HEB ISD
HURST-EULESS-BEDFORD

QUALIFYING EVENT HANDBOOK



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

Achange 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.

2026 - 2027 HEB ISD Health Insurance

BCBS of Texas (866) 355-5999

www.bcbstx.com/trsactivecare
Provider Search
Prescriptions - Express Scripts

Virtual Health Options:
Teladoc - www.member.teladoc.com/trsactivecare
RediMD - www.redimd.com

In Network Benefits	ActiveCare Primary (Participant Pays)		ActiveCare Primary+ (Participant Pays)		ActiveCare HD (Participant Pays)	
MEDICAL BENEFITS	Lowest premium, copays for dr visits, referrals to see specialists		Lowest deductible, copays for dr visits, referrals to see specialists		Deductible must be met before benefits are paid; HSA Compatible	
Deductible Individual Family	$2,500 $5,000		$1,200 $2,400		$3,400 $6,800	
Maximum Out-of-Pocket *(includes deductible, coinsurance & copays)* Individual Family	$8,050 $16,100		$6,900 $13,800		$8,300 $16,600	
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 Teladoc		$0 RediMD $12 Teladoc		$30 RediMD $42 Teladoc	
Urgent Care	$50		$50		30%①	
Emergency Room	30%①		20%①		30%①	
Emergency Room - 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 I $200 Brand		Subject to medical deductible	
Tier 1 - Generic	$15③		$15		20%①③	
Tier 2 - Preferred Brand	30%①		25% ($100 max)②		25%①	
Tier 3 - Non-Pref Brand	50%①		50%②		50%①	
Specialty Drugs	30%①④		20% ($500 max)②④		20%①	
Premiums	Monthly	Per Paycheck	Monthly	Per Paycheck	Monthly	Per Paycheck
Employee Only	$312	**$156.00**	$420	**$210.00**	$330	**$165.00**
Employee & Spouse	$1,353	**$676.50**	$1,572	**$786.00**	$1,401	**$700.50**
Employee & Child(ren)	$741	**$370.50**	$924	**$462.00**	$771	**$385.50**
Employee & Family	$1,781	**$890.50**	$2,076	**$1,038.00**	$1,842	**$921.00**

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

2026-2027 CIGNA DENTAL Benefits Summary

Visit: www.mycigna.com	HIGH PLAN (PPO)		LOW PLAN (PPO)		DHMO
	In-Network	Out of Network	In-Network	Out of Network	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	$50	$50	$25	$25	
Family	$150	$150	$75	$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	**YOU PAY**		**YOU PAY**		**YOU PAY**
Oral evaluations; routine cleanings; routine X-rays; fluoride application; and emergency care to relieve pain (Note: This service is administered at the in-network coinsurance level.)	100% No Deductible	No Charge	100% No Deductible	No Charge	$5 - $75
Class II: Basic Restorative	**YOU PAY**		**YOU PAY**		**YOU PAY**
Filings: minor and major endodontics; minor and major periodontics; minor and major oral surgery; general anesthesia and IV sedation; non-routine X-rays; and sealants per tooth	80% After Deductible	20% After Deductible	70% After Deductible	30% After Deductible	$200 - $700
Class III: Major Restorative	**YOU PAY**		**YOU PAY**		**YOU PAY**
Inlays and onlays; prosthesis over implant; prefabricated stainless steel/resin crowns; permanent cast and porcelain crowns; bridges; crowns and inlays repairs; dentures; denture relines; rebases and adjustments; and non-orthodontic space maintainers	50% [3] After Deductible	50% [3] After Deductible	50% [3] After Deductible	50% [3] After Deductible	$200 - $900
Class IV: Orthodontia	**YOU PAY**		**YOU PAY**		**YOU PAY**
Adults and Child(ren) to age 19 Lifetime Benefits Maximum: $1,000	50% [3] No Deductible	50% [3] No Deductible	NO COVERAGE	NO COVERAGE	See plan summary for details
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	$23.15		$15.12		$7.56
Employee + 1	$45.99		$31.14		$14.36
Employee and Family	$69.75		$42.03		$22.67

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 tohelp 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

Network:
Superior Vision

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

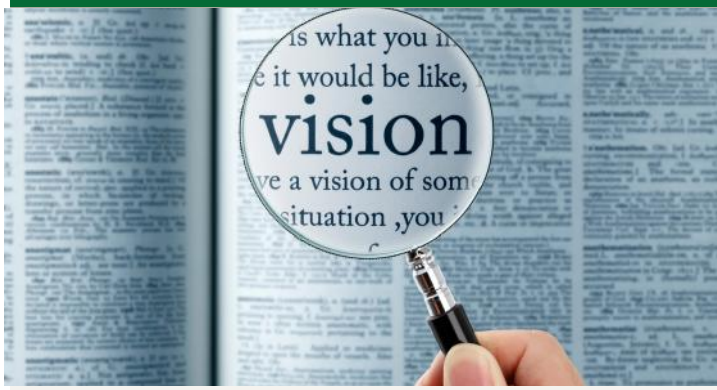
	Vision Plan	
	In-Network You Pay	**Out-of-Network Reimbursement**
Exam	$10 copay	Up to $42
Materials	$25 copay	Up to $52
Lenses		
• Single vision • Bifocal • Trifocal • Factory scratch coat • Polycarbonate for eye dependent children	Covered in full	Up to $26 Up to $34 Up to $50 Not covered Not covered
Frames	$130 retail allowance	Up to $52
Contacts *In lieu of frames and lenses*		
• Fitting (standard and specialty2)	$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	

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

[2] Standard 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.

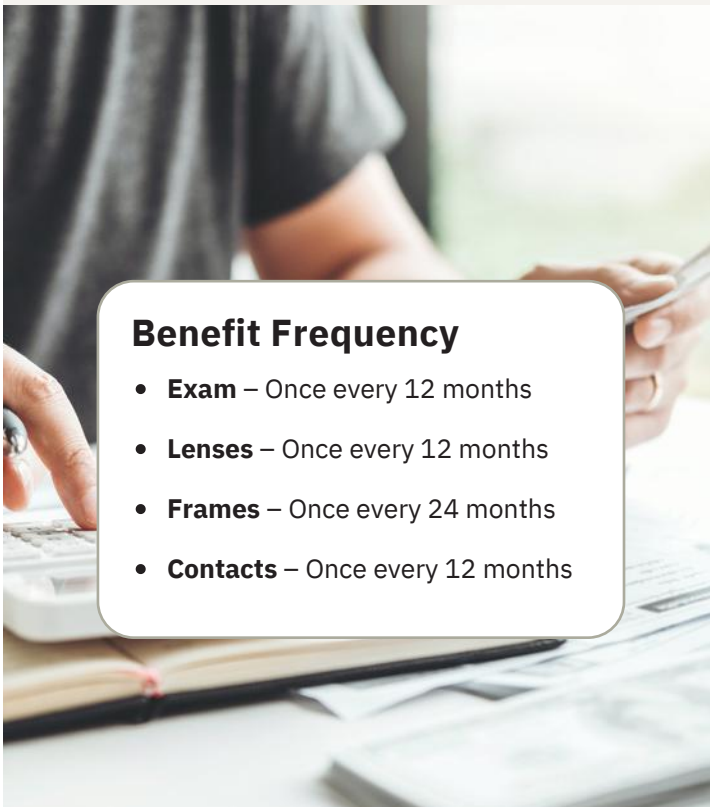
Find an In-Network Provider

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) • ICU (maximum 3 per calendar year)	$1,500 $3,000	$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

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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.