

Employee Benefits

Updated 2-7-08

Employee Health Insurance

Denison ISD currently offers employee health insurance benefits with TRS-ActiveCare. On September 1, 2002, TRS introduced TRS-ActiveCare, a new statewide health coverage program for public education employees established by the 77th Texas Legislature. Today, participation in that program has grown to over 3,000,000 employees and dependents. Of the 1,240 districts/entities eligible to participate in the TRS-ActiveCare, almost 85 percent, or 1,051, now do so.

To be eligible for TRS-ActiveCare, you must be employed by a participating district/entity. Then, answer yes to the following questions:

1. Are you an active, contributing TRS member?
2. Are you employed by the participating district/entity for 10 or more regularly scheduled hours each week?

Eligible employees may also cover eligible dependents. Eligible dependents include:

1. A spouse (including a common law spouse)
2. An unmarried (including divorced) child under the age of 25, such as a natural or adopted child, stepchild, foster child, a child under the legal guardianship of the employee, and another child in a regular parent-child relationship with the employee
3. An unmarried grandchild whose primary residence is the household of the employee and who is a dependent of the employee for federal income tax purposes
4. An unmarried child of a covered employee, regardless of age, may be eligible for dependent coverage, provided that the child is either mentally retarded or physically incapacitated to such an extent to be dependent on the employee on a regular basis as determined by TRS, and meets other requirements as determined by TRS (Siblings over age 25 or parents are not the children of an employee and do not meet the definition of an eligible dependent.)

Additional information can be obtained by contacting the Denison ISD benefits administrator at 903-462-7042 or visiting the TRS website.

District and Employee Medical Contributions for 2007

TRS-ActiveCare Plan 1

Coverage Tier	Denison ISD Contribution Amount	Employee Contribution Amount	Total 2007-2008 Premium
Employee Only	\$266.00	\$0.00	\$266.00
Employee & Spouse	\$300.00	\$306.00	\$606.00
Employee & Child(ren)	\$300.00	\$124.00	\$424.00
Employee & Family	\$300.00	\$367.00	\$667.00

TRS-ActiveCare Plan 2

Coverage Tier	Denison ISD Contribution Amount	Employee Contribution Amount	Total 2007-2008 Premium
Employee Only	\$300.00	\$54.00	\$354.00
Employee & Spouse	\$300.00	\$506.00	\$806.00
Employee & Child(ren)	\$300.00	\$264.00	\$564.00
Employee & Family	\$300.00	\$586.00	\$886.00

TRS-ActiveCare Plan 3

Coverage Tier	Denison ISD Contribution Amount	Employee Contribution Amount	Total 2007-2008 Premium
Employee Only	\$300.00	\$177.00	\$477.00
Employee & Spouse	\$300.00	\$785.00	\$1,085.00
Employee & Child(ren)	\$300.00	\$460.00	\$760.00
Employee & Family	\$300.00	\$893.00	\$1,193.00

Other Employee Benefits

Dental Insurance

Denison ISD dental insurance is provided by Met Life. The following rates and options are available:

Tier I	\$32.03	Employee Only
Tier II	\$63.76	Employee & Spouse
Tier III	\$68.44	Employee & Children
Tier IV	\$96.91	Employee & Family

Vision Insurance

Vision Insurance is provided Met Life and is available at no charge to all eligible employees.

Life Insurance

The district provides \$5,000 in life insurance benefits to employees at no cost. The insurance is provided by Philadelphia American Life Insurance Company.

Supplemental Term Life Insurance

Supplemental term life insurance is offered through Philadelphia American Life Insurance Company. Employees may purchase \$10,000 to \$50,000 of life insurance coverage. Premiums are age-rated. The following rates and options are available:

AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
UNDER 30	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00
30-34	0.90	1.80	2.70	3.60	4.50
35-39	1.00	2.00	3.00	4.00	5.00
40-44	1.20	2.40	3.60	4.80	6.00
45-49	1.40	2.80	4.20	5.60	7.00
50-54	2.50	5.00	7.50	10.00	12.50
55-59	3.80	7.60	11.40	15.20	19.00
60-64	4.90	9.80	14.70	19.60	24.50
65-B9	10.50	21.00	31.50	42.00	52.50
70-74	25.60	51.20	76.80	102.40	128.00

Disability Insurance

Disability Insurance is offered through Unum Life. Disability insurance can only be issued every January 1st. The rates and options are available at the Business Office.

Cancer/Intensive Care/Long Term Disability Insurance Plans

Several types of individual cancer/intensive care insurance programs are available through payroll deduction at the employee's expense. The district does not contribute to these plans. Long Term Disability Insurance is offered through Aetna, as a TRS approved vendor. Brochures, applications and payroll deduction authorization forms are available in the Business Office at the Administration Building. The individual insurance company will issue a policy to the employee directly.

Accidental Death & Dismemberment Insurance

ELIGIBILITY: You are eligible if you are an active, full-time employee

If you enroll, you may elect to include coverage for your eligible dependents under the Family Plan. Eligible dependents include your spouse under age 70 and your unmarried dependent children from birth to 19 years of age, or to 25 if attending an accredited school or college on a full-time basis and are dependent upon you for their support and maintenance.

NOTE: If both a husband and wife are eligible employees, one, not both, may purchase the Family Plan, while the remaining spouse may purchase the Individual Plan. However, the combined Principal Sum on anyone employee may not exceed the maximum Principal Sum amount available.

DESCRIPTION OF COVERAGE: This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile, or other public and private conveyances. It also covers accidents while riding as a passenger (but 'not as a pilot or crew member - see exclusions) in any licensed civilian aircraft or in any aircraft operated by the Military Airlift Command.

BENEFITS - ACCIDENTAL DEATH & DISMEMBERMENT: If you have an accident that results, within one year, in any of the following losses, the Insurance Company will pay the sum indicated below. If the accident results in more than one of these losses, only the loss with the largest sum will be payable, for loss of:

Amount Payable

Life, Both Hands or Both Feet; One Hand and One Foot; One Hand or Foot and Sight of One Eye; Speech and Hearing; or Sight of Both Eyes	The Principal Sum'
Use of Four Limbs	The Principal Sum
Use of 1 uee Limbs	Three-Fourths of The Principal Sum
Use of Two Limbs	Two-Thirds of The Principal Sum

Use of One Limb One-Half of The Principal Sum
 One Hand or Foot; Sight of One Eye or Speech or Hearing One-Half of The Principal Sum
 Thumb and Index Finger of Same Hand One-Quarter of The Principal Sum

"Loss means with regard to hands and feet., actual severance through or above wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight; with regard to speech or hearing entire and irrecoverable; with regard to thumb and index finger, actual severance through or above metacarpophalangeal joints. "Loss of Use" means total paralysis of a limb or limbs which is determined by competent medical authority to be permanent, complete and irreversible.

EXCLUSIONS: This plan does not cover any loss resulting from intentionally self-inflicted injuries, suicide or attempted suicide, sickness or disease, full-time active service in the armed services of any country, declared or undeclared war, flying in aircraft being used for test or experimental purposes, flying as a pilot or crew member of any aircraft, or flying in any aircraft which is owned or leased and operated by the employer.

AMOUNTS OF INSURANCE:

Plan I - (Employee Only) - You may select any amount (principal Sum) in increments of \$10,000, from a minimum of \$10,000 to a maximum of \$500,000; however, the total amount selected, if more than \$150,000, may not exceed ten (10) times your base annual salary.

Plan IT - (Family Plan) - You may select an amount of Principal Sum as shown in Plan I above. Your spouse and eligible dependent children will be insured as follows:

SPOUSE:

- 1) 50% of your Principal Sum Benefit if there are no dependent children at the time of loss.
- 2) 40% of your Principal Sum Benefit if there are dependent children at the time of loss.

DEPENDENT CHJLDREN:

- 1)10% of your Principal Sum Benefit for each child if there is a spouse at the time of loss, subject to a maximum of \$25,000.
- 2) 15% of your Principal Sum Benefit for each child if there is no spouse at the time of loss, subject to a maximum of \$25,000.

COST AND METHOD OF PAYMENT - The monthly cost for an Employee Only is \$.03 for each \$1,000 of Principal Sum. The monthly cost for the Family Plan is \$.046 for each \$1,000 of Principal Sum. Examples of the cost of various amounts of Principal Sum are as follows:

Principal Sum	Plan 1 Monthly Cost Employee Only	Plan II Monthly Cost Employee & Family
\$10,000	\$0.30	\$0.46
30,000	0.90	1.38
50,000	1.50	2.30
100,000	3.00	4.60
150,000	4.50	6.90
200,000	6.00	9.20
250,000	7.50	11.50
500,000	15.00	23.00

*The amount selected, if more than \$150,000, may not exceed ten (10) times your base annual salary.

Payments will be deducted automatically from your salary. The total amount deducted will, of course, depend on t-e plan selected.

Tax-Deferred Savings Accounts

As an employee of Denison ISD, you have the opportunity to participate in a tax deferred savings plan. You may choose the district 457 plan and/or a 403b tax deferred annuity. All Salary Reduction Agreements must be submitted to the Denison ISD Business Office. Employees may have an amount of their salary reduced and invested in one or more TRS approved companies before tax is computed.

Flexible Benefits Plan

The Flexible Benefits Plan is a voluntary reduction of salary in the amount of an employee's current expenditures for various benefits. Employee contributions toward group benefits that are eligible for the Flex Plan are medical and dental premiums. The plan also includes dependent care expense reimbursement and health care expense reimbursement. This plan is authorized and controlled under Section 125 of the Internal Revenue Code. Participation in the Denison ISD Flexible Benefits Plan should result in the employee paying less income tax. The district cannot guarantee favorable tax results due to the uncertainty of Internal Revenue Service guidelines and their effects on the tax-exempt status of the plan. Detailed questions should be discussed with your personal tax advisor.

Very Important Notices to Employees

COBRA - Federal Law, known as COBRA, requires that most employer sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. Coverage may be continued according to the rights of employees and dependents as outlined in Title XXII of the Public Health Services Act, which was a result of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Contact the District Benefits Administrator at 903-462-7042 for additional information on this provision.

Helpful Benefit Tips

- Call and make an appointment before coming to visit with the benefits coordinator.
- You must contact the benefits coordinator before adding or canceling deductions or insurance. Your agent or insurance company cannot authorize any changes to your deductions.
- Many benefits can only be adjusted at certain dates during the year.
- Social Security numbers and dates of birth are required to add dependents to any available benefit programs.
- Benefits changes must be received in a timely manner. Refunds will not be allowed due to late benefit change instructions.
- Please complete all benefit forms in ink.

Workers Compensation Benefits

An employee who is injured during the course and scope of their employment is deemed to be covered under the Texas Worker's Compensation Act.

Reporting A Claim:

- Injured employee completes the "Employer's First Report of Injury or Illness" including their supervisor's signature and immediately contacts the Director of Business
- Supervisor should notify the Director of Business via telephone before the injured employee seeks medical assistance.
- The report should be sent to the Business Office for processing to the insurance carrier.
- All accidents and injuries are required to be reported to the Director of Business.
- After an injured employee seeks medical attention, they are to report back to the Director of Business before returning to work and provide a "Texas Workers' Compensation Work Status Report"
- If the injured employee's physician prevents that employee from returning to work, then the employee needs to discuss his/her benefit options with the Director of Business within seven days.
- No Temporary benefits will be distributed for the first seven days.

Light/Modified Duty:

The District does not current provide the opportunity for light/modified duty.

Workers Compensation Benefits:

A person has the right to receive benefits regardless of who caused or helped cause their injury. They may not receive benefits if their injury occurred while they were intoxicated, or injured their self intentionally or while unlawfully attempting to injure someone else, or injured by another person for personal reasons, or injured while voluntarily participating in an off-work activity, or were injured by an act of God, or the injury occurred during horseplay. The injured employee has the right to receive the medical care reasonable and necessary to treat their work-related injury or illness for the rest of their life.

There are four types of Workers' Compensation Benefits:

- Burial Benefits – pay for some of the deceased workers' funeral expenses to the person who paid the funeral expenses.
- Death Benefits – replace a portion of lost family income for eligible family members of workers killed on the job
- Income Benefits – replace a portion of any wages you lose because of a work-related injury or illness.
- Medical Benefits – pay for necessary medical care to treat your work-related injury or illness.

Medical benefits pay for necessary medical care to treat an employee's work-related injury or illness. The District's Workers' Compensation insurance company pays medical benefits directly to the health care provider who provides the employee's medical treatment.

Medical benefits are paid only for the treatment of your work-related injury or illness. The insurance carrier does not pay for the treatment of other injuries or illnesses, even if the treatment was provided at the same time you received treatment for your work-related injury. Your health care provider may not bill you for treatment related to a work-related injury or illness, but may bill you for the treatment of other injuries or illnesses.

When medical benefits begin and end:

The injured employee may receive necessary medical treatment immediately after the work-related injury or illness. The employee has the right to an initial choice of doctor. The doctor they choose must be on the Commission's Approved Doctor List (ADL). The employee may access the ADL online: www.twcc.state.tx.us.

Income Benefits replace a portion of wages you lose because of work-related injury or illness. There are four types of income benefits:

- Temporary Income Benefits (TIBs)
- Impairment Income Benefits (IIBs)
- Supplemental Income Benefits (SIBs)
- Lifetime Income Benefits (LIBs)

Temporary Income Benefits (TIBs)

Temporary income benefits equal 70 percent of the difference between your average weekly wage and the wages you are able to earn after the employees work-related injury. If the employee earned less than \$8.50 per hour before they were injured, their temporary income benefits for the 26 weeks of payments will equal 75 percent of the difference between their average weekly wage and the wages they are able to earn after your work-related injury. TIBs end the date the employee reaches maximum medical improvement, or the date they are physically able to earn your average weekly wage, which would be the same wages they were earning prior to being injured on the job, or at the end of 104 weeks.

Election of Leave Option

An employee who is eligible for FMLA leave and who is eligible for leave due to a workers' compensation-related injury shall be offered the following options at the time of injury:

1. Employee has earned sick leave and/or earned non-duty days and chooses to use those days until the eighth day and will start earning TIBS on the eighth day.
2. Employee has earned sick leave and/or earned non-duty days and chooses to use those days until those days are exhausted and then they will start earning TIBS.
3. Employee has earned sick leave and/or earned non-duty days, but elects not to use them and will be on un-paid leave for those days and will start receiving TIBS on the eighth day.
4. Employee does not have earned sick leave and/or earned non-duty days will be on un-paid leave starting their first day of disability and will receive TIBS on the eighth day.

Income benefits may not exceed the maximum weekly amount set by state law. Temporary income benefits, impairment income benefits, and lifetime income benefits are also subject to a minimum amount set by state law. Maximum and minimum benefit amounts are based on the state average weekly wage as set by the Texas Legislature.

The injured employee must report any income (other than income benefits they may be receiving) to the Commission and the Insurance Carrier so an adjustment can be made to your income benefit payments. The injured employee may be fined and/or charged with fraud if you receive temporary income benefits while also receiving wages from an employer.

Income Benefits are no longer payable following the death of an injured worker receiving income benefits. The injured worker's beneficiaries may be eligible to apply and receive death benefits if the injured worker's death was due to the work-related injury or illness.