

INSURANCE AND ANNUITIES MANAGEMENT
HEALTH AND LIFE INSURANCE

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GROUP INSURANCE BENEFITS For purposes of group insurance benefits, including COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, and HIPAA provisions (Health Insurance Portability and Accountability Act, the Texas School for the Deaf is an agency of the State of Texas and, as such, participates in the State's Group Benefits Program (GBP) which is administered by the Texas Employees Retirement System (ERS). All rules, regulations, and procedures of that program shall be observed.

Texas School for the Deaf will pay the full cost of the monthly premium for health insurance for full-time employees and half of the cost of the monthly premium for part-time employees. Texas School for the Deaf pays half of the monthly health premiums for dependents of full time employees and one-fourth of the monthly health premiums for dependents of part time employees. For substitute employees who elect health coverage, Texas School for the Deaf will pay half the cost of the monthly health premium for months in which the substitute works and one-fourth for any dependents monthly health premiums.

For group benefits purposes, a full-time employee is an employee who works 30 or more hours per week.

COBRA Under the provisions of COBRA, employees and their dependents who lose health coverage due to a qualifying life event may continue their GBP health and dental coverages. Further information on COBRA may be found on the ERS web site.

CONTINUATION DURING FAMILY AND MEDICAL LEAVE ACT During any period of leave under the Family and Medical Leave Act (FMLA), the School shall allow the employee to maintain coverage under the State's Group Benefits Program for the duration of the leave, at the level, and under the conditions, coverage would have been provided if the employee had continued in employment continuously for the duration of the leave. The School may recover any premiums it paid for maintaining coverage during a period of unpaid FMLA leave if the employee fails to return from leave after the FMLA leave, has expired and the failure to return is for a reason other than the continuation, recurrence, or onset of a serious health condition that entitles the employee to FMLA leave, or other circumstances beyond the employee's control.

29 U.S.C. 2614(c); 29 CFR 825.209, 825.210, 825.213]

PREMIUM COVERAGES Employees shall participate in the State's premium conversion program which enables employees' insurance premiums to be paid with pre-tax dollars.

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PREMIUM PAYMENT
ON LEAVE WITHOUT
PAY

Employees who are not eligible for FML, and who enter into a leave of absence without pay status (LWOP) for a full calendar month, are responsible for payment of their full premium including the portion the state normally contributes. If the employee is eligible for FML, the state continues to pay the state portion of their health insurance premium. Late payments may cause insurance to be cancelled. If cancelled due to non-payment, re-enrollment in insurance may be restricted when an employee returns to pay status. If insurance is cancelled during LWOP and an employee terminates from employment without returning to duty, they are not eligible to enroll in Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage.

BENEFITS
PROGRAMS

The following is a list of insurance and coverage options. Visit the ERS website for information.

ERS and GBP:

- Health Insurance
- Prescription Drugs
- Dependent Eligibility
- Dental Insurance
- Basic Life
- Optional Term Life
- Dependent Term Life
- Voluntary Accidental Death and Dismemberment (Voluntary AD&D)
- Short Term Disability Insurance
- Long Term Disability Insurance
- Occupational Disability Retirement
- Non-Occupational Disability Retirement
- TexFlex reimbursement accounts:
 - Flexible Spending Account-Health Care (FSA-Health) and
 - Flexible Spending Account-Dependent Care (FSA-Day Care)

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- Deferred Compensation (401(k) and 457plans
- Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)
- Retirement Eligibility