

January 1, 2020

Dear Substitute,

Lubbock ISD provides health coverage to employees through a self-funded health care plan. A district substitute is eligible to enroll in this plan if the district reasonably expects the substitute to work at least 2 days per week. Days worked for other school districts are not considered in determining whether a substitute is eligible for benefits through Lubbock ISD.

Although the district reasonably expects substitutes to work at least 2 days per week, the district does not guarantee that you will receive 2 days every week. The district's need for substitutes varies from week to week. In some weeks, you may not receive any assignments. Similarly, the district understands that some weeks you may not be able to accept assignments due to illness or other personal reasons.

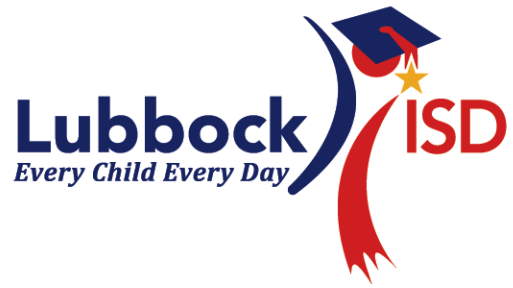
If you are a new substitute, you must enroll in or decline medical coverage within 31 days from date of hire. If you are a returning substitute, you must enroll in or decline medical coverage during the annual open enrollment. If you decline coverage, you cannot enroll again until the next plan year unless you experience a special enrollment event.

If you elect to enroll, a sub must work an average of 30 hours per week or 130 hours per month for a period of 6 months to qualify for district health coverage. You will be responsible for the full premium. You must submit payment for one calendar month with your enrollment form. The premiums for subsequent months will be deducted from your pay for the preceding month. If your pay is not sufficient to cover the full premium, you must submit the difference to the district by the 15th day of the preceding month. If the 15th day falls on a weekend or a day the district is closed, the payment must be made the **preceding business day**. If you fail to timely pay the monthly premiums, the district will proceed with the coverage cancellation process. Your coverage may also be cancelled if you lose eligibility for the district's plan.

You may be removed from the district's substitute roster for poor performance or misconduct. In addition, you may be removed from the substitute roster if:

- you repeatedly turn down assignments, are repeatedly unavailable for assignments, or frequently cancel assigned positions
- you do not accept at least 4 assignments per month
- you do not timely return a letter of reasonable assurance

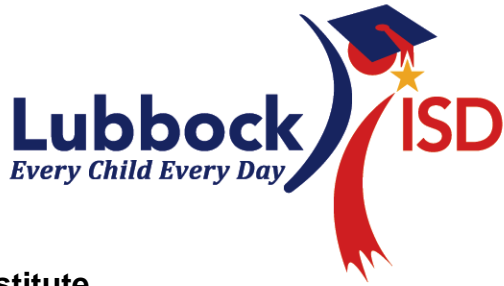




A substitute who is enrolled in the district's health plan and who is then removed from the substitute roster becomes ineligible for health coverage and will be provided notice regarding continuation coverage under COBRA (if eligible). Cancellation due to non-payment is considered a voluntary drop: Therefore you would not be eligible for COBRA.

If you have any questions regarding this communication please contact Risk Management at 806-219-0282.





To: Lubbock ISD Substitute
From: Lubbock ISD Risk Management Office
Date: January, 2020
Re: 2020 Health Care Election Form

Substitutes (temporary workers) are not eligible for Health Insurance if they are:

- a.) A TRS Retiree receiving, or who declined coverage under TRS-Care, including a retiree who has returned to work.
- b.) Receiving health insurance as an employee or retiree under the Texas State College and the University Employees Uniform Insurance Benefits Act or under ERS and the Texas Employees Uniform Group Insurance Benefit Act.

Also, substitute's paychecks must be sufficient to cover their premiums in full. See the 2020 Health Premiums below:

2020 Health Plan Premiums for Substitutes or Other Temporary Workers

Employee Contribution	Bronze PPO Medical Plan	Bronze HMO Medical Plan	Silver PPO Medical Plan	Silver HMO Medical Plan
Employee Only	\$484.00	\$453.00	\$677.00	\$620.00
Employee & Children	\$574.00	\$521.00	\$838.00	\$747.00
Employee & Spouse	\$635.00	\$567.00	\$989.00	\$872.00
Employee & Family	\$808.00	\$711.00	\$1280.00	\$1117.00

2020 Health Insurance Election:

_____ I elect to enroll in LISD Health Insurance Coverage and would like more information.

_____ I decline LISD Health Insurance Coverage for the 2020 Plan Year.

Print Your Name: _____

Signature: _____

Employee ID: _____

Date: _____ / _____ / _____

