

INSTRUCTIONS FOR SUBMITTING A BENEFITS STATUS CHANGE

1. Go to www.lisd.net/benefits .
2. Click on the “Benefit Plans” tab then Instructions and Rules for a Status Change to access the Benefit Change Instructions and the Benefit Change Form.
3. Print and complete the information on the Benefits Change Form as instructed.
4. Be sure to sign and date Page 1.
5. On Page 2, indicate the new (or changed) coverage you’re wanting. Initial Decline for any coverages being dropped.
6. Email the completed form and the required proof (see below) to benefits@lisd.net

****NOTE** There is only a 31-day window from the event date to make a change in your benefits.**

To approve any change, appropriate documentation of your status change must be forwarded to the Benefits Office within 31 calendar days from the request date or effective date of the change, whichever is sooner. Documentation can be sent with the completed form to benefits@lisd.net .

REQUIRED PROOF (DOCUMENTATION)

LOSS OF COVERAGE: Proof must be an official document listing the names of all family members who are losing coverage, the type of coverage (medical, dental, etc.) and the termination date of the coverage. Loss of coverage must be non-voluntary. If you or your dependents were voluntarily dropped from a plan, you cannot be added under a status change. Once approved, new coverage will be effective on the 1st of the month following the month that previous coverage was terminated.

GAIN OF COVERAGE: Proof can be any type of official documentation from the new employer or insurance company listing the names of all family members who are gaining coverage, the types of coverage that have been gained and the effective date of that coverage. You must submit your request during the month prior to the date you wish your coverage to end. Coverage cannot be canceled retroactively. Example: Submitted request to cancel on 1/13/24 coverage will end on 2/1/24.

BIRTH: No documentation is required.

ADOPTION: A copy of the front page of the official court documents either placing the child or granting adoption and the last page(s) of that same document with signatures all complete, or signature papers and waivers, if applicable.

MARRIAGE: To add a spouse or new dependents, proof will be a copy of the marriage certificate. If you are wanting to drop coverage as a result of a marriage, please follow instructions for a Gain of Coverage.

DIVORCE: To drop spouse and dependents, please submit a copy of the first and last pages of the official divorce decree. The last pages (signature pages) must be signed and dated. To add coverage -see above instructions for Loss of Coverage.

TURNING 26 – If you are losing coverage due to aging out of another plan, see above instructions for Loss of Coverage.

LISD Benefit Plan Rate

PLAN YEAR Sept. 1, 2024- Aug. 31, 2025

lisd.net/benefits

For complete Plan Summaries

TRS Medical Insurance

Monthly pay rates				
Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2*
Employee only	\$179.00	\$193.00	\$234.00	\$655.00
Employee + spouse	\$976.00	\$1,014.00	\$1,152.00	\$2,014.00
Employee + children	\$487.00	\$511.00	\$635.00	\$1,135.00
Employee + family	\$1,324.00	\$1,372.00	\$1,561.00	\$2,448.00
Semi-monthly pay rates - Facility Services				
Employee only	\$89.50	\$96.50	\$117.00	\$327.50
Employee + spouse	\$488.00	\$507.00	\$576.00	\$1,007.00
Employee + children	\$243.50	\$255.50	\$317.50	\$567.50
Employee + family	\$662.00	\$686.00	\$780.50	\$1,224.00
19 pay rates - Child Nutrition, Extended School Day, Security				
Employee only	\$113.05	\$121.89	\$147.79	\$413.68
Employee + spouse	\$616.42	\$640.42	\$727.58	\$1,272.00
Employee + children	\$307.58	\$322.74	\$401.05	\$716.84
Employee + family	\$836.21	\$866.53	\$985.89	\$1,546.11

Before you decide . . .

The TRS Activecare Primary and Primary+ plans are State Network Only, so there are no out of network benefits. Both require you to provide a Primary Care Physician when you enroll. Look up TRS-ActiveCare Primary and Primary + Plan providers at bcbsct.com/trsactivecare under the Find a Doctor Tab.

Search our online Provider Finder directory to see which doctors and facilities are in-network. If you need help for the

TRS medical plans, please call a Personal Health Guide at 1-886-355-5999

Pooled Rates per Month

*Active Care 2 is a closed plan: No New Enrollments

	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2
Employee + family	\$989.00	\$1,037.00	\$1,226.00	\$2,113.00

To be eligible for pooled rates, both employee and spouse must work for LISD.

Vision Plan

Superior Vision by MetLife	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	\$7.54	\$3.77	\$4.76
Employee + spouse	\$13.80	\$6.90	\$8.72
Employee + children	\$14.45	\$7.23	\$9.13
Employee + family	\$22.30	\$11.15	\$14.08

MASA Emergent Transport

Employee + family	Monthly rates	Semi-Monthly	19 pay rates
	\$14.00	\$7.00	\$8.85

Hospital Cash

CHUBB Hospital Cash	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	\$17.44	\$8.72	\$11.01
Employee + spouse	\$33.09	\$16.55	\$20.90
Employee + children	\$26.78	\$13.39	\$16.91
Employee + family	\$42.43	\$21.22	\$26.80

Flexible Spending Accounts

If you are enrolled in a Flexible Spending Account, you are limited to how much income you can set aside each year.

Health care reimbursement limit	\$3,200
Dependent care reimbursement limit	\$5,000

Health Savings Accounts

You must be enrolled in TRS-Active Care 1-HD. You are limited to how much income you can set aside each year.

Employee only	\$4,150
Age 55 and older	\$5,150
Family	\$8,300
Age 55 and older	\$9,300

Cigna Critical Illness

Sample rates shown are for \$10,000 Please see enrollment system for other age bands				
Age	Monthly pay rates	Semi-monthly	19 pay rates	
<29	Employee only	\$2.05	\$1.03	\$1.29
	Employee + spouse	\$4.19	\$2.10	\$2.65
	Employee + children	\$4.74	\$2.37	\$2.99
	Employee + family	\$6.88	\$3.44	\$4.35
30-39	Employee only	\$4.04	\$2.02	\$2.78
	Employee + spouse	\$7.82	\$3.91	\$4.91
	Employee + children	\$6.72	\$3.36	\$4.24
	Employee + family	\$10.50	\$5.25	\$6.63
40-49	Employee only	\$6.75	\$3.38	\$4.26
	Employee + spouse	\$13.35	\$6.68	\$8.43
	Employee + children	\$9.04	\$4.52	\$5.71
	Employee + family	\$15.63	\$7.82	\$9.87



Dental Plans

MetLife Standard Dental maximum of \$1,500 per insured person	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	\$42.68	\$21.34	\$26.96
Employee + spouse	\$85.38	\$42.69	\$53.92
Employee + children	\$87.10	\$43.55	\$55.01
Employee + family	\$129.80	\$64.90	\$81.98
MetLife Basic Dental maximum of \$1,000 per insured person			
Employee only	\$22.46	\$11.23	\$14.19
Employee + spouse	\$44.90	\$22.45	\$28.36
Employee + children	\$45.82	\$22.91	\$28.94
Employee + family	\$68.28	\$34.14	\$43.12



MDLive

* New - One Rate \$16.00

Benefits

Phone & Website

UNUM Voluntary Life

New Hires within 31 days of Hire -
Employee guarantee issue: \$250,000 or 7x salary
Spouse guarantee issue: \$50,000
Child guarantee issue: \$10,000

Age	Rates per month per \$10,000
Under 30	\$.36
30-34	\$.45
35-39	\$.63
40-44	\$.99
45-49	\$ 1.71
50-54	\$ 2.97
55-59	\$ 4.23
60-64	\$ 5.04
65-69	\$ 9.00
70-74	\$ 15.39
75+	\$ 30.87

UNUM Child Life

Coverage amount	Child rates per month
\$2,000	\$.20
\$4,000	\$.40
\$6,000	\$.60
\$8,000	\$.80
\$10,000	\$ 1.00

UNUM Voluntary AD&D

Rate per month per \$10,000	\$.30
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Texas Life - Permanent Portable Life

Employees Express Issue coverage up to \$150,000 coverage; varies based on employee age
Spousal Express Issue Coverage up to \$50,000; varies based on spouse age

Sick Leave Bank

All new members, or if you used any SLB days during the 2023-24 year 1 local day

NY Life Long Term Disability

Guarantee issue open enrollment every year
Waiver of elimination period upon hospitalization with 30 day elimination period or less
Pregnancy covered same as any illness - 12 month pre-existing limitation
Can elect up to 70% of salary to a max of \$8,000

Premium Plan - pays sickness & injury to age 65

Elimination (waiting) period	Rate per month per \$100 of coverage
14 day	\$2.74
30 day	\$2.32
60 day	\$1.50
90 day	\$1.30

Select Plan - pays sickness for 5 years & injury to age 65

Elimination (waiting) period	Rate per month per \$100 of coverage
14 day	\$2.42
30 day	\$2.08
60 day	\$1.35
90 day	\$1.16

Legalease Legal Plan

Monthly	\$15.18
Semi-monthly	\$7.59
19-pay	\$9.59

Medical 866-355-5999

www.bcbstx.com/trsactivecare

Dental 800-438-6388

www.metlife.com

Vision 833-393-5433

www.metlife.com/vision

MDLive 888-365-1663

www.mdlive.com/fbsbh

Disability 888-842-4462

www.newyorklife.com

Medical Transport 800-423-3226

www.masamts.com

Critical Illness 800-244-6224

www.cigna.com

Hospital Cash 800-252-4670

www.chubb.com

Individual 800-283-9233

Permanent Life

www.texaslife.com

Group Life 800-445-0402

www.unum.com

Legal Plan 888-416-4313

www.legaleaseplan.com

457 and 403(b) 800-943-9179

Retirement Plans www.tcgsservices.com

Flexible Spending Accounts (FSA) 855-399-3035

www.nbsbenefits.com

Health Saving Accounts (HSA) 817-882-0800

www.eecu.org