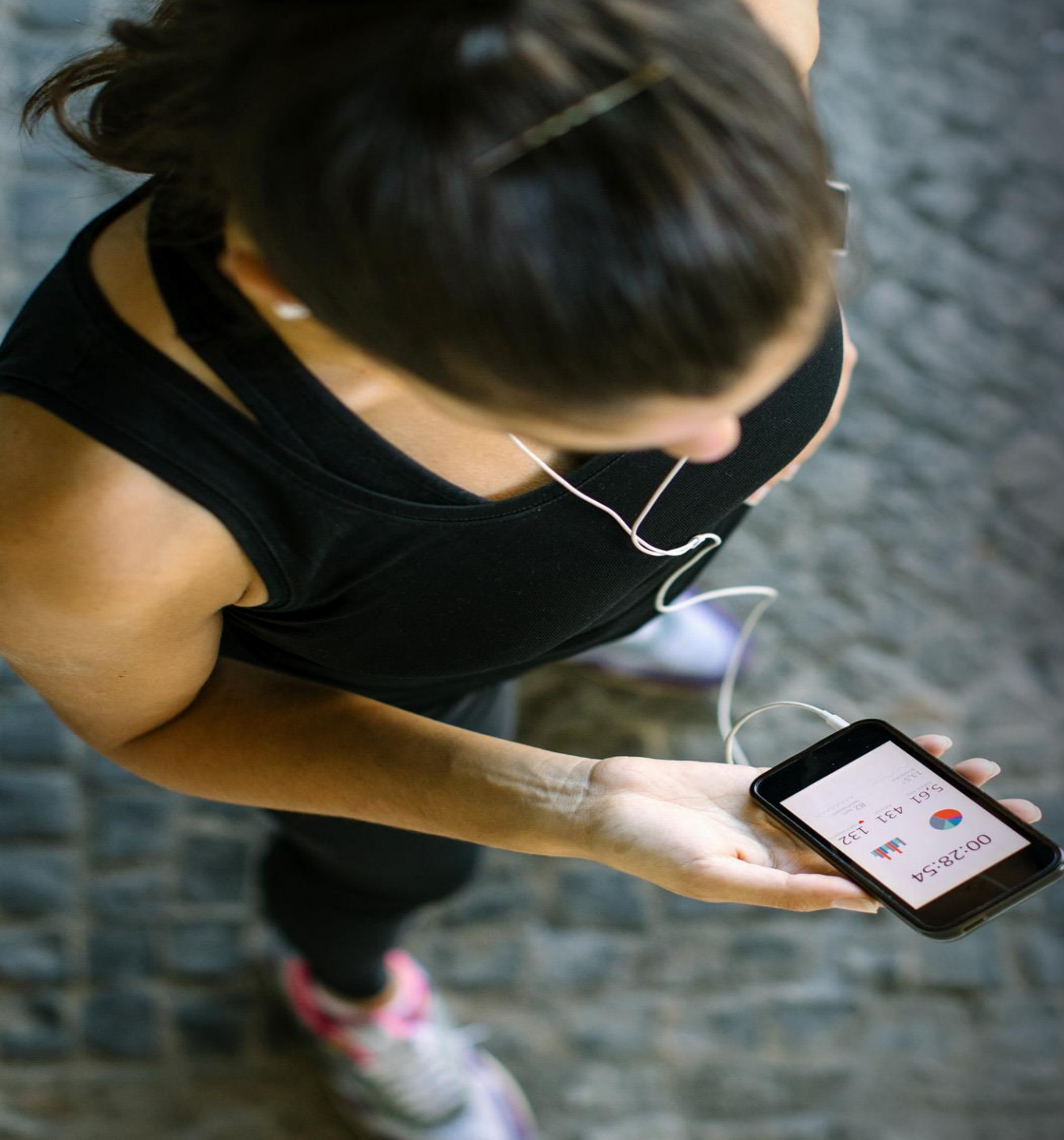
TIMELY.

IMPACTFUL.

PERSONALIZED.

- Health Assessment
- Digital self-management programs
- Trackers and tools
- Blue PointsSM Rewards
- Fitness Program
- Tracking for fitness and nutrition and also device integration
- Personal wellness challenges





Blue Points **BUILT-IN REWARDS**

Offerings that earn points:

- Use of online trackers
- Connecting and syncing a fitness device or app
- Health assessment completion
- Digital self-management program completion
- Fitness program visits

Redeem points in the online Shopping Mall with over a million products!

FITNESS PROGRAM

\$25 MONTHLY MEMBERSHIP FEE

Nationwide network of leading national, regional and local fitness centers

Other program perks include:

- No long-term contract
- Blue Points for joining and using regularly
- Website for you to find fitness locations and track your workouts
- Additional access to other discounts, such as complementary and alternative medicine

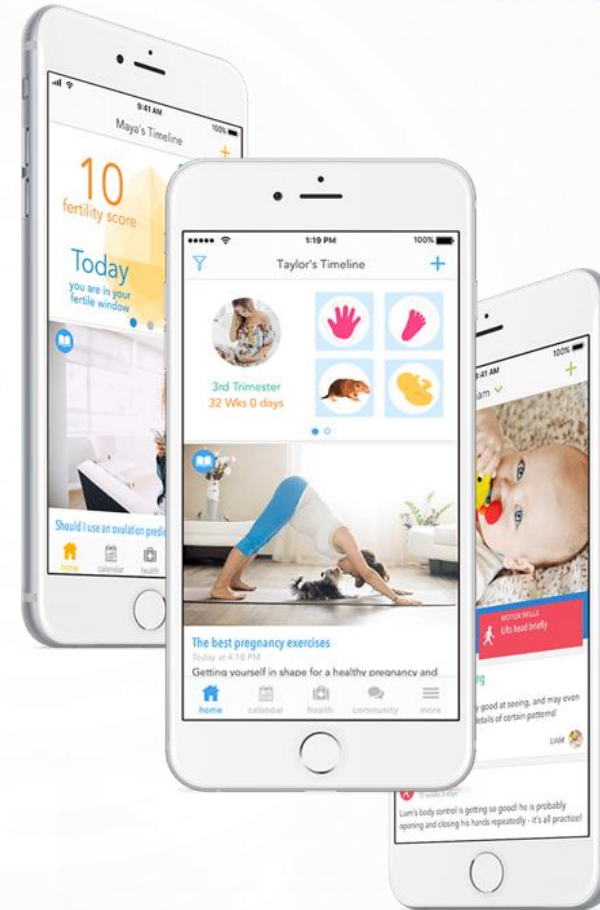
WOMEN'S AND FAMILY HEALTH

An Innovative Approach for the Journey into Parenthood

Our programs feature education, coaching, maternity management solutions, and can result in improved clinical outcomes and cost savings.

Ovia Health Apps: Videos, tips, coaching and more

- **Ovia Fertility:** Helps you track your cycle and predict when you are more likely to get pregnant
- **Ovia Pregnancy:** Helps monitor pregnancy and baby's growth week by week leading up to the baby's due date
- **Ovia Parenting:** Allows you to keep up with your child's growth and milestones from birth through three years old
- **High-risk Maternity Management:** Maternity specialists conduct phone outreach and provide ongoing support to expectant mothers identified with high-risk pregnancies
- **Well onTarget Programming:** Interactive online courses designed to optimize the health of women and their babies



Health Plan/Employer ✓

Enter your details below to access special features enabled by certain insurers and employers.

If you have Ovia Health as a benefit, enter your information below and contact support if you have any questions.

Select the state that your health plan is in.

State
Texas

Health Plan
Blue Cross and Blue Shield of Texas

Employer
Teacher Retirement System of Texas

Great news! Ovia has partnered with your health plan or employer, and you may be eligible for special features. To verify your eligibility for this program, please add or verify your information below.

New Users are prompted to enter their employer as: *Teacher Retirement System of Texas*

SUPPORT FOR YOU

Personal Health Guides (PHGs)

- **Answer questions about benefits**
 - Assist with prior authorizations and referrals
 - Find and assign an in-network PCP
 - Address claim and billing inquiries
- **Explain health care costs and options for care**
 - Locate in-network provider options
 - Scheduling appointments
- **Help you use self-service tools**
- **Connect you to other resources**
 - Clinicians
 - Community resources
 - TRS benefits vendors

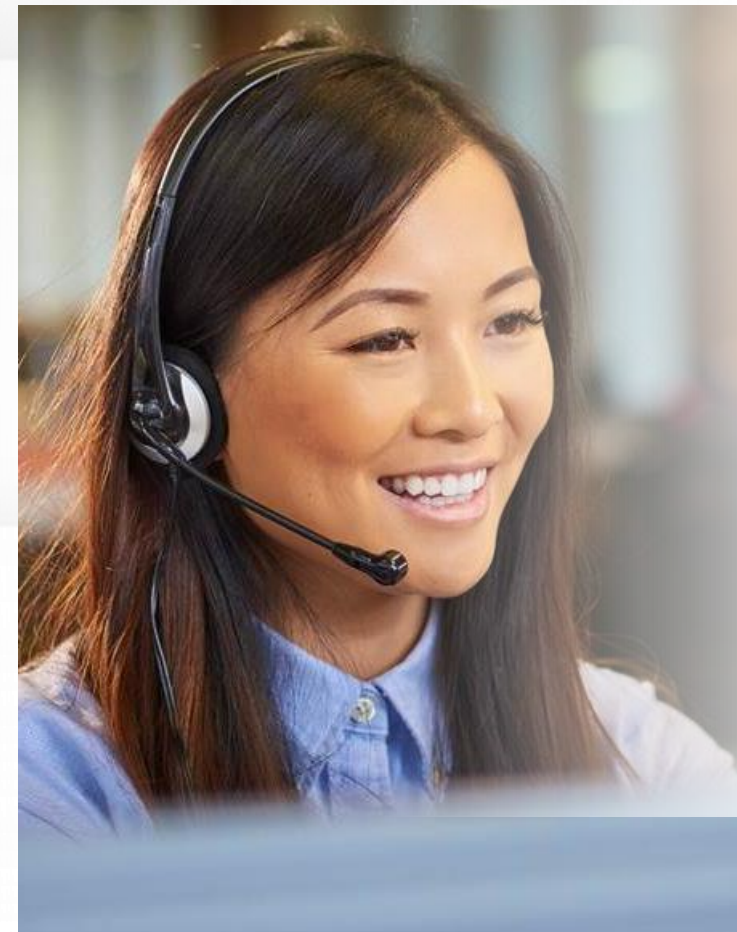
Call toll-free: 1-866-355-5999

June 1, 2020

Monday-Friday 7:00AM-6:00PM

Sept. 1, 2020

Access 24/7



TRS-ActiveCare Primary & HD Plans: No Cost Generic Preventive Rx

Certain generic medications classified as “preventive,” such as a prescription medication used for hypertension or depression, may be available at no cost to TRS-ActiveCare Primary & TRS-ActiveCare HD participants.

TRS waives the Primary & HD plan deductible for generic preventive medications on the Generic Preventative Drug list.

Find the Generic Preventive Drug list by visiting:

www.info.caremark.com/trsactivecare

Or

Call CVS Caremark at **1-866-355-5999**

DRUG COST TOOL

You can check the cost of your medication online at: www.info.caremark.com/trsactivecare

Brand ⓘ

Wellbutrin Sr 100mg Tablet Sr 12h ⓘ



90-day supply
Mail service
90 tablets

\$560.87
for 3 months

You pay 100% of the cost.
Your Plan pays \$0.00 per 3 months

[See cost details](#)

Talk to your doctor about requesting this prescription

FlexPay available

Pay in three installments of \$186.96 ⓘ

Online ordering unavailable

Your Best Value

Generic ⓘ

Bupropion Hcl Sr 100mg Tablet Sr 12h ⓘ



90-day supply
Mail service
90 tablets

\$0.00
for 3 months

You pay 0% of the cost.
Your Plan pays \$7.10 per 3 months

[See cost details](#)

Talk to your doctor about requesting this prescription

Locate this tool by logging into your account on www.caremark.com. Then select the 'Check Drug Cost Tool.'

DIABETIC METER AND SUPPLIES

- Preferred Diabetic Meters are available at no cost to eligible to you.
- For more details, please contact CVS Caremark Diabetic Meter Program at **1-800-588-4456**

Up to a 31-Day Supply at Retail Pharmacy	90-Day Supply at Retail-Plus Network Pharmacy or Caremark Mail Order Pharmacy
<ul style="list-style-type: none">• You pay \$0 for needles and syringes if purchased the <u>same day as insulin</u>.	<ul style="list-style-type: none">• You pay \$0 for all needles, lancets and syringes, regardless of manufacturer• To obtain test strips at no cost, you must use the preferred brand

NO-COST DIABETES ACCU-CHECK BLOOD GLUCOSE METER

How do you qualify for this offer?***

- Be enrolled in the prescription benefit plan
- Have diabetes
- Have a valid prescription for Accu-Chek blood glucose test strips. If you don't already have a prescription for blood glucose test strips, we may be able to help get one from your doctor.

Your next steps:

1. Call the CVS Caremark® Member Services Diabetic Meter Team at **1-800-588-4456**.
2. Have your prescription ID number and your doctor's name and phone number ready when you call.



To learn more about this offer, please contact the CVS Caremark Member Services Diabetic Meter Team at **1-800-588-4456**.



For tools and resources to help you manage your diabetes, visit **www.Caremark.com/managingdiabetes**.

*Blood glucose meters are funded by Roche Diabetes Care Inc.® (Accu-Chek). Choice of meters is subject to change.

**Additional requirements or limitations may apply.

This document contains references to brand-name prescription medical products that are trademarks or registered trademarks of pharmaceutical companies not affiliated with CVS Caremark.

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THANK YOU!!

