

# BENEFIT GUIDE

2025-26



HELPING YOU MAKE INFORMED CHOICES ABOUT YOUR EMPLOYEE BENEFITS.

# WHAT'S INSIDE

- 04** RESOURCES & ENROLLMENT
- 06** HEALTH COVERAGE INSURANCE TERMS
- 07** KNOW WHERE TO GO FOR HEALTH CARE

## MEDICAL, DENTAL & VISION

- 8-12** Medical | TRS ActiveCare/BCBS
- 13** Health Savings Accounts | Lively
- 14** Flexible Spending Accounts | NBS
- 15** Dental | BCBS of Texas
- 16** Vision | CEC

## PLANNING AHEAD

- 17-22** Accident, Critical Illness and Hospital Indemnity Insurance | Securian
- 23** Educator Disability Insurance | The Hartford
- 24** Life and AD&D Insurance | Securian
- 25** Universal Life Insurance | Trustmark

## PERSONAL BENEFITS

- 26** Employee Assistance Program | TELUS
- 26** Financial Wellness Program | FinPath
- 27** Fitness Program | TRS ActiveCare
- 27** Discount Program | TRS ActiveCare
- 27** Retirement 403(b) Savings | FinPath
- 28** Teladoc | SafetyNets Plus
- 28** Family Legal Plan | SafetyNets Plus
- 28** Roadside Assistance | SafetyNets Plus
- 29** Student Loan Debt Reduction | GotZoom
- 29** Pet Insurance | Spot

## **30** CONTACTS

## **31** LEGAL UPDATES NOTICES

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.





# WELCOME

Grand Prairie ISD is proud to offer comprehensive benefit plans to our employees. In this guide you will learn more about the benefits offered for the 2025-2026 plan year. You will find interactive QR codes that will take you to your employee benefits plan documents and give you quick access to needed claims forms. Just scan the code with your smartphone or tablet, or click on it if viewing electronically.

This year's Open Enrollment will run from July 7, 2025, through August 7, 2025. Your benefit elections and changes made during this period will be effective 9/1/2025 to 8/31/2026. Your deductibles and out-of-pocket maximums will run from September 1 to August 31. Please review your open enrollment materials thoroughly before making your elections.



GPISD Benefits Hub



## EMPLOYEE BENEFITS RESOURCES

Please visit the GPISD Benefits Hub for the latest information and benefits resources:  
[www.mybenefitshub.com/grandprairieisd](http://www.mybenefitshub.com/grandprairieisd)

**Talk to an Advocate and schedule enrollment**  
Phone: 844.610.1977  
Monday - Friday, 8am - 6pm (local time zone)

**Connect with a Benefits Counselor**  
[www.myenrollmentschedule.com/grandprairienh](http://www.myenrollmentschedule.com/grandprairienh)

**Enroll Online**  
[www.mybenefitshub.com/grandprairieisd](http://www.mybenefitshub.com/grandprairieisd)

**GPISD Payroll and Benefits Team**  
972-237-5513

## EMPLOYEE ELIGIBILITY

The group insurance coverage described in this guide is available to all full-time employees who work a minimum of 20 or more hours per week. **The coverage is effective the 1st day of the month following your date of hire.**

**All benefit elections must be made within 31 days from your date of hire. The insurance plan year is from September 1 through August 31 of each year. Once your enrollment window has closed, you may not make any changes to your elections unless you experience a Qualifying Life Event.**



GPISD Benefits Hub

## DEPENDENT ELIGIBILITY

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents. Eligible dependents include one or more of the following:

- Your legal spouse
- A child through age of 26
- A child is defined as your natural child, legally adopted child, stepchild, and any child for whom you are the court-appointed guardian
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance

**Please have the Social Security numbers of dependents being added to the plan when you are ready to enroll.**

**Beneficiary information must be updated for all applicable coverages.**

## QUALIFYING LIFE EVENTS

If you experience a Qualifying Life Event (QLE), contact the Benefits Department. **Proof of the QLE must be submitted within 31 days to change current benefit elections.**

### Qualifying Life Events include:

- A change in the number of dependents (birth, adoption, death, guardianship)
- A change in marital status (marriage, divorce, death, legal separation)
- A dependent's loss of eligibility (attainment of limiting age or change in student status)
- A change in employee's, spouse's, or eligible dependent's work hours
- A termination or commencement of employment of employee's spouse or eligible dependents with coverage
- An entitlement to Medicare or Medicaid
- Other events the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service

## BENEFIT ADVOCATE CENTER (BAC) GALLAGHER

Put your team to work to maximize your health care benefits. Gallagher is ready to help you get the most from your benefit program by providing support from an Advocate at no cost to you.

### Get assistance with:

- Insurance cards
- Benefits questions
- Eligibility rules
- Finding a doctor
- Pharmacy issues
- Claims

## CONNECT WITH YOUR ADVOCATE TEAM

### EMAIL

[bac.grandprairiebenefits@ajg.com](mailto:bac.grandprairiebenefits@ajg.com)

### PHONE

844.610.1977

### HOURS OF OPERATION

Monday - Friday

8:00 am - 6:00 pm local time zone

# HEALTH COVERAGE INSURANCE TERMS

## Deductible

The amount you pay for covered health care services before your insurance plan starts to pay. For example, with a \$3,500 deductible you pay the first \$3,500 of covered services yourself.

After you pay your deductible you usually pay only a copayment or coinsurance for covered services, your insurance company pays the rest.

**Deductibles are based on a PLAN YEAR (SEPTEMBER - AUGUST).**

## Out-of-Pocket Maximum/Limit

The maximum dollar amount you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits. **Out-of-pocket maximum are based on a PLAN YEAR (SEPTEMBER - AUGUST).**

**The out-of-pocket limit doesn't include:**

- Your monthly premiums
- Anything you spend for services your plan doesn't cover
- Out-of-network care and services
- Costs above the allowed amount for a service that a provider may charge

## Coinsurance

The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

For example, let's say the following amounts apply to your plan and you need a lot of treatment for a serious condition. Allowable costs are \$12,000:

**Deductible: \$3,000**

**Coinsurance: 20%**

**Out-of-Pocket Maximum: \$6,850**

You will pay all of the first \$3,000 (your deductible).

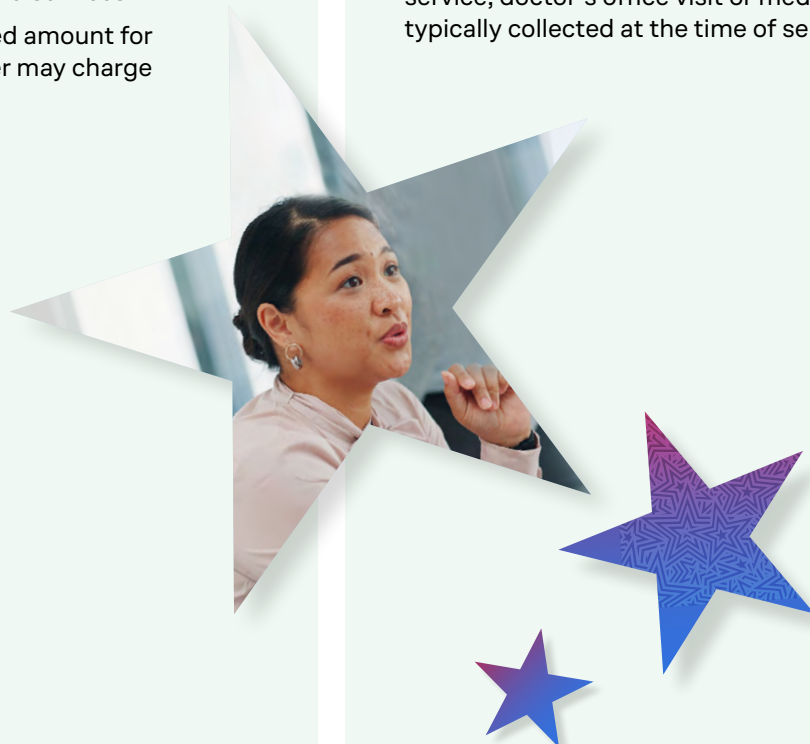
You will pay 20% of the remaining \$9,000, or \$1,800 (your coinsurance).

So your total out-of-pocket costs would be \$4,800 — your \$3,000 deductible plus your \$1,800 coinsurance.

If your total out-of-pocket costs reach \$6,850, you'd pay only that amount, including your deductible and coinsurance. The insurance company would pay for all covered in-network services for the rest of your plan calendar year at 100%.

## Copays

Copays are the set dollar amount paid for a specific service, doctor's office visit or medication and are typically collected at the time of service.



# KNOW WHERE TO GO FOR HEALTH CARE

The rising cost of health care is a concern for all of us. Here are some tips on how you can reduce your cost of health care:

- Use in-network providers to receive a higher level of benefit.
- Request generic rather than brand name prescription drugs. Generic medications are considerably less expensive.
- **Schedule an annual physical with an in-network provider. It is covered at 100% with no copay.**

## VIRTUAL VISITS

Access telehealth service to treat common medical conditions from anywhere.

- Colds and Flu
- Allergies
- Sore throats
- Stomach aches
- Urinary Tract Infections



## DOCTOR'S VISITS

The best option for preventive care, ongoing maintenance medications or if you are needing a referral for a specialist.

- Immunizations
- Injury
- Preventive care
- General health issues



## URGENT CARE

For non-life threatening illness after normal business hours. When your regular doctor is unavailable and you need care quickly.

- High Fever
- Injury
- Sudden illness
- Dehydration
- Cuts needing stitches



## EMERGENCY ROOM

Go to the emergency room for immediate treatment of serious injury or illness. If a situation feels life-threatening, call 911.

- Chest pain or difficulty breathing
- Serious Injury
- Seizure
- Fever with rash
- Concussion/confusion



# MEDICAL | TRS ActiveCare/BCBS

Grand Prairie offers 3 medical plans administered by BCBS. The chart below provides an overview of the plan highlights.  
**Reminder:** Deductibles and out-of-pocket maximums are on **plan year (September - August)**.

Medical Plan Summary	TRS - ActiveCare Primary	TRS - ActiveCare Primary+	TRS - ActiveCare HD	
	In-Network ONLY	In-Network ONLY	In-Network	Out-of-Network
Plan Year Deductible	\$2,500 Ind / \$5,000 Fam	\$1,200 Ind / \$2,400 Fam	\$3,300 Ind / \$6,600 Fam	\$6,600 Ind / \$13,200 Fam
Plan Year Out-of-Pocket Maximum	\$8,050 Ind / \$16,100 Fam	\$6,900 Ind / \$13,800 Fam	\$8,300 Ind / \$16,000 Fam	\$20,500 Ind / \$41,000 Fam
Coinsurance	30% after deductible	20% after deductible	30% after deductible	50% after deductible
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	
<b>Doctor Visits</b>				
Primary Care	\$30 copay	\$15 copay	30% after deductible	50% after deductible
Specialist Office Visits	\$70 copay	\$70 copay	30% after deductible	50% after deductible
<b>Immediate Care</b>				
Urgent Care	\$50 copay	\$50 copay	30% after deductible	50% after deductible
Emergency Care	30% after deductible	20% after deductible	30% after deductible	
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	
<b>Prescription Drugs</b>				
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical	
Generics (31-Day Supply/ 90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	20% after deductible; \$0 coinsurance for certain generics	
Preferred (Max does not apply if brand is selected and generic is available)	30% after deductible	25% after deductible (\$100 max) / 25% after deductible (\$265 max)	25% after deductible	
Non-preferred	50% after deductible	50% after deductible	50% after deductible	
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	20% after deductible	
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	25% after deductible	

# MEDICAL | TRS ActiveCare/BCBS (continued)

Medical Plan Summary	TRS - ActiveCare Primary	TRS - ActiveCare Primary+	TRS - ActiveCare HD	
	In-Network ONLY	In-Network ONLY	In-Network	Out-of-Network
Diagnostic Labs	Office/Independent Lab: \$0	Office/Independent Lab: \$0	Office/Independent Lab: \$0	50% after deductible
	Outpatient: 30% after deductible	Outpatient: 20% after deductible	Outpatient: 20% after deductible	
High-Tech Radiology Outpatient Costs Inpatient Hospital Costs	30% after deductible	20% after deductible	30% after deductible	50% after deductible
Freestanding Emergency Room	\$500 copay + 30% after deductible	\$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible
Bariatric Surgery	Facility: 30% after deductible	Facility: 20% after deductible	Not Covered	Not Covered
	Professional Services: \$5,000 copay + 30% after deductible	Professional Services: \$5,000 copay + 20% after deductible		
	Only covered if rendered at a BDC+facility	Only covered if rendered at a BDC+facility		
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	\$70 copay	\$70 copay	30% after deductible	50% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	30% after deductible	50% after deductible

Total Employee Contributions		TRS - ActiveCare Primary	TRS - ActiveCare Primary+	TRS - ActiveCare HD
MEDICAL MONTHLY	Employee Only	\$156.00	\$253.00	\$170.00
	Employee + Spouse	\$1,102.00	\$1,298.00	\$1,139.00
	Employee + Child(ren)	\$546.00	\$711.00	\$569.00
	Employee + Family	\$1,491.00	\$1,755.00	\$1,538.00
MEDICAL 18 PAY	Employee Only	\$104.00	\$168.67	\$113.33
	Employee + Spouse	\$734.67	\$865.33	\$759.33
	Employee + Child(ren)	\$364.00	\$474.00	\$379.33
	Employee + Family	\$944.00	\$1,170.00	\$1,025.33
SEMI-MONTHLY	Employee Only	\$78.00	\$126.50	\$85.00
	Employee + Spouse	\$551.00	\$649.00	\$569.50
	Employee + Child(ren)	\$273.00	\$355.50	\$284.50
	Employee + Family	\$745.50	\$877.50	\$769.00

For late hires on 18 pay and semi-monthly pay schedules, your premium may differ slightly than the listed amounts. Contact payroll if you have questions.



## DIGITAL TOOLS FOR CONNECTIVITY

Blue Cross and Blue Shield of Texas (BCBSTX) offers Blue Access for Members<sup>SM</sup> (BAM) to help you maximize your health care benefits. All covered dependents aged 18 and up can create a BAM account.

With BAM, you can:

- Use Provider Finder<sup>®</sup> to locate health care providers, hospitals, or pharmacies.
- Request or print your ID card.
- Check the status of referrals.
- View or print claim history and Explanation of Benefits statements.
- Use the Cost Estimator tool to find prices for various tests, treatments, and procedures.
- Sign up for text or email alerts.
- Select or change your Primary Care Provider.

## VIRTUAL VISITS

You and your covered family members can get convenient, quality health care from the comfort of home, on your lunch break, or while traveling without having to go to a doctor's office. Virtual medical visits give you access to licensed board-certified doctors, 24 hours a day, seven days a week.

Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore Throats
- Stomachaches
- and more

RediMD	Teladoc
TRS-ActiveCare Primary TRS-ActiveCare Primary+ TRS-ActiveCare 2	TRS-ActiveCare Primary TRS-ActiveCare Primary+ TRS-ActiveCare 2
\$0	\$0
TRS-ActiveCare HD	TRS-ActiveCare HD
\$30*	\$42*

\*For participants with TRS-ActiveCare HD, medical telehealth visits through RediMD apply to the deductible. Once the deductible is met, the plan pays 70% of the Medical Consult Fee of \$30. Participant would pay 30% after deductible.



## GET STARTED

1. Go to [www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare)
  2. Click Log in
  3. Use the information on your BCBSTX ID card to sign up
- Or, text\* BCBSTXAPP to 33633 to get the BCBSTX App.



Scan the QR code or go to [bcbstx.com/trsactivecare](http://bcbstx.com/trsactivecare) and click Log In.

## MENTAL HEALTH VIRTUAL VISITS

Teladoc also offers confidential mental health services from licensed therapists, psychologists, psychiatrists, or certified drug and alcohol abuse counselors for participants 13 and older. Parents don't need to be present during mental health appointments for patients aged 13 to 17.

### Mental health conditions treated include:

- Alcoholism, addiction and substance-related disorders
- Attention disorders
- Bipolar, schizophrenia and psychotic disorders
- Depressive and anxiety disorders
- Eating disorders
- Neurocognitive disorders and dementia
- Obsessive compulsive and related disorders
- Personality disorders

Health Plan	Teladoc Virtual Mental Health Visit
TRS-ActiveCare Primary TRS-ActiveCare Primary+ TRS-ActiveCare 2	\$0 copay
TRS-ActiveCare HD	30% coinsurance after deductible*



## REGISTERING FOR TELADOC AND REDIMD IS EASY!



Set up your account at [www.teladoc.com/trsactivecare](http://www.teladoc.com/trsactivecare) or download the Teladoc app from the Apple App Store or Google Play Store. For assistance, call 1-855-Teladoc (1-855-835-2362).



Register at [www.redimd.com/trsactivecare](http://www.redimd.com/trsactivecare) using the code trsactivecare. Download the RediMD app from the Apple App Store or Google Play Store, or call 1-855-942-4900 for customer service assistance.



## WOMEN'S AND FAMILY HEALTH

TRS-ActiveCare provides extensive support for women and family health, covering all stages from pre-pregnancy to parenting, at no additional cost.

### Ovia Health™ Apps

- **Ovia:** Track fertility, cycle, and ovulation, and receive menopause support.
- **Ovia Pregnancy:** Access resources for a healthy pregnancy, including food and medication safety, nurse consultations, and weekly baby growth updates.
- **Ovia Parenting:** Monitor your child's development and milestones, with features for logging feedings, diaper changes, and sleep patterns.

Download the Ovia Health Apps to get started.

### Maternity Self-Management Programs

Well onTarget®: Offers digital courses on healthy pregnancies, earning Blue PointsSM for completed courses. Access via [www.WellonTarget.com](http://www.WellonTarget.com) or the Well onTarget AlwaysOn® app.

### TRS-ActiveCare Plan Benefits

- 100% coverage for electric breast pumps (two per year).
- Hospital-grade breast pump rentals up to \$150 (one per year).
- 100% coverage for lactation counseling (six visits per plan year).

### Personal Health Guides

Assistance with understanding benefits, finding healthcare providers, and addressing behavioral health or postpartum depression concerns. Contact at 1-866-355-5999 or via the BCBSTX App.

### 24/7 Nurseline

Access to registered nurses for advice and guidance on whether to visit the emergency room or wait for an OBGYN appointment. Available anytime at 1-833-968-1770.

## HEALTH SAVINGS ACCOUNT (HSA) | Lively

An HSA is like a 401(k) for health care. It's yours for life, regardless of your employment or health plan. And unlike a flexible spending account (FSA), there's no "use it or lose it" rule.

With more tax advantages than any other savings vehicle, an HSA is one of the most efficient ways to manage health care expenses. You can choose to put your money to work or build a health care safety net. And after age 65, you can even use it for non-medical expenses — just like a regular 401(k).

### HSA Tax Advantages:

- Pre-tax or tax-deductible contributions
- Tax-free interest and investment earnings
- Tax-free distributions when used for qualified expenses

### Am I eligible for an HSA?

You must participate in one of the GPISD medical plans, have no other insurance coverage other than those specifically allowed, and not be claimed as a dependent on someone else's tax return.

### How much can I contribute to an HSA?

Individuals may contribute up to \$4,400 and families up to \$8,750 in 2026. If you are 55 or older, you may add another \$1,000 on top of that. These limits are subject to change each year by the IRS.

### What can I spend HSA funds on?

You can use your HSA for a wide range of qualified expenses such as doctor's visits, prescription drugs, imaging, lab work, medical equipment, contact lenses, dental work, and physical therapy. Refer to **IRS Publication 502** for comprehensive guidelines.





## FLEXIBLE SPENDING ACCOUNT | NBS

An FSA is a great way to pay for expenses with pre-tax dollars. Our convenient NBS Benefits Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. Or you may also utilize the “pay a provider” option on our web portal. Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.

### Maximum Contribution Amounts for 2026

You can contribute \$3,300 to a Health Care FSA. For a Dependent Care FSA, the maximum contribution is \$5,000 per household, or \$2,500 if you’re married and file taxes separately.

### What if I don’t use it all?

Because an FSA is a planning tool with great tax benefits, you must use the account balance in its entirety before the end of the plan year or it will be forfeited. This is known as the “use-it-or-lose-it” rule. Grand Prairie ISD does offer a \$500 rollover at year end to help if you miss the mark a little bit. Just make sure to plan your contribution amount carefully when you enroll.

	With FSA	Without
Annual taxable income	\$24,000	\$24,000
Health FSA	\$1,500	\$0
Dependent care FSA	\$1,500	\$0
Total pre-tax contributions	-\$3,000	\$0
Taxable income after FSA	\$21,000	\$24,000
Income taxes	-\$6,300	-\$7,200
After-tax income	\$14,700	\$16,800
After-tax health and welfare expenses	\$0	-\$3,000
Take-home pay	\$14,700	\$13,800
You saved	\$900	\$0

# DENTAL | BlueCross BlueShield of Texas

With the BlueCare Dental PPO plan, you'll have access to the BlueCare Dental PPO network—one of the largest in the nation. You have the option to choose any dentist, but you can lower your out-of-pocket costs when you choose a dentist who participates in the BlueCare Dental PPO network. If you choose an out-of-network dentist, they may have higher fees and charge you for amounts not covered by your insurance.

**The dental benefit plan operates on a calendar year basis, running from January 1 to December 31.**

## How to Find a PPO Dentist

You can schedule an appointment with any dentist without a referral. To locate a participating dentist in your area, visit [www.bcbstx.com](http://www.bcbstx.com) and use the Provider Finder tool or call Customer Service toll-free at **800-521-2227**.

## Dental Wellness Center

You can access educational information and other resources 24/7 at [www.bcbstx.com](http://www.bcbstx.com) to help you make choices about your dental care—at no extra cost. The Dental Wellness Center allows you to:

- Ask dental questions through **Ask a Dentist**
- Locate an in-network dentist using **Find a Dentist**
- Research dental fees in your area with the **Dental Cost Advisor**
- Search the **Dental Dictionary** for common dental terms
- View videos on various dental topics in the **Educational Videos** section

BlueCare Dental Covered Services	Low Plan PPO	High Plan PPO
	In-Network* & Out-of-Network**	
Diagnostic Evaluations / Preventive Services / Diagnostic Radiographs / Miscellaneous Preventive Services	100% Deductible Waived	
Basic Restorative Services / Non-Surgical Extractions & Periodontal Services / Adjunctive & Endodontic Services / Oral Surgery Services / Surgical Periodontal Services	80% Deductible Waived	
Major and Miscellaneous Restorative Services / Prosthodontic Services / Implants	50%	
Orthodontia for Children and Adults	50% Deductible Waived	
Maximum Lifetime Benefits for Orthodontia per individual	\$1,500	\$2,000
Deductible (3-month deductible carryover applies)	\$25 individual / \$0 family	
Annual Maximum	\$1,500	\$2,250

\*Benefits for covered services received from a Contracting (in-network) Dentist are based on the Allowable Amount. Contracting Dentists cannot balance bill for charges in excess of the Allowable Amount.

\*\*Benefits for covered services received from a Non-Contracting (out-of-network) Dentist will be based upon an Allowable Amount determined by BCBSTX, where the non-contracting Allowable Amount will be not less than the amount BCBSTX would have paid, for the same covered service, supply, or procedure if performed.

	Low Plan			High Plan		
	Monthly	18 pay	Semi-Monthly	Monthly	18 pay	Semi-Monthly
Employee	\$35.69	\$23.79	\$17.85	\$49.26	\$32.84	\$24.63
Employee + Spouse	\$75.03	\$50.02	\$37.52	\$98.48	\$65.65	\$49.24
Employee + Child	\$78.76	\$52.51	\$39.38	\$103.42	\$68.95	\$51.71
Family	\$112.57	\$75.05	\$56.29	\$147.73	\$98.49	\$73.87

For late hires on 18 pay and semi-monthly pay schedules, your premium may differ slightly than the listed amounts. Contact payroll if you have questions.

## VISION | CEC

Healthy eyes and clear vision are an important part of your overall health and quality of life. With CEC vision, you have access to a national network of providers to help care for your eyes. Eye exams, eyeglasses, and contacts are available to you at the cost of applicable copays.

**The vision benefit operates on a plan year basis, running from 9/1/25 – 8/31/26.**



	Base Plan	Buy-Up Plan
<b>In-Network Benefits</b>		
Eye Exam	\$10 copay	\$0
Single Vision Lenses	Covered by Allowance	Covered by Allowance
Bifocal Lenses	Covered by Allowance	Covered by Allowance
Trifocal Lenses	Covered by Allowance	Covered by Allowance
Lenticular Lenses	Covered by Allowance	Covered by Allowance
Progressive	Covered by Allowance	Covered by Allowance
Contact Lenses Elective Medically Necessary	\$130 Allowance Covered in full	\$230 Allowance Covered in full
Contact Lens Fitting	\$40	\$25
Frames	\$130 Allowance	\$230 Allowance
Frequencies	12/12/12	12/12/12

	Base Plan			Buy-up Plan		
	Monthly	18 pay	Semi-Monthly	Monthly	18 pay	Semi-Monthly
Employee	\$4.43	\$2.95	\$2.22	\$12.13	\$8.09	\$6.07
Employee + Spouse	\$7.76	\$5.17	\$3.88	\$21.58	\$14.39	\$10.79
Employee + Child	\$7.93	\$5.29	\$3.97	\$21.95	\$14.63	\$10.98
Family	\$12.95	\$8.63	\$6.48	\$32.38	\$21.59	\$16.19

For late hires on 18 pay and semi-monthly pay schedules, your premium may differ slightly than the listed amounts. Contact payroll if you have questions.

# ACCIDENT INSURANCE | Securian

Accident insurance offers additional financial protection by providing a cash payment directly to you if an accident occurs. It is a cost-effective way to help with expenses above and beyond what your health insurance plan covers. These expenses can include health care deductibles, groceries, child care, dog sitter, travel expenses and more.

## Key benefits

- \$50 health and wellness benefit available to everyone insured for completing an eligible health screening, including an annual exam
- Multiple cash payments may be received for accidents throughout the year
- Additional payments may be available if also enrolled in critical illness and hospital indemnity insurance
- Many accidents are covered, including injury and hospital care benefits, child and adult organized sports, emergency care and follow-up care
- Cash payments are paid directly to you to use for medical and non-medical expenses

## What does accident insurance plan cover and how much will you receive?

It provides a cash payment to help you offset expenses due to an accident.

Securian Accident Insurance Benefits	
Featured Basic Accident Benefits	Coverage Amount
Hospital Admission	\$3,000
Hospital Confinement (non-ICU)	\$400 per day
Hospital Intensive Care	\$800 per day
Family Member Lodging	\$300 per day
Hospital ER / Urgent Care without x-ray	\$300
Doctor's Office or Facility without x-ray	\$150
Fractures (with surgery)	Up to \$12,000
Dislocations (with surgery)	Up to \$12,000
Lacerations (scale to size of injury)	Up to \$1,000
Follow-Up Doctor Visits	\$100
Rehabilitative Therapy (outpatient)	\$700
Medical Devices/Scooters/Wheelchairs	\$250 - \$850

### HOW IT WORKS\*

Janet elects coverage for herself.



Janet slips off a stair and takes a tumble. She breaks her lower leg and needs surgery. She also has a concussion and spends two days in the hospital (non-ICU).

Janet submits a claim and gets an \$11,300 payment from Securian Financial.

Janet uses the money to pay her mortgage and hire a cleaning service.

\*Actual experience and benefit payouts may vary from this example.

## ACCIDENT INSURANCE | Securian (continued)

### Get \$50 for wellness screenings including an annual exam

It pays to visit the doctor. You, your spouse and children are eligible for a \$50 health and wellness payment each year when you are enrolled in accident insurance. There is a maximum of one health and wellness benefit payment per insured, per year. To file a health and wellness claim, go to [www.securian.com/benefits](http://www.securian.com/benefits).

#### WHEN CAN YOU ENROLL?

You can enroll:

- Within 31 days of initial eligibility period
- During your open enrollment window
- Within 31 days of a qualified family status change

It's quick and easy to enroll without answering health questions or a doctor's exam.

#### ENROLL ONLINE

Login at [www.mybenefitshub.com/grandprairieisd](http://www.mybenefitshub.com/grandprairieisd).

You can enroll with a Benefits Counselor by phone. Simply make an appointment at <https://myenrollmentschedule.com/grandprairienh> Monday-Friday 9 a.m. to 5 p.m. CST.



# CRITICAL ILLNESS | Securian

Critical illnesses are expensive. It's easy to understand how unpaid medical bills can threaten a family's financial future. While you can't prevent a diagnosis in your family, you can help protect your finances with additional, cost-effective coverage.

## Key Benefits:

- \$100 health and wellness benefit available to employees and spouses insured for completing an eligible health screening, including an annual exam
- Examples of critical illnesses include heart attack, stroke, cancer, autism and others
- No exclusions for pre-existing health conditions, but covered diagnoses must occur after the coverage effective date
- May be paid multiple times when the same critical illness occurs again after a stated separation period
- No health exam or questions required to purchase critical illness insurance
- Cash payments paid directly to you to use for medical and non-medical expenses

## What does your critical illness plan cover and how much will you receive?

It provides a cash payment directly to you to help manage expenses associated with a covered critical illness.

Employee Coverage	Spouse Coverage	Child Coverage
\$5,000-\$50,000	100% of your elected coverage amount	50% of your elected coverage amount

\*Actual experience and benefit payouts may vary from this example.

## HOW IT WORKS\*

Jill elects \$20,000 of coverage for herself from the plan offered by GPISD.



A year later she suffers a heart attack (as defined in the policy). She recovers fully.

Jill submits a claim and gets a \$20,000 payment from Securian.

Jill uses the money to pay for child care while she recovers.



# CRITICAL ILLNESS | Securian (continued)

## Covered Critical Illnesses

The following conditions are examples of illnesses covered at the percentages listed below (if approved). Covered critical illness claims will be reviewed and must meet the definitions as defined in the policy.

Covered condition	Initial Occurrence Benefit	Recurrence Benefit
Addison's disease	100%	
Amyotrophic lateral sclerosis (ALS)	100%	
Alzheimer's disease	100%	
Aneurysm	25%	25%
Autism spectrum disorder	\$3,000	
Coma	100%	100%
Heart attack	100%	
Invasive cancer	100%	100%
Metastatic cancer	25%	
Multiple sclerosis	100%	
Muscular dystrophy	100%	
Parkinson's disease	100%	
Sickle cell anemia	100%	
Skin cancer	\$250	\$250
Stroke	100%	100%
Sudden cardiac arrest	100%	100%

## Get paid \$100 for annual wellness screenings including an annual exam

It pays to visit the doctor. You and your spouse are eligible for a \$100 health and wellness payment each year when you are enrolled in critical illness insurance. There is a maximum of one health and wellness benefit payment per insured, per year. To file a health and wellness claim, go to [securian.com/benefits](https://securian.com/benefits).

### WHEN CAN YOU ENROLL?

You can enroll:

- Within 31 days of initial eligibility period
- During your open enrollment window
- Within 31 days of a qualified family status change

It's quick and easy to enroll without answering health questions or a doctor's exam.

### ENROLL ONLINE

Login at <https://myenrollmentschedule.com/grandprairienh>.

You can enroll with a Benefits Counselor by phone. Simply make an appointment at <https://myenrollmentschedule.com/grandprairienh> Monday-Friday 9 a.m. to 5 p.m. CST.

# HOSPITAL INDEMNITY PLAN | Securian

## You don't plan on it, but you can plan for it

Hospital indemnity insurance provides a cash payment after each day spent in a hospital to help supplement your health insurance.

## Why hospital indemnity insurance makes sense

Hospital indemnity insurance is a cost-effective way to help with the expenses above and beyond what your health insurance plan already covers, giving you the flexibility to spend the money on anything you wish, such as medical bills, health care deductibles, groceries, loss of income, travel expenses or a dog sitter.

## Key benefits

- No health exam or questions required to purchase hospital indemnity insurance
- Ability to submit labor and delivery claim ahead of hospital stay at 36 weeks pregnant and be paid
- Payments available for outpatient mental health and substance abuse screenings and care
- Can be used for planned and unplanned hospitalizations
- Cash payments paid directly to you to use for any type of expenses


## What does your hospital indemnity plan cover?

It provides a cash payment to help you offset hospitalization or other expenses.

Covered Hospital Benefits	
<b>Hospital stay or admission – initial benefit (sickness or accident)</b>	
Non-ICU	\$1,500
ICU (pays in addition to non-ICU)	\$1,500
<b>Hospital stay – daily benefit starting on day 2 of hospitalization (sickness or accident)</b>	
Non-ICU: Up to 30 days per admission	\$150
ICU (pays in addition to non-ICU): 30 days maximum per admission	\$150
Newborn routine stay: Up to 2 days per newborn	\$75 per day
Outpatient mental health and substance use disorder diagnostic screening: One benefit per year	\$100

### HOW IT WORKS\*

John elects coverage for himself.



John is painting and falls off his ladder. He breaks his arm and though he doesn't need surgery, spends two days in the hospital (non-ICU).

John submits a claim and gets a \$1,650 payment from Securian Financial.

John uses the money to pay for groceries and a lawn service.

\*Actual experience and benefit payouts may vary from this example.

## EDUCATOR DISABILITY

## The Hartford

Educator Disability insurance combines the features of a short-term and long-term disability plan into one policy that you may purchase. The coverage pays you a portion of your earnings if you cannot work because of a disabling illness or injury. The plan gives you the flexibility to choose a level of coverage to suit your need.

You are eligible if you are an active employee who works at least 20 hours per week on a regularly scheduled basis. You can enroll in coverage within 31 days of your date of hire or during your annual enrollment period.

**Employee Benefit:** You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$8,000 that cannot exceed 66 2/3% of your current monthly earnings.

**Definition of Disability:** Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings.

Once you have been disabled for 24 months, you must be prevented from performing one or more essential duties of any occupation, and as a result, your monthly earnings are 66 2/3% or less of your pre-disability earnings.

**Elimination Period:** You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a disability benefit payment. The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an **accident** before your benefits can begin. The second number indicates the number of days you must be disabled by a **sickness** before your benefits can begin.

*For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived and benefits will be payable from the first day of hospitalization.*

**Pre-Existing Condition Limitation:** Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless you have been insured under this policy for 12 months before your disability begins. If your disability is a result of a pre-existing condition, benefits will be paid for a maximum of 3 months.

**Benefit Integration:** For the first 12 months your benefit may be reduced by other income you receive or are eligible to receive due to your disability. But your plan includes a minimum benefit of 25%.

Premium Option	
Age Disabled	Maximum Benefit Duration
Prior to 63	To Normal Retirement Age or 48 months if greater
Age 63	To Normal Retirement Age or 42 months if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and older	18 months

**To File A Claim**

Call 1-866-547-9124

7am-7pm CST

Policy#: 715407

## EDUCATOR DISABILITY | The Hartford (continued)

### Other Important Benefits

#### Survivor Benefit

If you die while receiving disability benefits, a benefit will be paid to your spouse or child under age 26, equal to three times your last monthly gross benefit.

The Hartford's Ability Assist service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more.

Additionally, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through ComPsych, a leading provider of employee assistance and work/life services.

#### Travel Assistance Program

Available 24/7, this program provides assistance to employees and their dependents who travel 100+ miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services.

#### Identity Theft Protection

An array of identity fraud support services to help victims restore their identity.

Benefits include:

- 24/7 access to an 800 number
- Direct contact with a certified caseworker who follows the case until it's resolved; and
- A personalized fraud resolution kit with instructions and resources for ID theft.



# LIFE AND AD&D INSURANCE | Securian

Group term life insurance provides a cost-effective way to prepare for the unexpected by adding an extra level of protection during your working years. Your loved ones may benefit from life insurance to cover medical bills, funeral costs and estate management expenses. It can also be a critical resource in helping with your family’s ongoing expenses.

Accidental Death and Dismemberment (AD&D) insurance provides additional financial protection in the event that a covered accident results in an insured’s

loss of life, hearing, sight, paralysis and more. All active employees working at least 20 hours per week receives basic term life and AD&D insurance with a \$20,000 benefit. You can choose to increase your coverage as well as purchase coverage for your spouse and children.

You can continue to be insured with Securian beyond active employment without answering health questions. Premiums are generally higher than those paid by active employees.

Basic Coverage (automatically enrolled)		
Basic Term Life	\$20,000	Includes matching AD&D benefit
Optional coverages*		
Employee supplemental term life	\$10,000 increments up to the lesser of \$500,000 or five times annual earnings	
Supplemental spouse life	\$5,000 increments	Maximum: \$100,000
Supplemental child life	\$1,000 increments up to \$10,000	Children are eligible from live birth until age 26

\*Evidence of Insurability (EOI) is required for amounts over \$250,000 for employees and \$50,000 for spouses.



## ENROLL ONLINE

Login at [www.mybenefitshub.com/grandprairieisd](http://www.mybenefitshub.com/grandprairieisd).

You can enroll with a Benefits Counselor by phone. Simply make an appointment at <https://myenrollmentschedule.com/grandprairienh> Monday-Friday 9 a.m. to 5 p.m. CST.

# UNIVERSAL LIFE WITH LONG-TERM CARE BENEFITS

Universal Life provides a consistent lifelong benefit, while for the same rate, the Universal LifeEvents option offers a higher death benefit during your working years when your needs and responsibilities are the greatest.

Your rate is locked in at your age when you purchase but the EZ Value Option can automatically increase your benefit amount over time without any medical questions. The policy is yours to take with you if you resign or retire. Coverage is also available for family members including your spouse, children and grandchildren.

## Long-Term Care

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. You have the option to collect 4% of your Universal Life/LifeEvents death benefit per month for up to 25 months to help pay for long-term care services. Plus, if you collect a benefit for LTC, your full death benefit is still available for your beneficiaries.

With either option, this benefit remains at the same level throughout your life, so the full amount is always available when you most need it.

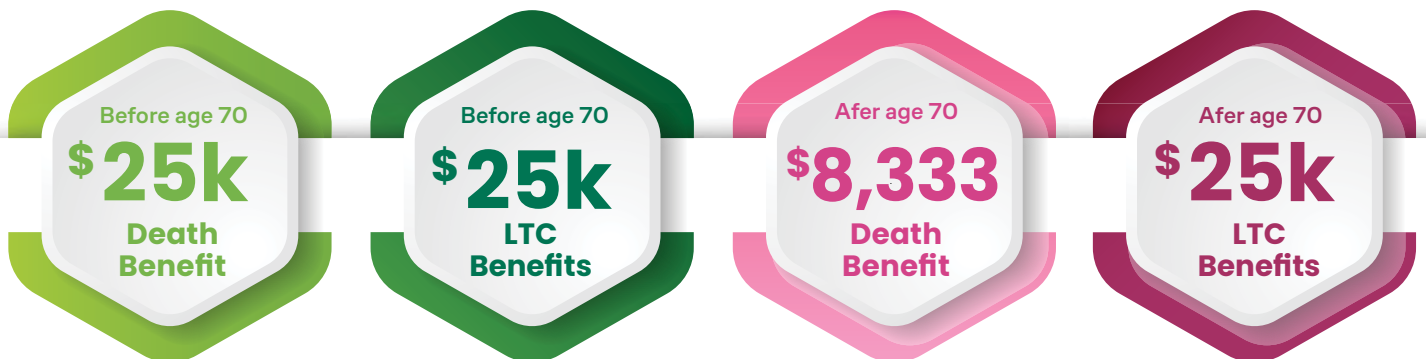
## How the Universal LifeEvents Option Works

You have a higher death benefit during working years, but your long-term care benefits stay the same throughout your life.

Universal LifeEvents death benefit reduces to one-third at age 70 or the beginning of the 15<sup>th</sup> policy year, whichever occurs last. Issue age is 18 to 64 years of



## Example: \$25,000 policy



## EMPLOYEE ASSISTANCE PROGRAM | Telus

You and your immediate family members will receive immediate and confidential no-cost help through the TELUS Employee Assistance Program. It helps you with a broad range of work, health or life concerns including:

- **Wellbeing:** Stress, mental health concerns, grief and loss, crisis situations
- **Managing relationships and family:** Communication, separation/divorce, parenting
- **Dealing with workplace challenges:** Stress, performance, work-life balance
- **Tackling addictions:** Alcohol, drugs, smoking cessation, gambling
- **Finding child and elder care resources:** Childcare, schooling, nursing/retirement homes
- **Getting legal advice:** Family law, separation/divorce, custody
- **Financial helpline support:** Debt management, bankruptcy, retirement

There is no cost to use the EAP. This benefit is provided to you by Grand Prairie ISD and can include a series of sessions with a professional. If you need more specialized or longer-term support, their team of experts can suggest an appropriate specialist or service that is best suited to your needs. While fees for these additional services are your responsibility, they may be covered by your health plan.

TELUS Health EAP is completely confidential within the limits of the law. No one, including your employer, will know that you have used the program unless you choose to tell them.

Visit us at [one.telushealth.com](https://one.telushealth.com), username Securian and password *lifeworks* or call anytime at **855-549-4879**.

### CONTACT EAP

[one.telushealth.com](https://one.telushealth.com)  
Username: Securian  
Password: lifeworks



## FINANCIAL WELLNESS PROGRAM | FinPath

7 in 10 Americans report high levels of financial stress, but you shouldn't be part of that statistic. FinPath is a financial literacy program paid by Grand Prairie ISD to help you take control of your money and help decrease your stress. If you've ever felt like you're living paycheck to paycheck or want your dollars to go further, we have just the tools to make a difference. FinPath can help you with tasks like:

- Creating an emergency savings fund
- Managing and lowering you debt
- Improving your credit score
- Saving for big purchases like a home or car
- Planning for retirement with savings plans
- Protecting your paycheck from insurance overcharges
- Exploring student loan forgiveness
- and more

**Ready to fight financial stress?**

Get started for free at [finpathwellness.com](https://finpathwellness.com) today!

### WHAT YOU GET

#### FINPATH UNIVERSITY COURSES

Participate in financial courses taught by professional investment advisors.

#### WELLNESS SCORE TRACKER

Your personalized score helps you plan and track your improvement progress.

#### BUDGETING TOOLS & CALCULATORS

Ditch your old spreadsheet. Use FinPath to create budgets and track spending.

#### UNBIASED & CONFIDENTIAL PERSONAL ADVICE

Get access to a coach who will answer questions about managing your money.

## FITNESS PROGRAM | TRS ActiveCare

As a TRS-ActiveCare participant, the Fitness Program is available to you and your covered dependents age 16 and older.\* The program gives you access to a nationwide network of fitness locations.

Stay active from home with the virtual fitness program. Get on-demand workout videos, live streams, nutrition and wellness guidance and more.

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences. See chart below for details.
- **Studio Class Network:** Boutique-style classes and specialty gyms with a pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Get a bundled price discount when your covered dependents join.
- **Convenient Payment:** Pay your monthly fees with automatic credit card or bank account withdrawals.

Base	Core	Power	Elite	Pro	Signature	Premier
\$19/mo	\$29/mo	\$39/mo	\$129/mo	\$159/mo	\$199/mo	\$239/mo
3,000+ Classic Gyms	7,500+ Classic Gyms	11,000+ Classic Gyms	Access to 1 Luxury Gym + All 11,000+ Classic Gyms (Luxury Gyms differ by tier, 100+ available)			
\$19 Enrollment fee						
Digital content only: video and live stream (\$10/mo)						

### Ready to sign up?

Go to [www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare) or call 1-888-762-BLUE (2583).



## DISCOUNT PROGRAM | TRS ActiveCare

Blue365 is free to join and offers savings on health and wellness products and services from top retailers that aren't covered by insurance. Sign up to have weekly featured deals emailed to you.

### Get deals on:

- Hearing and vision
- Fitness memberships and devices
- Apparel and footwear
- Nutrition
- Pet products
- Oral and skin care products
- and more

See all the Blue365 deals and learn more at [www.blue365deals.com/bcbstx](http://www.blue365deals.com/bcbstx).

## RETIREMENT 403(B) SAVINGS | TCG Advisors

Start saving today for a financially secure tomorrow. Invest in a 403(b) or 457(b) plan today. TCG Advisors offer TeleWealth virtual appointments to help you understand your retirement options and address financial questions. Get enrollment assistance at [www.tcgservices.com/telewealth](http://www.tcgservices.com/telewealth) or by calling the enrollment Hotline at 512.600.5204.



## NATIONAL BENEFIT PLANS SafetyNets Plus

SafetyNets Plus provides identity fraud protection for you and your immediate family for **\$16.95 per month**. Your AURA account must be activated directly with AURA. This benefit is self-pay meaning you will pay the carrier directly - premiums will not be deducted from your paycheck.

### AURA Identity Theft Protection

Early detection is one of the most important factors in preventing identity theft. Your theft protection includes:

- Dark Web Monitoring
- Stolen Fund Reimbursement
- Credit Score Tracker
- Monitoring of Financial Account Openings

### Teladoc Telehealth

24/7 access to a doctor is only a call or click away—anytime, anywhere, with a \$0 visit fee. Includes:

- 10-minute average call-back time
- PCPs, pediatricians and family medicine
- Average 15 years of experience
- 90%+ satisfaction rate

### Family Legal Plan

Members have access to face-to-face or phone consultation with licensed network attorneys and so much more. Your family legal coverage will include:

- Free simple wills and annual updates
- Attorneys matched specifically to you
- Document review\*
- Face-to-face or phone consultations\*
- Dispute resolution to attempt to resolve legal disputes

\*Unlimited per new legal matter, review 6 pg max new matter

### Roadside Assistance

Whether the issues are automobile breakdowns or automobile accidents, this plan has been designed to enhance your automobile experience 24/7 with services for your vehicle including:

- Towing
- Lock-out
- Tire Change
- Extrication
- Fuel Delivery
- Jump Start

## NATIONAL BENEFIT PLANS

### SafetyNets Plus

#### Student Loan Debt Reduction GotZoom

Educators and public service employees enjoy special status with the Department of Education (DOE). The Public Service Loan Forgiveness program (PSLF) helps make educators among the highest loan forgiveness recipients.

GotZoom is the premier financial wellness company whose sole focus is on reducing financial stress.

Visit [www.safetynetsplus.com/gpisd](http://www.safetynetsplus.com/gpisd) and select the GotZoom benefit under the Products tab. There is a \$407 application fee and a monthly fee of \$32.95.

## PET INSURANCE | Spot

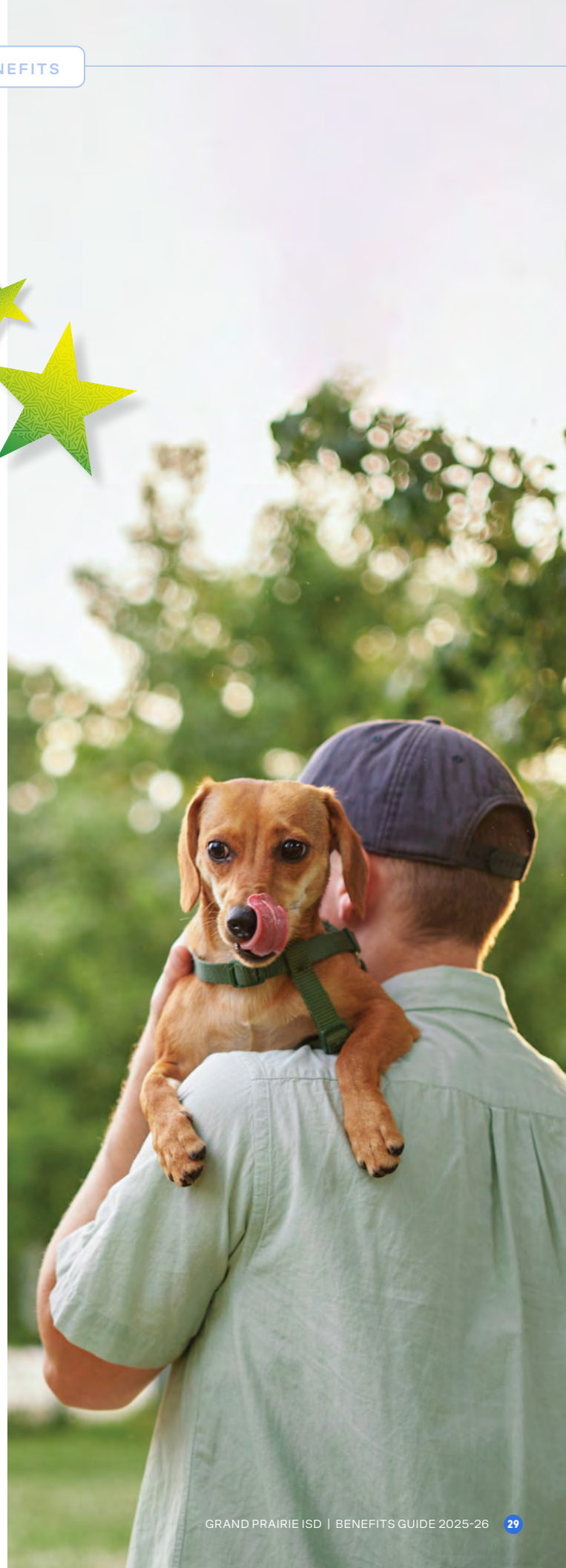
Get affordable and comprehensive dog insurance plans from Spot Pet Insurance that cover your dog from head-to-tail to help you ensure they receive the best care. Their coverage will include diagnostics, treatments, and prescription medication for covered conditions.

Spot plans cover emergency care, surgery and rehab for dogs injured in unexpected accident. You can also keep up with routine wellness exams, vaccines, and more with optional Preventive Care benefits you can add to your plan.

#### Flexible Plans for Any Budget

Customize your annual limit, deductible and reimbursement rate to make your pet and wallet happy. Visit any vet in the U.S. or Canada, submit your claims online and get cash back for covered vet bills.

Get your special discount from Spot at [spotpet.link/gpisd](http://spotpet.link/gpisd).



# CONTACTS

If you have specific questions about a benefit plan, contact the administrator listed below or your local Payroll and Benefits department.

Benefit	Administrator	Phone	Website	Group No.
Medical Plans	BCBS	866.355.5999	www.bcbstx.com/trsactivecare	TRS-ActiveCare HD: 385000  TRS-ActiveCare Primary+: 385001  TRS-ActiveCare Primary: 385003
Pharmacy	TRSACRx	866.355.5999	www.bcbstx.com/trsactivecare	
Health Savings Account (HSA)	Lively	888.576.4837	www.Livelyme.com	
Flexible Spending Account (FSA)	NBS	800.274.0503	www.nbsbenefits.com	
Dental	BCBS of Texas	800.521.2227	www.bcbstx.com	391807
Vision	CEC	888.254.4290	www.cecvision.com	Base Plan: GRNDPRIE01  Buy-Up Plan: GRNDPRIE02
COBRA Administration	NBS	800.274.0503	www.nbsbenefits.com	
<b>Life Group</b>				
Life and AD&D Insurance	Securian	855.750.1906	www.mybenefitshub.com/ grandprairieisd	70734
Accident		855.750.1906		76323
Critical Illness		855.750.1906		76324
Hospital Indemnity Insurance		855.750.1906		76325
Educator Disability Insurance	The Hartford	866.547.9124 7am - 7pm		715407
Universal Life Insurance	Trustmark	Policy Questions 800.918.8877  Claim Questions 877.201.9373	www.trustmarkvb.com	
Retirement 403(b) Savings	Financial Pathway	833.777.6545	www.finpathwellness.com	N/A
Employee Assistance Program (EAP)	Telus Username: Securian Password: Lifeworks	855.549.4879	www.one.telushealth.com	
Financial Wellness Service	FinPath	833.777.6545	www.finpathwellness.com	
Identity Fraud Protection Legal Protection Plan Roadside Assistance Teladoc Student Loan Debt (GotZoom)	SafetyNets plus	800.787.3988	www.safetynetsplus.com/gpisd	15111
Pet Insurance	Spot Pet Insurance		www.spotpet.link/gpisd	
Benefits Coordinator	Twyla Peachy Myles	972.237.5513	Twyla.Peachy-Myles@gpisd.org	
Director of Payroll	Vicki Dennis	972.237.5558	Vicki.Dennis@gpisd.org	

# LEGAL UPDATES NOTICES

## Model Language for Notice of Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26

The interim final regulations extending dependent coverage to age 26 provide transitional relief for a child whose coverage ended, or who was denied coverage (or was not eligible for coverage) under a group health plan or health insurance coverage because, under the terms of the plan or coverage, the availability of dependent coverage of children ended before the attainment of age 26. The regulation requires a plan or issuer to give such a child an opportunity to enroll that continues

for at least 30 days (including written notice of the opportunity to enroll), regardless of whether the plan or coverage offers an open enrollment period and regardless of when any open enrollment period might otherwise occur. This enrollment opportunity (including the written notice) must be provided no later than the first day of the first plan year beginning on or after September 23, 2010. The notice may be included with other enrollment materials that a plan dis- tributes, provided the statement is prominent. Enrollment must be effective as of the first day of the first plan year beginning on or after September 23, 2010.

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Grand Prairie ISD group health plans. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to September 1, 2019 beginning on or after September 23, 2010. For more information, contact your Payroll/Benefits Department.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **866.444.EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 31, 2025. Contact your state for more information on eligibility.**

# LEGAL UPDATES NOTICES (continued)

## ALABAMA – Medicaid

myalhipp.com  
855.692.5447

## ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
myakhipp.com | 866.251.4861  
CustomerService@MyAKHIPP.com  
Medicaid Eligibility: [health.alaska.gov/dpa/Pages/default.aspx](http://health.alaska.gov/dpa/Pages/default.aspx)

## ARKANSAS – Medicaid

myarhipp.com  
855.MyARHIPP (855.692.7447)

## CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program  
[dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp)  
916.445.8322 | Fax: 916.440.5676 | Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

## COLORADO – Medicaid and CHIP

Health First Colorado (Colorado's Medicaid Program)  
[www.healthfirstcolorado.com](http://www.healthfirstcolorado.com)  
Member Contact Center: 800.221.3943 | State Relay 711  
Child Health Plan Plus (CHP+)  
[hcpf.colorado.gov/child-health-plan-plus](http://hcpf.colorado.gov/child-health-plan-plus)  
Customer Service: 800.359.1991 | State Relay 711  
Health Insurance Buy-In Program (HIBI)  
[www.mycohibi.com](http://www.mycohibi.com)  
HIBI Customer Service: 855.692.6442

## FLORIDA – Medicaid

[www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp](http://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp)  
877.357.3268

## GEORGIA – Medicaid

GA HIPP Website: [medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)  
678.564.1162, Press 1  
GA CHIPRA Website: [medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra](http://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)  
678.564.1162, Press 2

## INDIANA – Medicaid

Health Insurance Premium Payment Program  
All other Medicaid  
Website: [www.in.gov/medicaid/](http://www.in.gov/medicaid/)  
[www.in.gov/fssa/dfr](http://www.in.gov/fssa/dfr)  
Family and Social Services Administration  
Phone: 1-800-403-0864  
Member Services Phone: 1-800-457-4584

## IOWA – Medicaid and CHIP (Hawki)

Medicaid: [hhs.iowa.gov/programs/welcome-iowa-medicaid](http://hhs.iowa.gov/programs/welcome-iowa-medicaid) | 800.338.8366  
Hawki: [hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki](http://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki) | 800.257.8563  
HIPP: [hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp](http://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp)  
888.346.9562

## KANSAS – Medicaid

[www.kancare.ks.gov](http://www.kancare.ks.gov)  
800.792.4884 | HIPP Phone: 800.967.4660

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):  
[chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)  
855.459.6328 | [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP: [kidshealth.ky.gov/Pages/index.aspx](http://kidshealth.ky.gov/Pages/index.aspx) | 877.524.4718  
Medicaid: [chfs.ky.gov/agencies/dms](http://chfs.ky.gov/agencies/dms)

## LOUISIANA – Medicaid

[www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

## MAINE – Medicaid

Enrollment: [www.mymaineconnection.gov/benefits](http://www.mymaineconnection.gov/benefits)  
800.442.6003 | TTY: Maine relay 711  
Private Health Insurance Premium: [www.maine.gov/dhhs/ofi/applications-forms](http://www.maine.gov/dhhs/ofi/applications-forms)  
800.977.6740 | TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

[www.mass.gov/masshealth/pa](http://www.mass.gov/masshealth/pa)  
800.862.4840 | TTY: 617.886.8102

## MINNESOTA – Medicaid

[mn.gov/dhs/health-care-coverage](http://mn.gov/dhs/health-care-coverage)  
800.657.3672

## MISSOURI – Medicaid

[www.dss.mo.gov/mhd/participants/pages/hipp](http://www.dss.mo.gov/mhd/participants/pages/hipp)  
573.751.2005

## MONTANA – Medicaid

[dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)  
800.694.3084 | Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA – Medicaid

[www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

## NEVADA – Medicaid

[dhcfnv.gov](http://dhcfnv.gov)  
800.992.0900

## NEW HAMPSHIRE – Medicaid

[www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program](http://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program)  
603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 5218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## NEW JERSEY – Medicaid and CHIP

Medicaid: [www.state.nj.us/humanservices/dmahs/clients/medicaid](http://www.state.nj.us/humanservices/dmahs/clients/medicaid)  
800.356.1561  
CHIP Premium Assistance Phone: 609.631.2392  
CHIP: [www.njfamilycare.org](http://www.njfamilycare.org)  
CHIP Phone: 800.701.0710 (TTY: 711)

## NEW YORK – Medicaid

[www.health.ny.gov/health\\_care/medicaid/](http://www.health.ny.gov/health_care/medicaid/)  
800.541.2831

## NORTH CAROLINA – Medicaid

[medicaid.ncdhhs.gov](http://medicaid.ncdhhs.gov)  
919.855.4100

## NORTH DAKOTA – Medicaid

[www.hhs.nd.gov/healthcare](http://www.hhs.nd.gov/healthcare)  
844.854.4825

# LEGAL UPDATES NOTICES (continued)

## OKLAHOMA – Medicaid and CHIP

www.insureoklahoma.org  
888.365.3742

## OREGON – Medicaid

healthcare.oregon.gov/Pages/index.aspx  
800.699.9075

## PENNSYLVANIA – Medicaid and CHIP

www.pa.gov/en/services/dhs/  
apply-for-medicaid-health-insurance-premium-payment-program-hipp  
800.692.7462  
CHIP Website: www.dhs.pa.gov/CHIP/Pages/CHIP.aspx  
CHIP Phone: 800.986.KIDS (5437)

## RHODE ISLAND – Medicaid and CHIP

www.eohhs.ri.gov  
855.697.4347 or 401.462.0311 (Direct Rlte Share Line)

## SOUTH CAROLINA – Medicaid

www.scdhhs.gov  
888.549.0820

## SOUTH DAKOTA – Medicaid

dss.sd.gov  
888.828.0059

## TEXAS – Medicaid

www.hhs.texas.gov/services/financial/  
health-insurance-premium-payment-hipp-program  
800.440.0493

## UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website:  
medicaid.utah.gov/upp  
Email: upp@utah.gov  
Phone: 1-888-222-2542  
Adult Expansion Website: medicaid.utah.gov/expansion/  
Utah Medicaid Buyout Program Website: medicaid.utah.gov/buyout-program  
CHIP Website: chip.utah.gov

## VERMONT – Medicaid

dvha.vermont.gov/members/medicaid/hipp-program  
800.250.8427

## VIRGINIA – Medicaid and CHIP

coverva.dmas.virginia.gov/learn/premium-assistance/famis-select  
coverva.dmas.virginia.gov/learn/premium-assistance/  
health-insurance-premium-payment-hipp-programs  
Medicaid and Chip: 800.432.5924

## WASHINGTON – Medicaid

www.hca.wa.gov  
800.562.3022

## WEST VIRGINIA – Medicaid

dhr.wv.gov/bms or mywvhipp.com  
Medicaid: 304.558.1700  
CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

## WISCONSIN – Medicaid and CHIP

www.dhs.wisconsin.gov/badgercareplus/p-10095  
800.362.3002

## WYOMING – Medicaid

https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/  
800.251.1269

To see if any other states have added a premium assistance program since January 31, 2025, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
Employee Benefits Security  
Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu  
Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## LEGAL UPDATES NOTICES (continued)

### **Womens' Health and Cancer Rights Act (WHCRA) Notice**

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **972.237.5511** for more information.

### **Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section/ However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **Important Notice from Grand Prairie ISD about your Prescription Drug Coverage and Individual Medicare Part D**

Grand Prairie ISD has determined that the prescription drug coverage offered by Grand Prairie ISD is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

However, if you are enrolled under one of the HSA (Health Savings Account) plans you should strongly consider enrolling in an individual Medicare Part D plan, when you are first eligible. If you enroll later, you will face a significant Medicare Part D premium penalty. Prescription Drug coverage provided under the HSA plans are not considered to be creditable prescription coverage.

### **HIPPA Special Enrollment Rights**

Loss of other coverage—If you are declining or have declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends.

### **Health Insurance Portability and Accountability Act**

Grand Prairie ISD is in accordance with HIPPA, protects your Protected Health Information (PHI). Grand Prairie ISD discuss your PHI with medical providers and third-party administrators when necessary to administer the plan that provides your medical and dental benefits or as mandated by law.

### **Continuations Required by Federal Law for you and your Dependents (COBRA)**

Federal Law enables you or your dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your dependents(s) to continue health insurance if their coverage ceases due to your death, divorce, legal separation, or with respect to dependent children, failure to continue to qualify as a dependent. Continuation must be elected in accordance with the rules of your employer's group health plan(s) and is subject to federal law, regulations and interpretations.

### **HIPPA Privacy Notice Update**

HIPPA requires Grand Prairie ISD notify you that a Privacy Notice is available from the Human Resources Department.

# LEGAL UPDATES NOTICES (continued)

## **Mental Health Parity and Addiction Equity Act (MHPAEA)**

The Mental Health Parity and Addiction Act of 2008 general requires group health plans and health insurance issuers to ensure that financial requirements (such as copays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

## **Genetic Information Nondiscrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

## **Women's Health and Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those establishes for other benefits under the plan.



**GRAND  
PRAIRIE**  
Independent School District

**BENEFIT** 2025-26  
**GUIDE**

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

06647\_GPISD\_BG