

# Substitute Eligibility for Health Insurance Coverage

Substitute employees are eligible to enroll in the Paris ISD Health Insurance plan if the district reasonably expects the substitute to work at least 10 hours per week. Hours worked for other school districts are not considered in determining eligibility for benefits through Paris ISD.

Although the district reasonably *expects* substitutes to work at least 10 hours per week, the district does not *guarantee* that you will work 10 hours per week.

***You must enroll or decline medical coverage within 31 days from the first active day of employment.*** If you decline to enroll during the prescribed time period, you cannot enroll again until the next plan year.

Listed below are the 5 health insurance plans with rates that are available. For detailed information please visit online [www.parisisd.net](http://www.parisisd.net). Follow the link to click on Departments >Human Resources> Substitute Information>2020-2021 Substitute Insurance Information.

If you elect to enroll, please contact the Employee Benefits office at 903/737-7400 for instructions to electronically enroll. **You will be responsible for the full premium to be paid on the first day of each month.** (Example: September 2020 premium will be due on September 1<sup>st</sup>, 2020). Once enrolled, failure to remit payment by the due date will result in cancellation of the insurance policy. You may not enroll again until the next plan year.

A substitute who is enrolled in TRS-Active Care and who is then removed from the substitute roster becomes ineligible for health coverage and will receive notice of continuation of coverage under COBRA. Cancellation due to non-payment is considered a voluntary drop and you would not be eligible for COBRA.

## Paris ISD

### Monthly Medical Rates 2020-21

#### TRS-ActiveCare

	EO	EC	ES	EF
TRS-ActiveCare HD	\$397	\$715	\$1,120	\$1,338
TRS-ActiveCare Primary +	\$514	\$834	\$1,264	\$1,588
TRS-ActiveCare Primary	\$386	\$695	\$1,089	\$1,301

#### Texas Schools Health Benefits Program

TSHBP	EO	EC	ES	EF
HD Plan	\$347	\$665	\$985	\$1,298
CoPay Plan	\$391	\$755	\$1,115	\$1,467