

CROSBY ISD
Benefits
TRS-ActiveCare AETNA

AETNA

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UNUM Rider Life Insurance

UNUM – \$25K TERM LIFE

UNUM basic life is mandatory to employees enrolled in the district's medical benefits.

Regular Open enrollment starts July 1, through August 20, 2018. Coverage is effective September 1, 2018. An email will be send with enrollment details/instructions, same information will also be on our webpage www.crosbyisd.org, Human Resources.

2018 - 2019

AETNA ANNUAL ENROLLMENT

The TRS-ActiveCare annual enrollment period for 2018 - 19 starts July 1, 2018 through August 20, 2018. The effective date for coverage will be September 1, 2018. To allow time to print and deliver ID cards, and process changes, all information must be submitted no later than August 10, 2018.

In an effort to streamline the process this year, the 2018 - 19 enrollment will be "passive." Which means if the employee decides to continue with the current plan, there is nothing more to do, the existing plan will remain active. **New employees**, must login to elect or decline coverage, existing employees who wish to make changes to their coverage MUST login and submit the changes before August 20, 2018.

The Enrollment Guide as well as information about the plans, links to obtain a temporary ID card, to find a doctor of facility, Teladoc, Caremark and other important information can be found at www.tractivecareetna.com. You should review the information carefully and select the plan and coverage that best meets your needs. When in doubt, ask **ALEX**. **ALEX** is an online tool you can use to learn more about TRS-ActiveCare plan options available to you and decide which works best for you and your family. **ALEX** collects some simple information and walks you through benefits, features and cost without all the insurance jargon, visit <https://www.myalex.com/trsactivecare/2016>. **ALEX** can help you understand and compare plan options, explain health benefits terms, show you how different plan features work (deductibles, coinsurance, out-of-pocket maximums), walk you through estimating tax savings with a health savings account (if you are considering the ActiveCare1-HD plan)

Beginning September 1, 2018 your payroll deductions **per check** for the various options are as follows:

| | Employee Only | Employee/Spouse | Employee/Children | Employee/Family |
|-----------------------|---------------|-----------------|-------------------|-----------------|
| TRS-ActiveCare 1-HD | \$71.00 | \$405.00 | \$238.00 | \$574.50 |
| TRS-ActiveCare Select | \$157.50 | \$551.00 | \$325.50 | \$721.50 |
| TRS-ActiveCare 2 | \$278.50 | \$815.00 | \$469.00 | \$984.50 |

***See below for a very important note.**

***TRS-ActiveCare 2 is closed. NO NEW ENROLLMENTS WILL BE ALLOWED**

Only participants presently enrolled in ActiveCare 2 are eligible to remain in this plan for 2018-19.

TELADOC is available for TRSActiveCare Members only:

- Free of charge for TRS-ActiveCare Select and TRS-ActiveCare 2
- \$40.00 a call, for TRS-ActiveCare 1-HD

For detail information, please review the following links

Enrollment video: https://www.youtube.com/watch?v=yaSHIU8Q_kl

Enrollment guide:

https://www.trsactivecareetna.com/files/9215/2882/5911/TRSActiveCare_Enrollment_Guide_Final_6.12.18.pdf

TRS website: https://www.trs.texas.gov/Pages/healthcare_trs_activecare.aspx

2018-19 TRS-ActiveCare Plan Highlights

Effective Sept. 1, 2018 through Aug. 31, 2019 | In-Network Level of Benefits¹



| Medical Coverage | ActiveCare 1-HD | ActiveCare Select or ActiveCare Select Whole Health <small>(Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)</small> | ActiveCare 2 <small>NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.</small> |
|--|--|---|--|
| Deductible (per plan year) | | | |
| In-Network | \$2,750 employee only/\$5,500 family | \$1,200 individual/\$3,600 family | \$1,000 individual/\$3,000 family |
| Out-of-Network | \$5,500 employee only/\$11,000 family | Not applicable. This plan does not cover out-of-network services except for emergencies. | \$2,000 individual/\$6,000 family |
| Out-of-Pocket Maximum (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum) | The individual out-of-pocket maximum only includes covered expenses incurred by that individual. | | |
| In-Network | \$6,650 individual/\$13,300 family | \$7,350 individual/\$14,700 family | \$7,350 individual/\$14,700 family |
| Out-of-Network | \$13,300 individual/\$26,600 family | Not applicable. This plan does not cover out-of-network services except for emergencies. | \$14,700 individual/\$29,400 family |
| Coinsurance | | | |
| In-Network Participant pays (after deductible) | 20% | 20% | 20% |
| Out-of-Network Participant pays (after deductible) | 40% of allowed amount | Not applicable. This plan does not cover out-of-network services except for emergencies. | 40% of allowed amount |
| Office Visit Copay Participant pays | 20% after deductible | \$30 copay for primary \$70 copay for specialist | \$30 copay for primary \$70 copay for specialist |
| Diagnostic Lab Participant pays | 20% after deductible | 20% after deductible | 20% after deductible |
| Preventive Care See below for examples | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Teladoc® Physician Services | \$40 consultation fee (counts toward deductible and out-of-pocket maximum) | Plan pays 100% | Plan pays 100% |
| High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays | 20% after deductible | \$100 copay plus 20% after deductible | \$100 copay plus 20% after deductible |
| Inpatient Hospital (preauthorization required) (facility charges) Participant pays | 20% after deductible | \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission) | \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year) |
| Freestanding Emergency Room Participant pays | \$500 copay per visit plus 20% after deductible | \$500 copay per visit plus 20% after deductible | \$500 copay per visit plus 20% after deductible |
| Emergency Room (true emergency use) Participant pays | 20% after deductible | \$250 copay plus 20% after deductible (copay waived if admitted) | \$250 copay plus 20% after deductible (copay waived if admitted) |
| Outpatient Surgery Participant pays | 20% after deductible | \$150 copay per visit plus 20% after deductible | \$150 copay per visit plus 20% after deductible |
| Bariatric Surgery Physician charges (only covered if performed at an IOQ facility) Participant pays | \$5,000 copay (does apply to out-of-pocket maximum) plus 20% after deductible | Not covered | \$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible |
| Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) Participant pays | 20% after deductible | \$70 copay for specialist | \$70 copay for specialist |
| Annual Hearing Examination Participant pays | 20% after deductible | \$30 copay for primary \$70 copay for specialist | \$30 copay for primary \$70 copay for specialist |

Preventive Care

Some examples of preventive care frequency and services:

- **Routine physicals** – annually age 12 and over
- **Mammograms** – one every year age 35 and over
- **Smoking cessation counseling** – eight visits per 12 months

- **Well-child care** – unlimited up to age 12
- **Colonoscopy** – one every 10 years age 45 and over
- **Healthy diet/obesity counseling** – unlimited to age 22; age 22 and over – 26 visits per 12 months

- **Well woman exam & pap smear** – annually age 18 and over
- **Prostate cancer screening** – one per year age 50 and over
- **Breastfeeding support** – six lactation counseling visits per 12 months

Note: Covered services under this benefit must be billed by the provider as “preventive care.” Non-network preventive care is not paid at 100%. If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. There is no coverage for non-network services under the ActiveCare Select plan or ActiveCare Select Whole Health.

For a listing of preventive care services, please view the Benefits Booklet at www.trselectivecareaetna.com for the latest list of covered services.

2018-19 TRS-ActiveCare Plan Highlights

| Prescription Coverage | ActiveCare 1-HD | ActiveCare Select or ActiveCare Select Whole Health <small>(Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)</small> | ActiveCare 2 <small>NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.</small> |
|---|--|---|---|
| | Drug Deductible (per person, per plan year) | Must meet plan-year deductible before plan pays. ² | \$0 generic; \$200 brand |
| Short-Term Supply at a Retail Location (up to a 31-day supply) | | | |
| Tier 1 – Generic | 20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%. ² | \$20 for a 1- to 31-day supply | \$20 for a 1- to 31-day supply |
| Tier 2 – Preferred Brand | 20% coinsurance after deductible | \$40 for a 1- to 31-day supply ³ | \$40 for a 1- to 31-day supply ³ |
| Tier 3 – Non-Preferred Brand | 50% coinsurance after deductible | 50% coinsurance for a 1- to 31-day supply ³ | 50% coinsurance for a 1- to 31-day supply (Min. \$65 ⁴ ; Max. \$130) ³ |
| Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location (60- to 90-day supply) ⁵ | | | |
| Tier 1 – Generic | 20% coinsurance after deductible | \$45 for a 60- to 90-day supply | \$45 for a 60- to 90-day supply |
| Tier 2 – Preferred Brand | 20% coinsurance after deductible | \$105 for a 60- to 90-day supply ³ | \$105 for a 60- to 90-day supply ³ |
| Tier 3 – Non-Preferred Brand | 50% coinsurance after deductible | 50% coinsurance for a 60- to 90-day supply ³ | 50% coinsurance for a 60- to 90-day supply (Min. \$180 ⁴ ; Max. \$360) ³ |
| Specialty Medications (up to a 31-day supply) | 20% coinsurance after deductible | 20% coinsurance | 20% coinsurance (Min. \$200 ⁴ ; Max. \$900) |
| Short-Term Supply of a Maintenance Medication at Retail Location (up to a 31-day supply) The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will pay a convenience fee. They will be charged the coinsurance and copays in the row below the second time they fill a short-term supply of a maintenance medication. Participants can avoid paying the convenience fee by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location. | | | |
| Tier 1 – Generic | 20% coinsurance after deductible | \$35 for a 1- to 31-day supply | \$35 for a 1- to 31-day supply |
| Tier 2 – Preferred Brand | 20% coinsurance after deductible | \$60 for a 1- to 31-day supply ³ | \$60 for a 1- to 31-day supply ³ |
| Tier 3 – Non-Preferred Brand | 50% coinsurance after deductible | 50% coinsurance for a 1- to 31-day supply ³ | 50% coinsurance for a 1- to 31-day supply (Min. \$90 ⁴ ; Max. \$180) ³ |

What is a maintenance medication?

Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$20, then you will pay \$35 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$225 over the year by filling a 90-day supply.

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

¹ Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the ActiveCare Select or ActiveCare Select Whole Health Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which may be considerable.

² For ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible (\$2,750 – individual, \$5,500 – family) and they pay nothing out of pocket for these drugs. Find the list of drugs at info.caremark.com/trsactivecare.

³ If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

⁴ If the cost of the drug is less than the minimum, you will pay the cost of the drug.

⁵ Participants can fill 32-day to 90-day supply through mail order.

Monthly Premiums

| TRS-ActiveCare Monthly Premium | TRS-ActiveCare 1-HD | | | TRS-ActiveCare Select/ ActiveCare Select Whole Health | | | TRS-ActiveCare 2 | | |
|--------------------------------|-----------------------|---|-------------------------|--|---|-------------------------|-----------------------|---|-------------------------|
| | Full monthly premium* | Premium with min. state/district contribution** | Your monthly premium*** | Full monthly premium* | Premium with min. state/district contribution** | Your monthly premium*** | Full monthly premium* | Premium with min. state/district contribution** | Your monthly premium*** |
| Individual | \$367 | \$142 | | \$540 | \$315 | | \$782 | \$557 | |
| +Spouse | \$1,035 | \$810 | | \$1,327 | \$1,102 | | \$1,855 | \$1,630 | |
| +Children | \$701 | \$476 | | \$876 | \$651 | | \$1,163 | \$938 | |
| +Family | \$1,374 | \$1,149 | | \$1,668 | \$1,443 | | \$2,194 | \$1,969 | |

* If you are not eligible for the state/district subsidy, you will pay the full monthly premium. Please contact your Benefits Administrator for your monthly premium.

** The premium after state, \$75 and district, \$150 contribution is the maximum you may pay per month. Ask your Benefits Administrator for your monthly cost. (This is the amount you will owe each month after all available subsidies are applied to your premium.)

*** Completed by your benefits administrator. The state/district contribution may be greater than \$225.

To enroll or decline go to:

<https://trsactivecare.bswift.com/TrsMain/Home.aspx>

Start typing your district name

Click

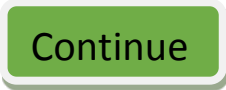
Create Your

Click

Continue

First Time User:

Create Your Account

Please enter your personal information and click  to complete the enrollment process.

IMPORTANT NOTE:

Decline, if you are not enrolling

Active Contributing, if you are enrolling

Active Working, if you are a SUBSTITUTE

UNUM - \$25K TERM LIFE

UNUM basic life is mandatory to employees enrolled in the district's medical benefits.

Beneficiary Information

- Primary Beneficiary (ies) means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary (ies).
- Contingent Beneficiary (ies) means the person(s) you choose to receive your life insurance benefits only if all primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary, these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary (ies).
- Minor Beneficiary (ies) -When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- Trust -You may designate a valid trust as a beneficiary.

Types of Coverage Information

- Basic Life is life insurance provided by your employer for which they pay the premiums.
- Supplemental Life is life insurance elected by you for which you pay the premiums.
- AD&D is Accidental Death & Dismemberment coverage.
- If you wish to designate different beneficiaries for any of the above coverages. please complete a separate form.

General Information

- Updates to Your Beneficiary Designation -You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- Consult an Attorney-This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.

Premiums and Benefits Information

- If you reach age 70, but not 75, your amount of life insurance will be 65% of the amount of life insurance you had prior to age 70.
- If you have reached age 75 or more, your amount of life insurance will be 50% of the amount of life insurance you had prior to your first age reduction.

Premiums and benefits change as follow:

| AGE | PREMIUM/CHECK | BENEFIT |
|-------------|---------------|-------------|
| Up to 69 | \$2.25 | \$25,000.00 |
| Up to 74 | \$1.46 | \$16,250.00 |
| 75 and over | \$1.13 | \$12,500.00 |

Group Enrollment Form



**BENEFICIARY DESIGNATION FORM
GROUP LIFE AND GROUP ACCIDENTAL DEATH
& DISMEMBERMENT INSURANCE**
Unum Life Insurance Company of America
Provident Life and Accident Insurance Company
The Paul Revere Life Insurance Company

25,000 @ \$2.25/check
70+ 16,250 @ 1.49/check

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to your employer.**

SECTION 1: Employee Information

| | | |
|---|---|------------------------|
| Name (Last Name, Suffix, First Name, MI) | | Social Security Number |
| Policy Number(s) 0628700 | Division Number(s) 001 | |
| Employer Name Crosby Independent School District | Check the coverages listed below to which this beneficiary designation applies: <input checked="" type="checkbox"/> Basic Life | |

SECTION 2: Primary Beneficiary (ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

| Name & Address | Relationship | Social Security Number | Date of Birth | Percentage |
|------------------------------|--------------|------------------------|---------------|------------|
| | | | | |
| | | | | |
| | | | | |
| Total Must Equal 100% | | | | |

SECTION 3: Contingent Beneficiary (ies)

If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

| Name & Address | Relationship | Social Security Number | Date of Birth | Percentage |
|------------------------------|--------------|------------------------|---------------|------------|
| | | | | |
| | | | | |
| | | | | |
| Total Must Equal 100% | | | | |

SECTION 4: Signature

X

 Employee Signature Date

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