

2022-23

ADMINISTRATIVE GUIDE



www.bcbstx.com/trsactivecareba



ADMINISTRATIVE GUIDE

REVISED April 2022



TRS-ActiveCare is administered by Blue Cross and Blue Shield of Texas (BCBSTX), a division of Health Care Service Corporation (HCSC). BCBSTX provides claims payment does not assume any financial risk or obligation with respect to claims. Prescription drug benefits for TRS-ActiveCare plans are administered by CVS Caremark®. HMO plans are provided by Baylor Scott & White Health Plan and BCBSTX, a division of HCSC. Enrollment and billing services are provided by bswift®. TRS-ActiveCare COBRA administration is provided by bswift for BCBSTX plans. The HMO plans administer COBRA for HMO enrollments.

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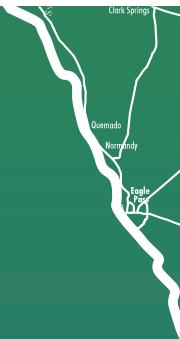


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WELCOME

Your Guide to Success as a Benefits Administrator (BA)

Overview of a Participating Entity's Responsibilities

While the Teacher Retirement System of Texas (TRS) is responsible for developing rules and guidelines for administering TRS-ActiveCare, each employer is responsible for:

- Assisting in the administration of the TRS-ActiveCare program and plans according to TRS rules and guidelines
- Assisting in account implementation and maintenance
- Facilitating online enrollment, collecting enrollment applications, change forms, and verifying eligibility
- Reporting and correcting eligibility changes and discrepancies to bswift
- Reviewing billing and audit summaries for accuracy monthly
- Paying monthly premiums in a timely manner to TRS (via TEXNET)
- Annual reporting of employees' cost of coverage after state and district contributions (if you use a Third-Party Administrator (TPA), the TPA will be asked to submit data on behalf of the participating entity)
- Collecting employee premiums in accordance with TRS-ActiveCare enrollment and eligibility guidelines

Know the Plan Options for Participants during Annual Enrollment

We encourage you to get to know the TRS-ActiveCare plans each year after the TRS Board of Trustees approves them in April. Review the TRS-ActiveCare Plan Highlights to familiarize yourself with the available plans.

BCBSTX administers medical plan options with prescription drug benefits administered by CVS Caremark. This guide is intended to assist with enrollment administration. For complete details about plan options and benefits, refer to the benefits booklet at www.bcbstx.com/trsactivecareba/documents-forms.

There are also health maintenance organization (HMO) options offered in select regions under TRS-ActiveCare—the Balyor Scott & White Health Plan, Blue Essentials - West Texas HMOSM, and Blue Essentials - South Texas HMOSM. These HMO options provide additional plan choices to the employees of participating entities in the areas they serve.

What's New?

From the North Texas plains to the Gulf Coast, TRS-ActiveCare is there for you. And now, it's priced to reflect the Education Service Center that your district reports to. Starting Sept. 1, 2022, TRS will use regional pricing to ensure rates and benefits meet local needs.

Regional pricing allows TRS to provide employers more competitive rates while still accessing the stability of TRS-ActiveCare. The only change is how it's priced. Employees can still access 90% of Texas hospitals and the network with the most doctors in Texas. They don't need to limit where they seek care. If they work in Region 1 but want to see a specialist in Region 2, they can!

We still have the same popular plan features that make TRS-ActiveCare stand out. Aspects like:

- broad statewide and nationwide networks
- low copays for care and TRS Virtual Health
- robust wellness programs
- specialty drug coverage

Your employees will also be able to customize their health care to their needs and remove confusing barriers with:





- 24/7 customer service through Personal Health Guides
- Health advocates who can work directly with their doctors
- One-on-one coaching to help them reach wellness goals
- Integrated prescription, medical and family deductibles

Visit www.bcbstx.com/trsactivecareba for information and plan materials.

BCBSTX and TRS will post premiums and benefit designs online following the April 2022 TRS Board of Trustees meeting where plans are approved. You can also find detailed plan information in the enrollment guide and benefits booklet at www.bcbstx.com/trsactivecareba/documents-forms.

BAs should bookmark www.bcbstx.com/trsactivecareba and continually check for updates that include:

- Annual Enrollment Guide and plan materials
- District Ambassador Contact List
- Blue Access for EmployersSM (BAESM)
- BA Presentation slides and recordings
- Presentation slides to present to your employees
- Downloadable forms

bswift has partnered with TRS to provide enrollment services and:

- Serves as the primary contact for any billing, enrollment, or eligibility questions for TRS-ActiveCare districts
- Maintains all of the enrollment data for TRS-ActiveCare
- Ensures that BCBSTX, CVS Caremark and the HMOs receive the most up-to-date enrollment information
- Generates monthly premium statements for districts/entities
- Provides COBRA administration services (except for COBRA participants in the HMO plans)

This Administrative Guide provides detailed information for implementing TRS-ActiveCare. The guide features information on how to enroll new employees, communicate ongoing changes, eligibility rules, billing information, COBRA administration, and answers to frequently asked questions.

The portion of the total premium employees pay varies by district. Check with your BA for your specific premium.



Quick Reference Information

TRS-ACTIVECARE	
Plan Year	Sept. 1 through Aug. 31
Address for Dependent Child's Statement of Disability	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044
Exception Requests: Use the online Exception Request form to submit requests and documentation to TRS.	Please submit an exception or appeal through the bswift portal. Reference the BA Manager Guide on the home page of your bswift Enrollment Portal for more information.
TRS Enrollment Appeals* and Grievances	TRS-ActiveCare Grievance Administrator 1000 Red River Street Austin, TX 78701 Fax: 512-542-6784 grievance.administrator@trs.texas.gov
Websites	www.trs.texas.gov/pages/healthcare_trs_activecare.aspx bswift Enrollment Portal: https://trsactivecare.bswift.com Enrollment Eligibility/Billing Exceptions: https://trsactivecare.bswift.com BCBSTX: www.bcbstx.com/trsactivecare CVS Caremark: info.caremark.com/trsactivecare
TRS-ACTIVECARE PLANS BCBSTX	
Group Number	TRS-ActiveCare HD: 385000 TRS-ActiveCare Primary+: 385001 TRS-ActiveCare 2: 385002 TRS-ActiveCare Primary: 385003
BCBSTX Alpha Numeric Prefix	TRS-ActiveCare HD: T2S TRS-ActiveCare Primary+: T2U TRS-ActiveCare 2: T2S TRS-ActiveCare Primary: T2U
Group Health Plan Information	BCBSTX Tax ID: 36-1236610
TRS-ActiveCare BA Advocate Team (for eligibility, enrollment, billing, and benefit inquiries)	bswift TRSBAINQUIRIES@BSWIFT.COM Phone: 1-877-767-5254 8 a.m. - 5 p.m. CT (Mon-Fri)
TRS-ActiveCare Customer Service, Preauthorization	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 Phone: 1-866-355-5999 Available 24 hours a day, seven days a week
BCBSTX Maternity Program	Phone: 1-888-421-7781
Address for Claim Forms and Claim Appeals	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044
Transitional Care Forms	BCBSTX Utilization Management — Transitional Benefits P.O. Box 833874 Richardson, TX 75083-3874 Fax: 1-866-739-4093
COBRA Administration	bswift (TRS-ActiveCare) P.O. Box 860620 Minneapolis MN 55486-0620 Phone: 1-833-682-8972 7 a.m. - 7 p.m. CT (Mon-Fri)

*See specific health plans for information on claim appeals.

Quick Reference Information (continued)

TRS-ACTIVECARE PLANS CVS CAREMARK	
CVS Caremark Plan Information	Bin: 004336 PCN: ADV GRP: RX1296 CVS Caremark Tax ID: 95-3382344
TRS-ActiveCare CVS Caremark Client Concierge	Phone: 1-866-823-5182 7 a.m. - 7 p.m. CT (Mon-Fri) ClientConcierge@CVSHealth.com
TRS-ActiveCare CVS Caremark Customer Service	Phone: 1-866-355-5999 Available 24 hours a day, seven days a week
CVS Caremark No-Cost Diabetic Meter Program	Phone: 1-800-588-4556 7 a.m. - 5:30 p.m. CT (Mon-Fri) www.caremark.com/managingdiabetes
CVS Caremark Specialty Pharmacy	Phone: 1-800-237-2767 8 a.m. - 8 p.m. CT (Mon-Fri) www.cvsspecialty.com
CVS Caremark Appeals Department	CVS Caremark Appeals Department MC 109 P.O. Box 52084 Phoenix, AZ 85072-2084 Fax: 1-866-443-1172 Phone: 1-866-443-1183
Dedicated TRS CVS Caremark Website	info.caremark.com/trsactivecare
CVS Caremark Mobile App	Order refills, check drug costs, view prescription ID cards and locate pharmacies

Health Maintenance Organizations

BAYLOR SCOTT AND WHITE HEALTH PLAN	
Top Account Number	00009
Customer Service	Baylor Scott & White Health Plan Customer Service Phone: 1-844-633-5325 7 a.m. - 7 p.m. CT (Mon-Fri) https://trs.swhp.org
COBRA Administration	Health Equity/WageWorks P.O. Box 226101 Dallas, TX 75222 Fax: 1-866-450-5641 Phone: 1-877-722-2667 7 a.m. - 7 p.m. CT (Mon-Fri) mybenefits.wageworks.com
Pharmacy Services	Phone: 1-800-728-7947 8 a.m. - 6 p.m. CT (Mon-Fri) prescriptionservices@bswhealth.org



Health Maintenance Organizations (continued)

BLUE ESSENTIALS - WEST TEXAS HMO AND BLUE ESSENTIALS - SOUTH TEXAS HMO	
Account Number	Blue Essentials - South Texas HMO: 295430 Blue Essentials - West Texas HMO: 295781
Customer Service	Phone: 1-888-378-1633 8 a.m. - 8 p.m. CT (Mon-Fri)
COBRA Administration	Blue Essentials - West Texas HMO and Blue Essentials - South Texas HMO ATTN: HCSC/COBRA Administration P.O. Box 1180 Marion, IL 62959-7680 Phone: 1-888-541-7107 7:30 a.m. - 5 p.m. CT (Mon-Fri) Email: COBRA@bcbsil.com Fax: 1-618-998-2747 COBRA Premium Payments (first class): Blue Essentials - West Texas HMO and Blue Essentials - South Texas HMO ATTN: HCSC/COBRA Administration P.O. Box 21026 Tulsa, OK 74121
Pharmacy Services	Phone: 1-877-794-3574 TTY users call 711 www.myprime.com/en/contact-us/email-us.html

TRS-ActiveCare Service Teams for BAs

If an employee or one of their family members has a benefit-related question, direct them to Customer Service for their specific health plan (see Quick Reference Information, page 7-9). **Please do not share the contact information below with participants.**

For more information about who to contact, you can find the DA Contact Guide at www.bcbstx.com/trsactivecareba/da.

The following TRS-ActiveCare service teams have been established exclusively for BAs and should not be used by health plan participants.

BCBSTX

TRS District Ambassador (DA)

Your TRS DA connects your district leadership with TRS and BCBSTX to further support your employees' health care needs and increase the value of your district's participation in TRS-ActiveCare. Your assigned DA is the primary contact for you and your district's leadership when you have ideas about how TRS can help you meet your goals.

Your DA provides your district with several services, including:

- Partnering on strategic district initiatives
- Analysis of health care utilization trends
- Assistance identifying local and plan resources for flu and vaccination clinics, and tobacco cessation
- Collaboration on solutions to reduce health care costs
- Presentations for your district administration and employees about plan benefits and wellness topics
- Annual Enrollment and health fair support

Each DA is assigned to one or more region. Search the DA directory to find DAs by region at www.bcbstx.com/trsactivecareba/da.

BCBSTX Personal Health Guide

The BCBSTX Personal Health Guide (PHG) is your contact for day-to-day, participant-level issues such as claims and general benefits questions. You can call a PHG at **1-866-355-5999**. They are available 24 hours a day, seven days a week.

bswift

BA Advocate

The bswift BA Advocate is your contact for all enrollment, eligibility and billing inquiries. Please contact your BA Advocate at **1-877-767-5254** or email them at TRSBAinquiries@bswift.com. Their hours are 8 a.m. to 5 p.m. CT, Monday through Friday.

Your BA Advocate helps with:

- Enrollment discrepancies and eligibility guidelines
- Bill inquiries and reporting discrepancies
- Exceptions
- COBRA Inquiries for TRS-ActiveCare plans



Client Support Team

CVS Caremark has a Client Support Team (CST) to assist BAs with questions and issues about prescription drug benefits for the TRS-ActiveCare plans, such as:

- Mail-order and retail pharmacy issues
- Claims research and analysis
- Questions about drug coverage and drug plan benefits
- Requesting mail-order forms, order ID cards, and claim forms in bulk
- Processing stop payment requests and check re-issues for mail orders

BAs may contact the CST by phone at **1-866-823-5182**, Monday through Friday, from 7 a.m. to 7 p.m. CT or via e-mail at **ClientConcierge@CVSHealth.com**.

Participants are eligible for an HMO if they live or work in an HMO service area. Baylor Scott & White Health Plan, Blue Essentials - West Texas HMO, Blue Essentials - South Texas HMO and Blue Premier HMO offer health plans to eligible TRS-ActiveCare participants.

BAYLOR SCOTT & WHITE HEALTH PLAN		
Account Representatives		Address
Mark Outlaw 1-254-756-8020 Mark.outlaw@bswhealth.org	Debbie Harvey 1-512-930-6045 Deborah.MannHarvey@BSWHealthPlan.com	Baylor Scott & White Health Plan 1206 West Campus Dr. Temple, TX 76502 Phone: 1-254-298-3000 Toll Free: 1-800-321-7947

BAYLOR SCOTT & WHITE HEALTH PLAN

Bell, Blanco, Bosque, Brazos, Bureson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson

BLUE ESSENTIALS - WEST TEXAS HMO AND BLUE ESSENTIALS - SOUTH TEXAS HMO	
Account Representatives	
Josh Hawkins, Account Manager 1-972-766-3484 Josh_Hawkins@bcbstx.com	Vivian Rojas, Client Service Specialist 1-940-397-9834 Vivian_Rojas@bcbstx.com

BLUE ESSENTIALS - WEST TEXAS HMO AND BLUE ESSENTIALS - SOUTH TEXAS HMO

South Texas: Cameron, Hidalgo, Starr, Willacy

West Texas: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochilree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum



ENROLLMENT

Enrollment Period for the 2022-23 Plan Year

TRS will announce Annual Enrollment dates in the spring. During the plan enrollment period, employees may select a plan option, make plan changes, and add or delete dependents from their health coverage without a special enrollment event.

For employees already enrolled in TRS-ActiveCare: If the employee is not making any changes to their current health benefit plan, there is no need to re-enroll. Employees or their BA only need to use the bswift Enrollment Portal or their district's/entity's TPA portal to:

- Change TRS-ActiveCare plan options
- Add or drop dependents
- Cancel coverage under TRS-ActiveCare for the employee and dependents
- Enroll for TRS-ActiveCare coverage with a different participating district/entity
- Change a name or address and/or correct a date of birth or social security number

Employee enrollment via the bswift Enrollment Portal requires a review by the BA. Reviewing applications and changes submitted through the bswift Enrollment Portal is quick and easy. For instructions, please refer to the **BA Manager Guide located on the home page of the bswift Enrollment Portal.**

Rather than having the employee do their own entry into the portal, a district/entity can use an **Enrollment Application and Change Form** completed by employees to enter enrollment applications and changes via the bswift Enrollment Portal. For instructions, please refer to the **BA Manager Guide located on the home page of the bswift Enrollment Portal.**

Employees enrolling in TRS-ActiveCare for the first time: New hires can have their effective date of coverage be their actively-at-work date (the date they start to work) or the first of the month following their actively-at-work date. An option to choose between the two dates is available to employees who enroll via bswift. Either way, the full premium for the month in which the employee was hired will be due; premiums are not pro-rated. All enrollments must be submitted before:

- The end of the plan enrollment period
- 31 days after a new hire's actively-at-work date
- 31 days after a special enrollment event (*special rules apply to Medicaid, CHIP, and HIPP; see page 22 for more information*)

BAs are strongly encouraged to assist new hires with their initial enrollment. All new hires are required to either use the bswift Enrollment Portal, process their enrollment in a TPA portal, or notify their BA, even if declining coverage for themselves and/or dependents. If the bswift Enrollment Portal is used, the record of declination will be maintained by bswift. Do not send bswift declination forms, but please keep them for your files.

Note: TRS does not offer, nor does it endorse, any form of supplemental coverage for any of the health coverage plans available under TRS-ActiveCare. To obtain information about any coverage that is purported to be a companion or supplement to any TRS-ActiveCare plan, employees should contact the organization making such offerings and/or the Texas Department of Insurance (TDI) at www.tdi.texas.gov or the TDI Consumer Helpline at 1-800-252-3439.

bswift Enrollment Portal

bswift provides real-time, online enrollment capabilities for participating districts/entities in TRS-ActiveCare to simplify and enhance the enrollment experience. There are two options available to a district/entity for using the bswift Enrollment Portal:

- The district's/entity's employees can enroll or make changes through the portal. Through a secure sign on, the employee will be guided through the enrollment and change process with edits and reminders included if they incorrectly enter information or do not enter required fields. Once they have completed their enrollment, they can submit and print a confirmation statement. The transaction is reviewed and approved by the district/entity BA prior to receipt by bswift; or
- The district/entity can continue to utilize the **Enrollment Application and Change Form** with the BA accessing the bswift Enrollment Portal to enter new enrollments and changes.

Districts/entities choosing to have BAs enter enrollments on behalf of the employee should make sure to have the employee's completed **Enrollment Application and Change Form** before updating the employee's records. If you enroll an employee or update an employee's records using bswift, please also submit the **Enrollment Application and Change Form** to the Employee File for that member. For instructions, you can reference the **BA Manager Guide** located on your home page of the bswift Enrollment Portal.

Note: BAs are responsible for administering the eligibility requirements listed in this guide.

The simplest way to apply for coverage or make changes to existing coverage is to use the bswift Enrollment Portal, <https://trsactivecare.bswift.com>. If a district/entity chooses this option, bswift will provide the district/entity BAs with a guide for completing enrollment using the portal. Information maintained by bswift, including names, relationships, social security numbers, addresses, and currently chosen plan, has already been loaded. If there are no changes, the employee can indicate that. If they want to make any changes, they update all the information for covered individuals, change coverage, or decline coverage. In all cases, they will be able to print or email a copy of their confirmation statement that includes all of the information and choices shown in the portal.

New employees and those previously declining coverage should receive the **New Hire Guide** located in the Library on the bswift Enrollment Portal. In this case, they will need to enter names, relationships, social security numbers, addresses, and benefit selections.

The bswift Enrollment Portal can be used to process all of the following types of enrollment transactions:

- Apply for coverage
- Select initial PCP during new enrollment
- Add a dependent
- Terminate enrollment
- Terminate dependent coverage
- Change coverage
- Change address
- Change name
- Decline coverage
- Correct demographic information
- Print an enrollment or declination confirmation
- Add a deceased date

All enrollments and changes completed by employees will be pended for review and approval by BAs. Once signed into the bswift Enrollment Portal as an Administrator, the BA will be provided with a list of employees who have completed enrollment or changes. The list can be accessed through an alert on the Manager Home Page of the bswift Enrollment Portal.

Instructions for reviewing, approving, or rejecting proposed changes or pending elections can be found in the **BA Manager Guide** in the Library on the bswift Enrollment Portal as well as on the Manager Home Page.

Any pending enrollment that is not approved within 45 days of the effective date will be declined because it is outside of the enrollment processing guidelines. An exception will need to be submitted at that point. Please see the exception section for more information.



bswift Enrollment Steps

Districts that use bswift will have a six-step enrollment process for employees:

- 1. Review and Confirm Personal Information:** Employees will be required to review and sign off on their personal information. Any required field on this page will have an asterisk next to it. Additional required fields are:
 - i. Tobacco Status:** Designate if the employee and/or spouse have used tobacco products in the last three months.
Note: To qualify as a non-tobacco user, the employee must certify that the following is true.
 - You cannot have used any of the following in the past three months:
 - Tobacco products (including cigarettes, pipe tobacco, cigars, chewing tobacco, tobacco snuff and hookah tobacco)
 - Non-Food and Drug Administration (FDA) approved nicotine-based products (like e-cigarettes, nicotine gels and dissolvables)
 - You can use the following if you are using them to quit tobacco/nicotine use:
 - Over-the-counter FDA-approved nicotine replacement products (skin patches, chewing gum and lozenges)
 - Prescription drugs (Chantix, Zyban and Nicotrol)
 - ii. Electronic Consent:** Employees will be asked to designate if they want to receive benefit communications via email or postal mail.
 - iii. Status of Membership:** Employees will be asked to record if they are active contributing or actively at work.

2. Review and Confirm Family Information: Employees will be required to review and sign off on their family information. Any required field on this page will have an asterisk next to it. Employees will also have the opportunity on this page to enter their dependents' information.

- i. **SSN or equivalent ID number is required for all insured members. Dependents' SSN or ID are not required but highly encouraged.** Failure to provide SSN can result in incomplete tax forms for your employees at the end of the year. An employee adding a dependent or updating a dependent that is over the age of one who does not have SSN will not be allowed to move forward in their enrollment. SSN is a required field on the bswift enrollment portal. A BA will have the ability to update the record on behalf of the employee. The employee will then be asked for a SSN three times a year if the SSN is not provided.

In some instances an Individual Tax ID Number (ITIN) may be used for a dependent. You can submit this to the bswift BA Advocate team for further guidance.

Note: It is not necessary to wait for a newborn's SSN to add them to an employee's coverage. The bswift system does not require a SSN for a dependent under one year of age. Once the dependent turns one, the system will flag this record as requiring a SSN and will not allow the employee to complete future enrollments without entering one. The employee will be required to submit a SSN after the dependent turns one.

Employees who are enrolling on bswift and missing a SSN for their dependent will not be permitted to proceed with their enrollment on bswift. However, if an employee does not have a SSN for a dependent over one year of age, the BA will have the ability to complete the enrollment on behalf of the employee.

- 3. Benefits Enrollment:** After the first two steps are completed, the employee will be brought to the enrollment section. If they are a new hire, they will be asked to designate their desired plan effective date (actively-at-work date or the first of the following month) before selecting a medical plan. All other current employees will just see their medical plan options.
- 4. Enrollment Questions:** Once the employee chooses a medical plan and the dependents they would like to cover, they will be asked two questions. These questions must be answered for each covered dependent.
 - i. **Do you have other insurance?:** This question captures if an employee or covered dependent has medical coverage elsewhere.
 - ii. **Medicare Coverage Type:** This question captures if an employee has Medicare coverage and, if so, the Medicare plan.
- 5. Review and Confirm Elections:** Employees will review their medical election and dependents on this page. They must click **I Agree** at the bottom of the page in order to save their enrollment.
- 6. Confirmation Page:** Once elections are signed off on, employees will have an option to print or email a copy of their confirmation statement.

Very Important Fields

The following fields are required for applicable case management and utilization management outreach.

- Email address
- Telephone number (personal or work)

Employees should keep copies of their confirmation of coverage from the electronic enrollment system.

If you are considering offering an electronic enrollment through an established TPA, you must contact your BA Advocate by calling or emailing at least 60 days prior to implementation. New vendors will require a minimum of 90 days to implement.

If you need to add a new district/entity contact, you must submit an Administrator Access Form to the BA Advocate team. This form is located at www.bcbstx.com/trsactivecareba.



ELIGIBILITY

Employee Eligibility

To be eligible for TRS-ActiveCare, an individual:

- Must either be (i) a participating member who is currently employed by a participating district/entity in a position that is eligible for membership in the TRS pension, or (ii) an individual who is currently employed by a participating district/entity for 10 or more regularly scheduled hours each week in a position that is not eligible for membership; **and**
- Is **not** receiving health care coverage as an employee or retiree under (i) the Texas State College and University Employees Uniform Insurance Benefits Act (e.g., coverage offered by The University of Texas System or the Texas A & M University System), (ii) the Texas Employees Uniform Group Insurance Benefits Act (e.g., coverage offered by ERS); or (iii) TRS-Care.

If a current employee was an eligible part-time employee during an enrollment opportunity for the current plan year, and later during the current plan year the employee becomes an eligible full-time employee, the employee will have a 31-day opportunity, beginning on the first day that this employee becomes an eligible full-time employee, to enroll himself or herself, as well as, his or her eligible dependents in TRS-ActiveCare during the current plan year. This enrollment opportunity exists even if enrollment in TRS-ActiveCare during the current plan year was previously declined by this employee.

A full-time employee is a participating member of the TRS pension who:

- Is currently employed by a participating entity;
- Is employed in a position that IS eligible for membership in the TRS pension; and
- Is not receiving coverage as an employee or retiree from TRS-Care or from a uniform group insurance or health benefits program offered by ERS, the University of Texas, or Texas A & M University.

A part-time employee is an individual who:

- Is currently employed by a participating entity;
- Is employed in a position that IS NOT eligible for membership in the TRS pension or is not eligible for membership in the TRS pension because of a service or disability retirement; and
- Is not receiving coverage as an employee or retiree from TRS-Care or from a uniform group insurance or health benefits program offered by ERS, the University of Texas, or Texas A & M University.

Accordingly, for purposes of enrollment in TRS-ActiveCare, individuals who are hired in a substitute position or who have retired under the TRS pension will be considered part-time employees, regardless of the number of hours they work for the participating entity.

Part-time employees are not entitled to state assistance in the purchase of their TRS-ActiveCare coverage. The participating entity that employs a part-time employee may, but is not required to provide assistance in the purchase of TRS-ActiveCare coverage for the part-time employee.

Note: Although under their particular circumstances, a retiree, a higher education employee, or a state employee may not be covered as an **employee** of a participating district/entity, he or she may be able to be covered as a **dependent** of an eligible employee. Employees covered as dependents by a higher education entity or a state program may also be covered under TRS-ActiveCare as an employee.

Summer Deferment

Under Section 22.004, Texas Education Code, an employee who is participating in TRS-ActiveCare is entitled to continue participating in TRS-ActiveCare if the employee resigns after the end of the instructional year. TRS Rule, Section 41.38, Texas Administrative Code, will be applied by TRS-ActiveCare in determining the appropriate termination date of TRS-ActiveCare coverage.

NOTE: Participants entitled to summer deferment must be given the opportunity to accept or decline TRS-ActiveCare coverage through the remainder of the plan year.

Who is eligible for TRS-ActiveCare coverage?

Teachers, administrative personnel, substitutes, bus drivers, librarians, crossing guards, cafeteria workers, among others, are all eligible for coverage, provided no exception applies, if they are employees of the district/entity, not volunteers, and are either active contributing TRS members or are employed by a participating district/entity for 10 or more regularly scheduled hours each week.

Substitutes and return-to-work retirees are always considered part-time regardless of the number of hours worked. However, in order to be eligible for TRS-ActiveCare benefits they must have a minimum of 10 or more regularly scheduled hours per week.

Independent contractors and volunteers are **not** employees and are **not** eligible for TRS-ActiveCare coverage.

Note: The above eligibility guidelines apply only to TRS-ActiveCare and do not apply to eligibility for membership in the TRS pension plan. Only employees who are active contributing TRS members are eligible for funding provided under Chapter 1581, Texas Insurance Code.

Dependent Eligibility

An employee may also cover his or her eligible dependents at the same time he or she enrolls in coverage. **No person may be covered under TRS-ActiveCare as both an employee and as a dependent, or as a dependent of more than one employee.** Eligible dependents include:

- A spouse, including a common law spouse (A common law spouse is not considered eligible unless there is a Declaration of Informal Marriage filed with an authorized government agency.)
- A child under 26, who is one of the following:
 - A natural child
 - An adopted child or a child who is lawfully placed for legal adoption
 - A stepchild
 - A foster child
 - A child under the legal guardianship of the employee
- A grandchild* under 26 whose primary residence is the household of the employee and who is a dependent of the employee for federal income tax purposes for the reporting year in which coverage of the grandchild is in effect.
- “Any other dependent” (other than those listed above) under 26 in a regular parent-child relationship with the employee, meeting all four of the following requirements:
 - The child’s primary residence is the household of the employee;
 - The employee provides at least 50% of the child’s support;
 - Neither of the child’s natural parents resides in that household; and
 - The employee has the legal right to make decisions regarding the child’s medical care.*

* For purposes of dependent eligibility under TRS-ActiveCare, a grandchild that does not fit into the above definition and is not considered a child.

*This requirement does not apply to dependents 18 and over.

- A child, 26 or over, of a covered employee may be eligible for dependent coverage, provided that the child is either mentally or physically incapacitated to such an extent that they are dependent on the employee on a regular basis as determined by TRS, and meet other requirements as determined by TRS.

A dependent does not include a brother or a sister of an employee, unless the brother or sister is an individual under 26 who is either: (1) under the legal guardianship of an employee, or (2) in a regular parent-child relationship with an employee, as defined in the “any other child” category above. Parents and grandparents of the covered employee do not meet the definition of an eligible dependent.

Please see the “Changing Employment between Participating Entities and Rehires” section for more details around dual coverage.

Note: It is against the law to elect coverage for an ineligible person. Violations may result in prosecution and/or expulsion from the TRS-ActiveCare program for up to five years. TRS-ActiveCare eligibility audits may be conducted periodically. Audit notifications will be mailed to TRS-ActiveCare plan participants when TRS-ActiveCare needs to verify participants, or their covered dependents, meet plan eligibility requirements. During an eligibility audit, participants may be asked to provide satisfactory proof of eligibility to the Benefits Administrator, and if unsatisfactory, he or she will have a limited time to cancel coverage for the ineligible persons without incurring penalties that may include expulsion under TRS rules published in the Texas Administrative Code and recovery of paid claims. It is the responsibility of the Benefits Administrator to obtain and maintain documentation.



Disabled Dependents

A covered employee's child, 26 and over, may be eligible for dependent coverage provided that the child is either mentally or physically incapacitated to such an extent that they are dependent on the employee on a regular basis as determined by TRS, and the child meets other requirements as determined by TRS. The employee must complete the Disabled Dependent Authorization Form and the Disabled Dependent Physician Certification Form to provide satisfactory proof of the disability and dependency, and return it to:

Blue Cross and Blue Shield of Texas

P.O. Box 660044

Dallas, TX 75266-0044

The forms must be submitted no later than 31 days after the date the child turns 26, or after the event date. To avoid any gap in coverage, the forms should be submitted and approved prior to the end of the month the child turns 26, or prior to the event date.

If the participant misses the applicable 31-day deadline for submission of the forms to BCBSTX, the participant may submit the forms for review prior to the Annual Enrollment deadline for an effective date of Sept. 1 (the beginning of the new plan year).

Once the forms are approved, BCBSTX will notify bswift and the dependent's record will then be updated with the disabled flag. Until approval has been determined, the dependent record should not be updated on a Third-Party Enrollment Portal. Coverage will not be updated for dependents until approval has been received from BCBSTX.

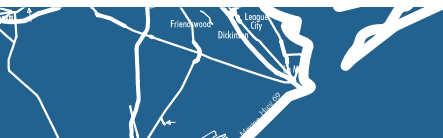
The **Disabled Dependent Authorization** Form is available on the BCBSTX TRS-ActiveCare website www.bcbstx.com/trsactivecare/tools-and-resources/forms.

Note: A sibling who is over 26 may qualify as a disabled dependent. Parents and grandparents of the covered employee do not meet the definition of an eligible dependent.

Special Eligibility Situations

- If an employee and spouse both work for a participating district/entity, the spouse may be covered as an employee or as a dependent of an eligible employee. Only one parent may enroll dependent children for coverage. If both parents enroll the dependent children, the newest coverage record will be accepted.

- A child (under 26) who is employed by a district/entity and is a contributing TRS member can be covered as a dependent on his or her parent's TRS-ActiveCare coverage. However, current law only allows pooling of state and district funds for "married couples." An employee who is covered as a dependent child will not be entitled to state or district funding.
- A retiree who returns to work for a participating entity in TRS-ActiveCare is eligible for TRS-ActiveCare coverage if the retiree meets TRS-ActiveCare eligibility requirements, regardless of any prior coverage under TRS-Care.
- Accordingly, for purposes of enrollment in TRS-ActiveCare, individuals who are hired in a substitute position or who have retired under the TRS pension will be considered part-time employees, regardless of the number of hours they work for the participating entity.
- Part-time employees are not entitled to state assistance in the purchase of their TRS-ActiveCare coverage. The participating entity that employs a part-time employee may, but is not required to provide assistance in the purchase of TRS-ActiveCare coverage for the part-time employee.
- Upon termination of a retiree's TRS-ActiveCare coverage, the retiree can only enroll in TRS-Care if the retiree: (A) turns 65 or has a special enrollment event, and (B) is otherwise eligible to enroll in TRS-Care. The opportunity to enroll in TRS-Care under these rights is limited in time — so be sure to timely exercise your rights.
 - For example, if a return-to-work retiree leaves employment and loses TRS-ActiveCare coverage, he or she has a special enrollment event to enroll in TRS-Care if otherwise eligible.
- If a participant has employee and spouse coverage, and the spouse is hired by a participating district/ entity, the employee may drop the spouse (unless restricted by district/entity's Section 125 cafeteria plan rules) so that the spouse may enroll as a new hire. (The cancellation reason would be considered voluntary and would not be eligible for COBRA.)
- If a participant has employee-only or employee and child coverage, and the spouse is hired by a participating district/entity, the employee cannot enroll the spouse because the spouse is a new hire; there must be a loss of other coverage. The employee may enroll the spouse within 31 days of the spouse's event date for loss of other coverage.



Court-ordered Dependent Children

If the participating district/entity receives a court order or national medical support notice that directs an **employee** to provide health coverage for a dependent child, the court-ordered dependent child will be automatically enrolled **from the date the participating district/entity receives notification of the court order or national medical support notice**. A court order or national medical support notice that directs anyone other than the employee to provide health coverage for a dependent child does not require TRS-ActiveCare to provide dependent coverage for the dependent child and is not a special enrollment event for the employee or any of the employee's eligible dependents.

The court order or national medical support notice that is directed to the employee is a special enrollment event for an employee and the applicable dependents. Therefore, if an eligible employee is not covered by TRS-ActiveCare at the time the participating district/entity receives the court order or national medical support notice, the employee, the employee's spouse, and the employee's dependent children may be enrolled in TRS-ActiveCare.

With regard to any individuals who are not the subject of the court order or national medical support notice, normal eligibility and special enrollment event rules apply (for example, a request, along with supporting documentation, to enroll such individuals must be received within 31 days of the receipt by the participating district/entity of the court order or national medical support notice).

You will need to contact your BA Advocate if you need to enroll an employee's dependent children for court-ordered coverage when the employee decides not to enroll. If you are enrolling through a Third-Party Enrollment Portal you can make the update on that portal or notify your Benefits Administrator.

If the employee is adding only one child, he or she should submit the child's information. The child will be set up with a single ID number and the employee-only premium rate will be charged. If the employee is adding more than one child, the eldest child will be set up with an ID number and that child's information should be submitted. The other children will be listed as dependents and the employee and children premium rate will be charged.

If a participating district/entity receives a court order or national medical support notice to add coverage for an employee's dependent children, the children may be added to the employee's current TRS-ActiveCare plan if the employee is already enrolled. The employee may also select a different plan

at this time. If the employee is not enrolled in TRS-ActiveCare, the employee may select a plan for the dependent children.

If the employee refuses to sign an application, the participating district/entity should consult with its legal counsel to determine what action should be taken. If the participating district/entity determines it should enroll the child, the Benefits Administrator should make note of this action for their records. It is the participating district/entity responsibility to complete any forms required and to update the appropriate eligibility in the enrollment portal.

Note: Failure to comply with a court order or national medical support notice may subject the employer to penalties under state law. Consult with your legal counsel if you have questions concerning a particular court order or national medical support notice.

Other Court-ordered Dependents

A court order or national medical support notice that directs an employee to provide health coverage for a spouse, for an ex-spouse or for other dependents that are not eligible children under TRS-ActiveCare eligibility standards do not require TRS-ActiveCare to provide dependent coverage as a result of the court order or national medical support notice. Additionally, this type of court order or national medical support notice does not qualify as a special enrollment event to make plan changes. An ex-spouse is not eligible for TRS-ActiveCare coverage unless the ex-spouse is already covered as a COBRA continuation participant.

Active Contributing vs. Active Working

It is a TRS requirement that employees enter a status of Active Contributing or Active Working on either the bswift Enrollment Portal or the TPA site. It is the Benefits Administrator's responsibility to review the status to ensure it was entered correctly by the employee. Below is the definition of each status.

- **Active Contributing:** those who are currently working for TRS-covered employers and are contributing to the TRS retirement plan.
- **Active Working:** those who fit into one of the three following categories: (1) have at least five years of service credit and are not currently employed in a TRS-covered position, (2) have less than five years of service credit and are currently employed by a TRS-covered employer but not in a membership eligible position, or (3) have less than five years of service credit and have been absent from employment with a TRS-covered employer for less than five years.

New Hire Event

New hires have 31 days from their actively-at-work date (the date they start to work) to enroll or decline coverage for themselves or their dependents. New hires may choose their actively-at-work date or the first of the month following their actively-at-work date as their effective date of coverage.

Important: If choosing the actively-at-work date, the full premium for the month in which the employee was hired will be due, regardless of that date; premiums are not prorated. Employees should be made aware of this when electing coverage to avoid adjustments to the effective date.

Making Changes/Special Enrollment Events

A special enrollment event, as defined by the Health Insurance Portability and Accountability Act (HIPAA), provides a special enrollment period for employees and dependents when there is a loss of other coverage or a gain of additional dependents (e.g., birth, adoption/placement for adoption, and marriage).

An employee may be able to enroll in coverage, change plan options, or change the dependents he or she covers during a plan year if the employee, or the dependent, has a special enrollment event under applicable law. **Changes in employee and/or dependent coverage must be requested within 31 days of the special enrollment event. “Requested” is defined as processing the change in the bswift Enrollment Portal or processing the change in a Third-Party Enrollment Portal.** If the employee does not request the appropriate changes during the applicable special enrollment period, the changes cannot be made until the next plan enrollment period or, if applicable, until another special enrollment event occurs.

For most special enrollment events, the effective date of coverage will be the first of the month after the event date. Refer to the Effective Date of Coverage charts on page 28-35 for more information.

A change request submitted through a Section 125 vendor (if applicable) will not automatically result in changes to an employee’s TRS-ActiveCare coverage. Changes to TRS-ActiveCare coverage can be submitted using the bswift Enrollment Portal or processing the change in a Third-Party Enrollment Portal.

New Dependents

An employee may have a special enrollment event when a new dependent is added to his or her family as a result of marriage, birth, adoption, or placement for adoption.

common law marriage is not considered a special enrollment event unless there is a Declaration of Common Law Marriage filed with an authorized government agency.

How are newborns covered by TRS-ActiveCare?

Employees must enroll newborns within 31 days from the date of birth.

TRS-ActiveCare automatically provides coverage for a newborn child of a covered employee for the first 31 days after the date of birth. However, the employee must add coverage for the newborn by either enrolling the child through the bswift Enrollment Portal, processing the change in a Third-Party Enrollment Portal, or notifying their Benefits Administrator within 31 days from the date of birth. The effective date of coverage for the newborn child is the date of birth.

If the enrollment via the bswift Enrollment Portal or the Third-Party Enrollment Portal is not entered, or the employee does not notify the Benefits Administrator within the above-noted 31-day period, the request to add coverage will be denied — even if there would be no change in premium. Any district enrolling through their Third-Party Enrollment Portal must have the Third-Party send the date of birth as the newborns coverage date to prevent a gap in coverage. This is referenced in the TPA’s companion guide.

Note: Newborn grandchildren are not automatically covered by TRS-ActiveCare for the first 31 days; however, a covered employee may enroll eligible newborn grandchildren within 31 days after the newborn’s date of birth.

It is not necessary to wait for the newborn’s Social Security number to enroll. The employee should use the bswift Enrollment Portal or process the change through a third-party Enrollment Portal without the social security number to add coverage, then update the enrollment record by submitting another change once the number has been issued.

Changing plans must be made within 31 days after the newborn’s date of birth (the plan change becomes effective the first of the month following the date of birth).

If the intent is to cover a newborn under another commercial plan, this should be provided to the hospital upon admission instead of the TRS-ActiveCare policy information.

If the child has been added automatically to the TRS-ActiveCare plan due to a claim but that was not the intent, please contact Blue Cross and Blue Shield of Texas Customer Service to have this coverage removed.

Loss of Coverage

Loss of coverage qualifies as a special enrollment event if:

- The employee or dependent(s) lost other group coverage due to a loss of eligibility
- The employee or dependent(s) elected to drop the other group health coverage because the employer stopped all employer contributions toward the premium (including any employer-paid COBRA premium)
- The employee and/or dependent(s) exhausted their COBRA continuation coverage
- Loss of coverage from the following also qualifies as a special enrollment event:
 - Medicare
 - Medicaid
 - CHIP
 - HIPP
- Individual coverage when outside the control of the individual. For example: the insurance company claims bankruptcy, the insurance company withdraws from doing business in the state or the insurance company cancels the block of business

For loss of Medicaid, CHIP, or HIPP the employee must notify the Benefits Administrator within 60 days from the date of the notification that coverage has terminated. Loss of Medicaid, CHIP, or HIPP due to incorrect or missing information is not considered a special enrollment event. To qualify for a special enrollment event, the loss must be due to losing eligibility for the coverage due to age, income, etc.

The following reasons for loss of other coverage do not qualify as special enrollment events:

- An increase in the premium cost
- A reduction in the employer's contribution to the premium
- Voluntary termination of coverage, including failure to pay premium
- Any additional surcharge or benefit reduction for spouse coverage
- Any reduction of benefits such as an increase in deductible or change in the coordination of benefits
- A doctor or other health care provider no longer participates in the plan's network
- Failure to act or respond to an employer's eligibility audit, which results in loss of coverage for dependents

Voluntary terminations of other coverage, such as dropping other coverage during a spouse's enrollment period or a Section 125 cafeteria plan enrollment period due to premium or benefit changes, including spousal surcharges or coverage restrictions, are not special enrollment events for TRS-ActiveCare. An employee cannot change plans when dropping a dependent, or a dependent aging-out, from TRS-ActiveCare coverage. An involuntary termination may occur when an employee is terminated or leaves employment resulting in an involuntary loss of eligibility. An involuntary loss of coverage is considered a special enrollment event for TRS-ActiveCare.

In order to have a special enrollment event when the employee or dependent of an employee loses other health coverage, the employee or dependent must have had other health coverage when coverage under TRS-ActiveCare was previously declined in writing. If the other coverage was COBRA continuation coverage, special enrollment can be requested only after the COBRA continuation coverage is exhausted. If the other coverage was not COBRA continuation coverage, special enrollment can be requested when the individual loses eligibility for the other coverage.

If an employee enrolls via the bswift Enrollment Portal or their Third-Party Enrollment Portal due to "loss of other coverage," the employee's original application must be checked to verify that coverage was declined (in section 6) due to other coverage. If a declination of coverage was not completed, proof of coverage loss in lieu of a declination must be provided by the employee for a special enrollment event. If documentation is not made available, the employee's request to add coverage will be denied.

Dropping Coverage

TRS-ActiveCare participants may drop coverage during a plan year, unless restricted from doing so by their district/entity's Internal Revenue Code Section 125 cafeteria plan. Please consult your cafeteria 125 plan administrator to determine if your entity can allow this.

Note: An employee cannot change plans when dropping a dependent, or a dependent turning 26, from TRS-ActiveCare coverage.



Can an employee drop health coverage during the plan year?

Unless he or she is restricted due to participation in an Internal Revenue Code Section 125 cafeteria plan, an employee may drop all coverage or remove dependents. If he or she drops coverage during the plan year, the individual will not be eligible to re-enroll in TRS-ActiveCare until the next plan enrollment period unless there is a special enrollment event.

Note: An employee cannot elect to drop coverage retroactively; a future cancellation date is required. The cancellation must be received by bswift within the membership processing guidelines; see page 37.

Can employees change plan options during the plan year?

If an employee or dependent has a special enrollment event under applicable law, the employee may change plan options when exercising a special enrollment right. Plan changes are also permitted if the employee is directed by a court order or national medical support notice to provide health coverage for a dependent child or if the employee or dependent loses coverage because they no longer live, work or reside in an HMO service area.

Coverage Continuation while on Leave without Pay

Employees must meet the participating district/entity's requirements for leave-without-pay status, including the requirements under the Family and Medical Leave Act (FMLA). Eligible employees may continue TRS-ActiveCare coverage while on leave without pay for a period not to exceed six months.

For example, if your participating district/entity only allows three months for leave without pay, at which time his or her employment is terminated, the employee could continue coverage under TRS-ActiveCare for three months. If your participating district/entity allows 12 months for leave without pay, TRS-ActiveCare coverage will end after six months.

Coverage for an individual on leave without pay ends the earlier of:

- The last calendar day of the month for which premiums are paid;
- The last calendar day of the month in which the employee's employment ends;
- The last calendar day of the month in which an individual is no longer eligible for coverage due to requirements unrelated to leave-without-pay status; or
- The last calendar day of the sixth month following the month in which coverage for leave without pay began.

Once the employee returns to active employment, and meets eligibility requirements, he or she can re-enroll for TRS-ActiveCare coverage within 31 days. If the employee returns to active employment within the same plan year and chooses to re-enroll in TRS-ActiveCare, the employee must select the same plan option in which he or she was previously enrolled. If the employee has exhausted their six months of coverage while on leave without pay, they may qualify for COBRA.



What happens to employees on leave without pay when their district/entity begins participation in TRS-ActiveCare?

- Individuals who had health coverage provided through their employer on the day prior to the date the district/entity begins participation in TRS-ActiveCare may enroll in TRS-ActiveCare.
- Individuals who were not covered by their employer's health coverage plan on the day prior to the date the district/entity began participation in TRS-ActiveCare cannot enroll until they return to work and meet eligibility requirements.

What happens if an employee enters military service?

If an employee enters into active, full-time military, naval, or air service, he or she may continue TRS-ActiveCare coverage while on leave without pay. Employees on military leave without pay will be treated in the same manner as other employees on leave without pay in accordance with the participating district/entity's requirements for leave-without-pay status, for a period not to exceed six months.

An individual who elected coverage on or before Dec. 9, 2004, may elect under the Uniformed Services Employment and Reemployment Rights Act (USERRA) to continue health coverage with his or her employer's plan for a maximum coverage period of 18 months. An individual who elected coverage on or after Dec. 10, 2004, may elect under USERRA to continue health coverage with his or her employer's plan for a maximum coverage period of 24 months. Under most circumstances, the coverage period under COBRA and USERRA runs concurrently during the first 24 months. Coverage may be elected from USERRA or COBRA, but not both.

Once the employee returns to active employment and meets eligibility requirements, he or she can re-enroll for TRS-ActiveCare coverage within 31 days. If the employee returns to active employment within the same plan year and chooses to re-enroll in TRS-ActiveCare, the employee must select the same plan option in which he or she was previously enrolled.

Pooling Funds/Split Premium

Married employees who are active contributing TRS members may “pool” their local district and state funding to use toward the cost of TRS-ActiveCare coverage.

Pooling

If an employee and spouse both work for the **same** participating district/entity, funds may be pooled.

Note: Pooling is handled internally at the district and not tracked or submitted to bswift.

- One employee selects employee and spouse coverage, and the spouse declines coverage; or
- One employee selects employee and family coverage, and the spouse declines coverage.

Split Premium

If an employee and spouse work for **different** participating districts/entities, they may wish to pool funds. The decision to enter into a split premium arrangement must be made during Annual Enrollment or within the election period of a special enrollment event.

- One employee selects employee and spouse coverage, and the spouse declines coverage; or
- One employee selects employee and family coverage, and the spouse declines coverage.

Employees will be billed for the full premium until their application is reviewed and approved. When an application is approved, the change to a split premium will go into effect first of the following month. For example, someone who submits their application on Aug. 10 and is approved on Sept. 2 will move to split premiums effective Oct. 1. For the employee and spouse who choose this option, the cost of coverage will be split between and billed to the two employers. Each employer will be billed 50% of the total cost of coverage. The participating district/entity employing the spouse who declined coverage will consider the employee as covered under a group health plan for funding purposes and the participating district/entity’s premium billing statement will list the employee under their spouse’s ID number.

Benefits Administrators must complete the online **Application to Split Premium Form**. This Form should be submitted through the online **Application to Split Premium Form** at the same time as either (i) an enrollment or change processed through the bswift Enrollment Portal is approved or (ii) an enrollment or change is made through a Third-Party Enrollment Portal.

To access the online **Application to Split Premium Form** go to **TRSSplitbill.bswift.com/ElectronicForm**.

Please Note: A child (under 26) who is employed by a district/entity and is a contributing TRS member can be covered as a dependent on his or her parent’s TRS-ActiveCare coverage. However, under current law, pooling of state and district funds is only allowed for “married couples,” an employee who is covered as a dependent child will not be entitled to state or district funding.

Note: Both participating districts/entities need to have the same effective date of coverage for married employees to enter a split premium arrangement except for the following: If an employee already has employee and family coverage and the spouse is hired by another participating district/entity, the spouse can decline coverage and complete an online **Application to Split Premium Form** to be effective on the first of the month following the spouse’s actively-at-work date. Requests for a split premium arrangement must be signed, dated, and submitted to the Benefits Administrator within the plan enrollment period and received by bswift within the membership processing guidelines. Requests for exceptions can be made through the bswift Exception and Appeals Portal (<https://www.tractivecare.bswift.com>).

Important: If either employee changes employment to another participating district/entity, a new online Application to Split Premium Form will be required. A new form is needed if there is any change to an existing split premium arrangement.

To terminate a split premium arrangement an online **Application to Terminate Split Premium Form** must be completed. Benefits Administrators must complete the online **Application to Terminate Split Premium Form**. This form should be submitted online.

To access the online **Application to Terminate Split Premium Form** go to TRSSplitbill.bswift.com/ElectronicForm.

Termination of employment will terminate an existing split premium arrangement. If either employee is sent via a TPA file or entered on the bswift Enrollment Portal as a termination, the following actions would apply in the absence of an online **Application to Terminate Split Premium Form**:

- Termination of the primary employee.
 - All members on the policy would be terminated with this transaction. The secondary split member would have 31 days from the date of the primary termination to apply for coverage under a special enrollment event.
- Termination of secondary employee (previously declined spouse).
 - The secondary employee's split billing will be terminated. The coverage would continue under the primary insured and a notice sent to the primary insured's Benefits Administrator to collect full premium.

Split premium arrangements will need to be applied for each year during Annual Enrollment. Any split premium arrangement currently in place will terminate on Aug. 31 unless a new online **Application to Split Premium Form** is received. Applications that are submitted and approved by Aug. 31 will be effective Sept. 1. Any application submitted after Aug. 31 will be effective first of the following month after it is approved.

Dual Enrollment Processing

TRS rules do not allow double coverage under TRS-ActiveCare. If a member is already covered under one TRS-ActiveCare policy, then the member cannot enroll in and maintain coverage under a second policy. This applies to employees and dependents.

If bswift receives an enrollment from a member who is currently enrolled in TRS-ActiveCare, the coverage with the newest effective date will remain in force. TRS-ActiveCare coverage with the oldest effective date will be terminated. In the instance that the new coverage begins mid-month (e.g. a new hire has chosen actively-at-work date), then the new coverage date will be adjusted to the first of the following month and the old coverage will be ended at the end of the preceding month to avoid an overlap in coverage.

bswift will notify the respective districts/entities with the date the coverage was terminated. If the coverage should have been terminated on any other date, it is the responsibility of the Benefits Administrator at the respective district/entity to report the correct termination date to bswift. (If a dependent is going directly from dependent coverage to coverage as an employee, the dependent's effective date of coverage under the new plan will be the first of the month following their actively-at-work date.)

In cases where the effective date of coverage at each district are identical, most commonly seen at Annual Enrollment, the bswift BA Advocate team will work with the two districts and any TPAs to determine which district maintains the coverage. Until a response is received from the respective BAs, bswift will maintain coverage under the district who sent coverage most recently.



PROCESSING GUIDELINES

Effective Date of Coverage

The effective date is the date TRS-ActiveCare coverage begins for a participant. See the chart below to help determine the effective date of coverage. Pre-existing condition waiting periods and creditable coverage requirements do not apply.

EFFECTIVE DATE OF COVERAGE		
If...	The employee's effective date is... <i>* For benefit elections that allow an actively at work date or first of the following month effective date an employee may choose either date even if the enrollment portal is set to default to first of the following month.</i>	The employee's eligible dependent effective date is...
NEW ENTITY		
The district/entity first begins participation in TRS-ActiveCare on Sept.1 and the employee enrolls during summer enrollment.	Sept. 1	Sept. 1
The district/entity begins participation in TRS-ActiveCare after Sept.1 and the employee enrolls.	The date the district/entity first begins participation in TRS-ActiveCare.	The same date as the employee's effective date of coverage. <i>In no event will the dependent's coverage become effective prior to the employee's effective date.</i>
DECLINES		
The employee enrolls during the enrollment period and had originally declined coverage under TRS-ActiveCare.	Sept. 1	Sept. 1

If...	The employee's effective date is...	The employee's eligible dependent effective date is...
NEW HIRES		
<p>A new hire in a TRS-covered position, who is a TRS member on his or her actively-at-work date, enrolls within 31 days after the actively-at-work date.</p>	<p>The employee's choice of:</p> <ol style="list-style-type: none"> (1) his or her actively-at-work date, or (2) the first of the month following the employee's actively-at-work date. <p>Premium is billed for the full month in which coverage begins.</p> <p><i>New hires must choose the effective date of coverage within 31 days after the actively-at-work date.</i></p>	<p>The same date as the employee's effective date of coverage.</p> <p><i>In no event will the dependent's coverage become effective prior to the employee's effective date.</i></p>
<p>A new hire in a non-TRS-covered position who is regularly scheduled to work 10 or more hours per week on his or her actively-at-work date enrolls within 31 days after the actively-at-work date.</p>	<p>The employee's choice of:</p> <ol style="list-style-type: none"> (1) his or her eligibility date, or (2) the first of the month following the employee's eligibility date. <p>Premium is billed for the full month in which coverage begins.</p> <p><i>The employee must choose the effective date of coverage within 31 days after the eligibility date.</i></p>	<p>The same date as the employee's effective date of coverage.</p> <p><i>In no event will the dependent's coverage become effective prior to the employee's effective date.</i></p>
NON-TRS-COVERED POSITIONS		
<p>An employee in a non-TRS-covered position who works less than 10 regularly scheduled hours per week becomes employed in a TRS-covered position and enrolls within 31 days after the date he or she becomes an eligible employee.</p> <p>Note: If a current employee was an eligible part-time employee during an enrollment opportunity for the current plan year and later during the current plan year, the employee becomes an eligible full-time employee, the employee will have a 31-day opportunity, beginning on the first day that this employee becomes an eligible full-time employee, to enroll both himself or herself as well as his or her eligible dependents in TRS-ActiveCare during the current plan year. This enrollment opportunity exists even if enrollment in TRS-ActiveCare during the current plan year was previously declined by this employee.</p>	<p>The employee's choice of:</p> <ol style="list-style-type: none"> (1) his or her eligibility date, or (2) the first of the month following the employee's eligibility date. <p>Premium is billed for the full month in which coverage begins.</p> <p><i>The employee must choose the effective date of coverage within 31 days after the eligibility date.</i></p>	<p>The same date as the employee's effective date of coverage.</p> <p><i>In no event will the dependent's coverage become effective prior to the employee's effective date.</i></p>
<p>An employee in a non-TRS-covered position who works less than 10 hours per week begins to work 10 or more regularly scheduled hours per week and enrolls within 31 days after the date he or she becomes an eligible employee.</p>	<p>The employee's choice of:</p> <ol style="list-style-type: none"> (1) his or her eligibility date, or (2) the first of the month following the employee's eligibility date. <p>Premium is billed for the full month in which coverage begins.</p> <p><i>The employee must choose the effective date of coverage within 31 days after the eligibility date.</i></p>	<p>The same date as the employee's effective date of coverage.</p> <p><i>In no event will the dependent's coverage become effective prior to the employee's effective date.</i></p>



If...	The employee's effective date is...	The employee's eligible dependent effective date is...
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LOSS OF ELIGIBILITY

The employee is enrolled in an approved HMO and loses eligibility because he or she no longer lives, works, or resides in that HMO service area. The employee may enroll in another approved HMO (if applicable) or a TRS-ActiveCare plan within 31 days after losing eligibility.	The first of the month following the event date.	The same date as the employee's effective date of coverage. <i>In no event will the dependent's coverage become effective prior to the employee's effective date.</i>
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MILITARY

The employee returns from military service and enrolls (or re-enrolls) in TRS-ActiveCare within 31 days after his or her actively-at-work date. If the employee returns to active employment within the same plan year and chooses to re-enroll in TRS-ActiveCare, the employee must select the same plan option in which he or she was previously enrolled.	The employee's choice of: (1) his or her actively at work date, or (2) the first of the month following the employee's actively at work date. Premium is billed for the full month in which coverage begins. <i>The employee must choose the effective date of coverage within 31 days after the eligibility date.</i>	The same date as the employee's effective date of coverage. <i>In no event will the dependent's coverage become effective prior to the employee's effective date.</i>
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LEAVE WITHOUT PAY

The employee returns from leave- without-pay status and enrolls (or re-enrolls) for coverage within 31 days after his or her actively-at-work date. If the employee returns to active employment within the same plan year and chooses to re-enroll in TRS-ActiveCare, the employee must select the same plan in which he or she was previously enrolled.	The employee's choice of: (1) his or her actively at work date, or (2) the first of the month following the employee's actively at work date. Premium is billed for the full month in which coverage begins. <i>The employee must choose the effective date of coverage within 31 days after the eligibility date.</i>	The same date as the employee's effective date of coverage. <i>In no event will the dependent's coverage become effective prior to the employee's effective date.</i>
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If...	The employee's effective date is...	The employee's eligible dependent effective date is...
NEWBORN / ADOPTION / LEGAL GUARDIAN		
<p>A covered employee has a newborn child, the employee may enroll:</p> <ul style="list-style-type: none"> (1) newborn only, or (2) spouse only, or (3) spouse and newborn. <p>Other eligible dependents can also be added at this time.</p> <p>Subject to applicable law, the spouse and other eligible dependents can only be added within 31 days after the newborn's date of birth.</p>		<p>The newborn's date of birth.</p> <p>If only enrolling the newborn, premium is waived for the first calendar month if the date of birth is other than the first of the month.</p> <p>If enrolling any other eligible dependents, premium is billed for the full month in which coverage begins.</p> <p>For example:</p> <p>Employee adds child (with other eligible dependents) Child is born March 5. Coverage for child and other eligible dependents is effective March 5. Premium change begins March 5.</p> <p>Employee adds child (no plan change) Child is born March 5. Effective date is March 5 and premium begins (if applicable) on April 1.</p> <p>Employee adds child (plan change) Child is born March 5. Effective date is March 5 on current plan. Plan change and new premium effective on April 1.</p> <p>Employee adds child (with other eligible dependents) Child is born March 5. Coverage for child and other eligible dependents is effective March 5. Premium change begins March 5.</p> <p>Employee not adding child (first 31 days only) Child is born March 5. Coverage is effective March 5-April 5. No premium impact.</p> <p>TRS-ActiveCare automatically provides coverage for a newborn child of a covered employee for the first 31 days after the date of birth, but this coverage ends unless the newborn is added to employee's coverage within 31 days of the newborn's date of birth.</p>
<p>An eligible, but not covered employee, has a newborn child, the employee may enroll:</p> <ul style="list-style-type: none"> (1) employee only, or (2) employee and spouse only, or (3) employee and newborn, or (4) employee, spouse, and newborn. 	<p>The newborn's date of birth.</p> <p>Premium is billed for the full month in which coverage begins.</p>	<p>The newborn's date of birth.</p> <p>Premium is billed for the full month in which coverage begins.</p>
<p>A covered employee adopts a child and chooses to enroll within 31 days after the date of adoption or date on which the child to be adopted is placed with the employee, the employee may enroll:</p> <ul style="list-style-type: none"> (1) the adopted child only, or (2) spouse only, or (3) spouse and the adopted child. 		<p>The date of adoption on which the child to be adopted is placed with the employee.</p> <p>If only enrolling the adopted child, premium is waived for the first calendar month if the date of adoption is other than the first of the month.</p> <p>If enrolling any other eligible dependent, premium is billed for the full month in which coverage begins.</p>

If...	The employee's effective date is...	The employee's eligible dependent effective date is...
<p>An eligible, but not covered employee, adopts a child and chooses to enroll within 31 days after the date of adoption or date on which the child to be adopted is placed with the employee, the employee may enroll:</p> <ul style="list-style-type: none"> (1) employee only, or (2) employee and spouse, or (3) employee and adopted child, or (4) employee, spouse, and adopted child. 	<p>The date of adoption or date on which the child to be adopted is placed with the employee.</p> <p>Premium is billed for the full month in which coverage begins.</p>	<p>The date of adoption or the date on which the child to be adopted is placed with the employee.</p> <p>Premium is billed for the full month in which coverage begins.</p>
<p>A covered employee becomes a legal guardian of an eligible dependent child and chooses to enroll the dependent within 31 days after the date the legal guardianship is granted.</p> <p>Other eligible dependents can also be added at this time.</p> <p>An award of legal guardianship is not a special enrollment event for a non-covered employee or his or her dependents.</p>		<p>The date the guardianship is granted.</p> <p>Premium is waived for the first calendar month if the date of notification is other than the first of the month.</p>
<p>A covered employee adds a court-ordered eligible dependent child after the participating district/entity receives notice of the court order or national medical support notice.</p> <p>Other eligible dependents can also be added at this time.</p> <p>A court order on the spouse (or ex-spouse) of a covered employee does not require TRS-ActiveCare to provide dependent coverage.</p>		<p>The date the participating district/entity receives notification of the court order or national medical support notice.</p> <p>Premium is waived for the first calendar month if the date of notification is other than the first of the month.</p>
<p>An eligible, but not covered employee adds a court-ordered eligible dependent child after the participating district/ entity receives notice of the court order or national medical support notice.</p> <p>Other eligible dependents can also be added at this time.</p> <p>A court order is a special enrollment event for the employee. If the employee chooses to enroll himself and other eligible dependents, he or she has 31 days after the date the participating district/entity receives notice of the court order or national medical support order.</p>	<p>The date the participating district/entity receives notification of the court order or national medical support notice.</p> <p>Premium is billed for the full month in which coverage begins.</p>	<p>The date the participating district/entity receives notification of the court order or national medical support notice.</p> <p>Premium is billed for the full month in which coverage begins.</p>
<p>A covered employee adds an eligible grandchild or another child who is in a regular parent child relationship with the employee within 31 days after the child qualifies as a dependent.</p> <p>Adding a grandchild or another child who is in a regular parent child relationship with the employee is not a special enrollment event for a non-covered employee or his or her dependents.</p>		<p>First of the month following the date the child qualifies as a dependent.</p>

If...	The employee's effective date is...	The employee's eligible dependent effective date is...
MARRIAGE/NAME CHANGE		
<p>A covered employee gets married and chooses to enroll within 31 days after the date of marriage, the employee may enroll:</p> <ul style="list-style-type: none"> (1) spouse only (2) spouse's eligible children, or (3) spouse and spouse's eligible children. <p>Other eligible dependents can also be added at this time.</p>		<p>The first of the month following the date of marriage.</p>
<p>An eligible, but not covered employee gets married and chooses to enroll within 31 days after the date of marriage, the employee may enroll:</p> <ul style="list-style-type: none"> (1) employee only, or (2) employee and spouse, or (3) employee and spouse's eligible children, or (4) employee, spouse, and spouse's eligible children. <p>Other eligible dependents can also be added at this time.</p>	<p>The first of the month following the date of marriage.</p>	<p>The first of the month following the date of marriage.</p>
SPECIAL ENROLLMENT SITUATIONS		
<p>An employee receives an Insurance Enrollment Notification letter from the Texas Health and Human Services agency regarding eligibility for HIPP and chooses to enroll within 60 days after the date of eligibility.</p>	<p>The first of the month following the date of the notification letter.</p>	<p>The first of the month following the date of the notification letter.</p>
<p>The employee makes changes to coverage due to other special enrollment events within 31 days after the qualifying event.</p>	<p>The first of the month following the event date.</p>	<p>The first of the month following the event date.</p>

When Coverage Ends

Upon timely notice to TRS-ActiveCare from the participating district/entity, TRS-ActiveCare employee coverage will end:

- The last day of the month the employee's employment ends unless otherwise provided by TRS rules or law
- The last day of the month the employee is expelled from the TRS-ActiveCare program
- The last day of the month in which an employee is no longer eligible for TRS-ActiveCare coverage (such as the employee's TRS retirement date or as allowed by TRS Rule 41.38)*
- The last day of the month for which the employee made the required premium contribution payments
- The last day of the month in which the employee enters into active, full-time military, naval, or air service except as provided under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) or other applicable law
- The last day of the month in which eligibility for COBRA continuation coverage expires
- If a participating district/entity fails to make all premium payments for a period of at least 90 days
- The day the TRS-ActiveCare program is terminated

Based on the rules listed above mid-month coverage cancellations are not allowed. An employee may still terminate mid-month but coverage must go through the end of the month.

Benefits Administrators should enter future termination dates for employees using the bswift Enrollment Portal or your Third-Party Enrollment Portal.

Upon timely notification to TRS-ActiveCare from the participating district/entity, a dependent's coverage will end:

- When the employee's coverage ends
- The last day of the month in which he or she loses their status as an eligible dependent (for example, a spouse's coverage will end if an employee gets divorced)
- The last day of the month in which he or she enters into active, full-time military, naval, or air service except as provided under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) or other applicable law
- The last day of the month in which eligibility for COBRA continuation coverage expires
- The last day of the month for which the employee made the required premium contribution payments for dependent coverage

Note: When coverage ends, participating districts/entities are responsible for reporting timely cancellations for employees and dependents in the bswift Enrollment Portal or in their Third-Party Enrollment Portal, including the reason for termination of coverage from the choices provided. Exceptions may be granted for extraordinary circumstances constituting "good cause." Exceptions are not a guarantee of coverage reinstatement, billing credit, or enrollment. The definition of "good cause" means that a person's failure to act was not because of a lack of diligence to reasonably take prompt and timely action. If an employee or Benefits Administrator submits an exception and it does not meet guidelines as noted on pages 38-39, the request will be denied.

* Section 22.004 of the Texas Education Code reads, in part, as follows: k) Notwithstanding any other law, an employee of a district participating in the uniform group coverage program under Subsection (a) or providing group health coverage under Subsection (b) whose resignation is effective after the last day of an instructional year is entitled to participate or be enrolled in the uniform group coverage plan or the group health coverage through the earlier of: (1) the first anniversary of the date participation in a coverage under the uniform group coverage plan or the group health coverage was made available to district employees for the last instructional year in which the employee was employed by the district; or (2) the last calendar day before the first day of the instructional year immediately following the last instructional year in which the employee was employed by the district (l) If an employee's resignation is effective after the last day of an instructional year, the district may not diminish or eliminate the amount of a contribution available to the employee under Chapter 1581, Insurance Code, before the last date on which the employee is entitled to participation or enrollment under Subsection (k).

When is a dependent child no longer eligible for coverage?

Coverage for a dependent child terminates at the end of the month the child turns 26 or enters into active, full-time military service, whichever occurs first, unless eligible as a disabled dependent. Refer to the COBRA Administration section of this guide for information on how to assist the child in applying for COBRA continuation coverage following termination.

If an employee has a disabled dependent child, 26 or over, the child may be eligible for dependent coverage provided that the child is either mentally or physically incapacitated to such an extent that they are dependent on the employee on a regular basis and the child meets other requirements as determined by TRS. The employee (and the dependent's attending physician) must complete the **Disabled Dependent Authorization Form** and the **Disabled Dependent Physician Certification Form** to provide satisfactory proof of the disability and dependency. The form must be submitted within 31 days after the date the child turns 26, or after the event date. To avoid any gap in coverage, the form must be submitted and approved prior to the end of the month the child turns 26, or prior to the event date.

Note: The Benefits Administrator does not need to take action to cancel coverage for an over-age dependent. The coverage for the dependent child automatically terminates the last day of the child's 26th birthday month. Benefits Administrators will also receive an email alert as well as have the alert available on their home page when logging into bswift that lists all dependents who are approaching 26 in the next 90 days. It is the responsibility of the Benefits Administrator to report the cancellation due to age in their Third-Party enrollment portal. Auto-cancellation does not apply to a dependent over the age of 26 who has already been approved for extended coverage as a disabled dependent. When applicable, the Benefits Administrator will see an adjustment in the employee's premium on the district/entity's billing.

Summer Deferment

Under Section 22.004, Texas Education Code, an employee who is participating in TRS-ActiveCare is entitled to continue participating in TRS-ActiveCare if the employee resigns after the end of the instructional year. TRS Rule, Section 41.38, Texas Administrative Code, will be applied by TRS-ActiveCare in determining the appropriate termination date of TRS-ActiveCare coverage.

NOTE: Participants entitled to summer deferment must be given the opportunity to accept or decline TRS-ActiveCare coverage through the remainder of the plan year.

Summer Deferment Considerations

When an employee resigns at the end of the instructional year there are several considerations from an administrative perspective:

1. At the time of resignation, it is mandatory to enter a specific last day of coverage (coverage end date) into the system in addition to the employment termination date. Without an explicit coverage termination date, health coverage will remain active and the employee will continue to appear on bills.
2. If an employee who resigns moves to another district that is part of TRS-ActiveCare, they may not have coverage in both districts at once. The following examples illustrate how the system will make adjustments to prevent duplicate coverage and coverage gaps if overlapping coverage is sent on district files:
 - Employee has coverage at district ABC that ends Aug. 31. Employee elects coverage at district XYZ effective on actively at work date (Aug. 15). System will adjust coverage effective date at district XYZ to Sept. 1.
 - Employee has coverage at district ABC that ends July 31. Employee elects coverage at district XYZ effective on actively at work date (Aug. 15). System will adjust coverage effective date at district XYZ to Aug. 1 (to prevent a gap).
 - Employee has coverage at district ABC that ends Aug. 31. Employee elects coverage at district XYZ effective on the first of the following month after starting on July 29. System will adjust coverage end date at district ABC to July 31.



Changing Employment between Participating Entities and Rehires

When a covered employee changes employment to another participating district/entity, both entities must utilize the bswift Enrollment Portal or submit a processing change (termination/new hire transaction) in their Third-Party Enrollment Portal. **The Benefits Administrator of the prior employing district/entity must submit a termination at the time the employee terminates.** The employee's coverage will terminate at the end of the month. **The Benefits Administrator of the current employing district/entity will enroll at the beginning of the employment month.** *Because they are switching districts/entities, their original enrollment information (names, relationships, social security numbers, addresses, etc.) will not automatically populate as it is linked to the original district/entity for security purposes.* As such, the Benefits Administrator will need to enroll as if they were a New Employee as shown in the **BA Manager Guide** included on the bswift Enrollment Portal.

There is no break in coverage if the individual is employed by a new participating district/entity (or rehired by the same participating district/entity) no later than the last day of the next calendar month following the month in which employment terminated with the previous district/entity. The employee must elect coverage within 31 days after his or her actively-at-work date and elect coverage to be effective on the actively-at-work date to ensure no break in coverage.

If the employee elects his or her effective date to be the first of the month following the actively-at-work date, there will be a gap in coverage, and no benefits will be available for that period of time (unless the employee elects COBRA/continuation coverage).

For example, John Doe terminates with ABC district on Oct. 15. His coverage continues through Oct. 31. John Doe begins working for XYZ district on Nov. 12. He elects his actively-at-work date as his effective date of coverage. He is responsible for the entire employee contribution for a full month of coverage. In this example, there is no gap in coverage. However, if John Doe elects Dec. 1 to be his effective date, there will be no coverage for the month of November unless he elects COBRA/continuation coverage.

An employee changing employment to another participating district/entity (or rehired by the same entity) must enroll via the bswift Enrollment Portal or have the Benefits Administrator submit a change in the Third-Party Enrollment Portal and choose the same plan. **The employee cannot change his or her current plan option for the remainder of the plan year unless a special enrollment event occurs.** Dependents cannot be added to coverage unless a special enrollment event or plan enrollment period occurs. Plan year deductibles, out-of-pocket maximums, and other accumulators will follow and apply to the employee and his or her covered dependents. If the dependent of an employee who is currently not employed with a TRS-ActiveCare district/entity becomes an employee of a TRS-ActiveCare district/entity and chooses to enroll in his or her own plan, plan year deductible, out-of-pocket maximums, and other accumulators will follow and apply to the employee provided that they choose the same plan they were enrolled in as a dependent previously. In this case, both employees will receive credit for the accumulators for his or her claims only. If the employee does not enroll in the plan he or she was enrolled in as a dependent, the plan year deductible, out-of-pocket maximums, and other accumulators will not follow the employee.

Reporting Terminations

When reporting a termination in the bswift Enrollment Portal, Benefits Administrators should use the Terminate Employment button on the left-hand navigation panel of the employee’s record. After clicking this button, enter the last day worked. Last day worked corresponds with the employment termination date. Next, the system will prompt you for a termination date. This date should be set to the date that coverage ends and should always be the last day of a month. When you click save, a medical coverage termination date will pop up for verification. That date will be set to the day you entered for the employee termination date, or the last day of the month of termination if you did not enter the last day of the month on the previous screen. Note: In most cases the termination date should be the end of the month of the last day worked, but for employees who terminate at the end of the instructional year the date may need to be set to a later date. In no instance should the coverage termination date for an employee extend past the end of the plan year that employment ends. The bswift system will automatically end coverage at midnight on the medical coverage termination date. For example, if an employee terminates on May 15, a May 31 health termination date should be entered on the employee record. The bswift system will end coverage on May 31 at 11:59 p.m. CT. The first day of no coverage for the employee will be June 1.

Note: Refer to page 26 for information on reporting terminations for employees set up under a split premium arrangement.

When reporting any termination of coverage, you must note the reason for termination. Any reason listed in the below chart, Cancel Reasons, are COBRA eligible. Choosing a reason outside of these will result in a non-COBRA eligible termination of coverage.

Note: For instructions on how to report a termination through your Third-Party Enrollment Portal, please contact your TPA. Important: report terminations as they occur and with time for TPA to submit to bswift to ensure processing prior to the creation of the current months bill.

Reporting Terminations: Cancel Reasons

TPA ENROLLMENT PORTAL	BSWIFT ENROLLMENT PORTAL
Employee and Dependents	
Contact TPA for applicable options	Death
	Divorce
	Ineligible Child
	Medicare/Termination
	Reduction in Hours
	Separation
	Termination

Membership Processing Guidelines

All new enrollments and changes in enrollment as a result of a qualifying event must be submitted to bswift through the bswift Enrollment Portal, or notifying the Benefits Administrator via the Third-Party Enrollment Portal by the end of the plan enrollment period or within 31 days after the qualifying event date. **If a form is not signed and dated within the appropriate timeframe, it should not be submitted for processing.**

Participating districts/entities should report enrollments, cancellations and other changes to bswift in a timely manner. The charts below provide the deadlines for submitting and processing membership transactions. **Membership processing guidelines apply to all transactions except for dropping coverage. All transactions must be signed and dated within the appropriate timeframe.**

For transactions effective this month...*	The Benefits Administrator must process the transaction through bswift Enrollment Portal or the TPA file to bswift by...
08/01/2022	09/15/2022
09/01/2022	10/15/2022
10/01/2022	11/14/2022
11/01/2022	12/15/2022
12/01/2022	01/14/2023
01/01/2023	02/14/2023
02/01/2023	03/17/2023
03/01/2023	04/14/2023
04/01/2023	05/15/2023
05/01/2023	06/14/2023
06/01/2023	07/15/2023
07/01/2023	08/14/2023
08/01/2023	09/14/2023
09/01/2023	10/15/2023
10/01/2023	11/14/2023
11/01/2023	12/15/2023
12/01/2023	01/14/2024
01/01/2024	02/14/2024

* These transaction dates are for first-of-the-month transactions. For any transaction that does not take place on the first of the month, (i.e., the effective date is actively-at-work date that does not fall on the first of the month), count 45 days from that date for the transaction to be entered into bswift. This ensures the BA has the full 45 days to process changes in bswift. All employee submissions must be made within the appropriate enrollment window. The membership processing guidelines only apply to Benefits Administrator submission and entry into the enrollment portal.

Membership Processing Example

An employee has an actively-at-work date of May 13 and they want coverage to start on that date. The BA has until June 27 to enter the change. If the employee selected June 1 as their start date, the BA would have until July 16 to enter the change.

On May 29, an employee makes the initial election and on June 1 they make a change while still within their enrollment window. Even though these transactions may not post on the June bill, it is important to check in bswift for the update. The update must be made by the applicable membership processing guidelines for the selected effective date.

What are the processing guidelines for dropping coverage for non-payment of premium?

If a district/entity is cancelling coverage for an employee due to non-payment, the cancellation will be effective in the month in which the termination is processed in the bswift Enrollment Portal or the automated eligibility processing (AEP) file is received by bswift. For example, if the cancellation is received in April, it will be effective April 1 regardless of the date requested on the form.

If you are terminating coverage due to non-payment of premiums, the effective date of the change must be the first of the following month of the non-payment notice. For example, if an employee stopped making payments and their last payment made was Feb. 15, their first day of no coverage would be March 1. For those using the bswift Enrollment Portal, BAs will record this in the special enrollment section of the employee's record.

What happens if an employee voluntarily drops (declines) coverage?

An employee cannot elect to drop coverage retroactively; a future cancellation date is required. The employee's signature date will be used to determine the cancellation date. For example, if the form is signed in August for a Sept. 1 cancellation date, the cancellation will be effective Sept. 1.

If the form is signed in September for a Sept. 1 cancellation date, the cancellation will be effective Oct. 1. Entering a termination date outside of guidelines will not be accepted. If you feel you submitted a timely cancellation, the district/entity may request an exception for a retroactive termination through the bswift Exception and Appeals portal within the membership processing guidelines.

Note: If coverage is voluntarily dropped during the plan year, the individual will not be eligible to re-enroll in TRS-ActiveCare until the next enrollment period, unless there is a special enrollment event.

What if additional information is needed to complete processing?

If bswift receives an incomplete enrollment via the bswift Enrollment Portal, the bswift BA Advocate will contact the BA by phone or email. If the information is not readily available or is not provided to the BA Advocate within three business days, the BA will receive a request for additional information.

Request for Exceptions*

The following request for exceptions process is separate and apart from an employee's filing an appeal about a denial of eligibility addressed in TRS Rule, Section 41.51, Texas Administrative Code.

Exceptions may be granted for extraordinary circumstances constituting "good cause." Exceptions are not a guarantee of coverage reinstatement, billing credit, or enrollment. The definition of "good cause" means that a person's failure to act was not because of a lack of diligence to reasonably take prompt and timely action. BAs should ask employees to review the first statement they receive after enrolling in coverage to ensure their plan selection and payroll deductions are correct. If the employee waits to request an exception, or the BA does not report the request for an exception in a timely manner, the exception request will not be granted.

If an employee or BA submits an exception and it does not meet the guidelines outlined above, it will be denied. Please do not submit an exception if it does not meet these guidelines. Employees and BAs from participating districts/entities will be held accountable for their decisions and must abide by TRS Rules and the TRS-ActiveCare membership processing guidelines.

*Find "Steps to Report an Exception" in the BA Manager Guide within bswift.

Note: If the BA is unsure if a reason meets “good cause,” they should reach out to their BA Advocate.

Examples: A BA or TPA does not send termination for an employee in a timely manner. An exception request for credit will not be granted for this scenario. For instance, a BA sends a termination on May 1, 2023 for an employee who was terminated Sept. 1, 2022. This would not be considered timely.

A new employee (participant) requests the effective date of their date of hire (April 22). The employee then realizes that they had to pay the full premium for the partial month (April). However, the employee does not communicate the issue until May 27. In this case, a credit and change of effective date will not be granted because the change was needed by May 23, within 31 days of the hire date.

bswift will coordinate exception requests with TRS through its exception portal within the bswift platform. The portal allows a BA to create an exception request directly within an employee’s record in bswift. This ensures that all correspondence between a BA, TRS, and bswift will be documented and attached to the employee’s record with the exception. BAs can explain the request, including all pertinent information and important dates. Fields such as “Request Type” will be used for tracking. BAs can reference the Processing an Exception document on their bswift homepage for more information.

Note: When completing an exception request, the BA will be prompted to complete the **TRS Appeal/Questionnaire**. This questionnaire must be completed before TRS will approve the exception.

In no event will retroactive coverage be effective on a date earlier than the beginning of the current plan year or result **in more than six months of credit** being issued to the district/entity. Retroactive credit will not be granted due to BA or TPA errors.

Example: In May 2023, an employee requests to change their coverage back to September of 2022. In this case, a credit and change of plan back to September of 2022 will not be granted.

If applicable, the BA should inform the employee they will be responsible for any retroactive premiums. **Please do not submit an exception if the employee is not willing to pay retroactive premiums.** Exceptions submitted by the BAs are sent to TRS for review within 48 hours of submission. The timeframe for a decision from TRS varies based upon the complexity and volume of the requests. To ensure an efficient resolution time, it is important that BAs supply as much detail as possible and state what the desired outcome is.

TRS will notify bswift when an exception request is approved or denied. bswift will process the request and notify the BA via the ticket in the exception portal when an exception request is completed. The BA will then need to notify the employee of the determination and any additional premiums. Any applicable updates due to the exception decision must also be made in the enrollment portal. A denial by TRS of an exception concerning a retroactive termination and credit cannot be appealed under TRS Rule, Section 41.51, Texas Administrative Code.

Request for Appeals Resulting in a Denial of Eligibility

If an employee whose application to enroll themselves and their dependents in TRS-ActiveCare is denied by either TRS, the health plan administrator of TRS-ActiveCare, or a participating district/entity, the employee may file an appeal under TRS Rule, Section 41.51, Texas Administrative Code. Along with this appeal, the employee may submit additional explanations and documentation that have not previously been submitted to TRS. The appeal can be initiated by the employee following the instructions provided in the denial letter from TRS. Responses will be sent directly to the employee.

TRANSITION OF CARE



TRS-ActiveCare Plans administered by BCBSTX and CVS Caremark

Transition of care applies to new enrollees as of the date their district/entity begins participating in TRS-ActiveCare, to new hires, to new dependents entering the plan upon a qualifying event or changing their TRS-ActiveCare medical plan.

If an employee or covered dependent is undergoing a course of medical treatment at the time of enrolling in a TRS-ActiveCare plan and the participant's doctor is not in network, ongoing care with the current doctor may be requested for a limited period of time, not to exceed six months. Transitional care benefits may be available if an employee or their covered dependents are being treated for any of the following conditions by a non-network doctor:

- Pregnancy (third trimester or high-risk)
- Newly diagnosed cancer
- Terminal illness
- Recent heart attack
- Other ongoing acute care

To request transition of care benefits, the employee must complete a **Transition of Care Form** which can be found on the TRS-ActiveCare website, www.bcbstx.com/trsactivecare. If the participant's doctor is in network, a **Transition of Care Form** is not required.

Instructions for submitting the request to BCBSTX are on the form. All requests are subject to approval. If the transition of care request is approved, the participant may continue to see their out-of-network doctor and receive in-network benefits. If the transition of care request is denied, the participant may continue to see the current doctor, but benefits will be paid at out-of-network rates.



Baylor Scott & White Health Plan

Baylor Scott & White Health Plan has care management support available to help make sure there is continuity of care for participants undergoing a course of treatment when transitioning onto one of our plans, or when a participating provider leaves the Baylor Scott & White Health Plan network. In either of these situations, participants should contact the health plan's Customer Service department for help transitioning to a new provider. A member of our Case Management team will help transition them to an in-network provider. In situations where transitioning to a different provider will disrupt an in-progress course of active treatment, the Baylor Scott & White Health Plan will authorize continued services with the existing out-of-network provider,* for up to 90 days or until the completion of the course of treatment, as determined appropriate by a Baylor Scott & White Health Plan Medical Director.

*Assumes that the provider was not involuntarily terminated from membership in the BSWHP provider network.

Blue Essentials - West Texas HMO and Blue Essentials - South Texas HMO

If an employee or covered dependent is undergoing a course of treatment at the time of the effective date of coverage, and the treating physician is not a participating provider of BCBSTX, one of the following will take place:

1. The Primary Care Provider and BCBSTX will transition the care to an in-network provider, if possible; or
2. If the treatment or condition is such that the care cannot be transitioned to an in-network provider, an out-of-network provider may be authorized. If an out-of-network provider is used, the patient will be responsible for the charges over and above the usual, reasonable, and customary rates paid by BCBSTX in addition to the applicable copay.

OUT-OF-STATE DEPENDENT COVERAGE



Dependents enrolled in TRS-ActiveCare Primary or TRS-ActiveCare Primary+ plans who live out of state can receive coverage outside of Texas. The policy subscriber (employee) must complete an **Out-of-State Dependent/Attestation Form**, which they can get from their PHG, bswift, or their BA at their school district. This form will be sent to BCBSTX to process, providing the dependent access to benefits outside of Texas. After completing the **Out-of-State Dependent/Attestation Form**, the dependent will receive an exception letter stating they can receive out-of-state coverage through the Participating Provider nationwide network. To search for a participating plan provider, the dependent can go to www.bcbstx.com/trsactivecare and click on the **Doctors and Hospitals** tab.

Once the form has been approved, the dependent can see providers outside of Texas, but the other individuals on the policy plan are still required to obtain referrals and see providers within Texas. The dependent will not receive a new or separate ID card or ID number. They will receive an exception letter that will need to be used when seeing their providers.

TRS-ActiveCare HD and TRS-ActiveCare 2 plans are offered through a nationwide network. All participants enrolled in these plans will have out-of-state coverage and will not need to complete a form.

TRS-ACTIVECARE ID CARDS

TRS-ActiveCare Plans administered by BCBSTX and CVS Caremark

TRS-ActiveCare ID cards will be mailed to employees. The employee's name will appear on the card. Participants on a TRS-ActiveCare Primary or TRS-ActiveCare Primary+ family plan will each get their own card with their PCP's name printed on it. Employees on a TRS-ActiveCare HD or TRS-ActiveCare 2 family plan will receive two cards. Employees can also access their ID card through Blue Access for MembersSM (BAMSM). These ID cards will only have the primary subscriber/policyholder's name on them with all covered family members listed. Cards can be used by all dependents enrolled in the plan.

Employees may also call a Personal Health Guide at **1-866-355-5999** to report incorrect information listed on their ID cards or to replace lost or damaged cards. There is no charge for additional ID cards.

Separate ID Cards for Medical and Prescription Drug Benefits

Participants enrolled in the TRS-ActiveCare plans will have two ID cards — one from BCBSTX for the medical benefits and a separate card from CVS Caremark for prescription drug benefits.

Baylor Scott & White Health Plan, Blue Essentials - West Texas HMO and Blue Essentials -South Texas HMO

Employees on Baylor Scott & White Health Plans will receive one ID card with all covered dependents listed on it. The employee will receive one ID card for individual coverage and two ID cards if additional dependents are covered. Participants can see an electronic version of their card through the MyBSWHealth app. They can request additional cards through the portal or by calling Customer Service at **1-844-633-5325**. BAs can sign up for the myScott&White Self-Service Employer Portal to view their district's membership and ID cards by following the guide about how to sign up and navigate the site.

Employees on the Blue Essentials - West Texas HMO and Blue Essentials - West Texas HMO plans will receive an ID card for the participant as well as ID cards for each covered dependent on the plan, i.e. spouse or other dependent. They can contact Customer Service at **1-888-378-1633** to request additional ID cards. They can also request additional ID cards or see an electronic version by logging into BAM via **www.bcbstx.com/trshmo** or the BCBSTX app.

BILLING



Billing Summary

bswift will generate each participating district's/entity's billing summary on the first of each month. The chart on the next page shows the billing dates through the end of the 2022-23 plan year.

Note: Each participating district/entity is required to:

- Review billing and audit summaries for accuracy on a monthly basis
- Pay monthly premiums in a timely manner to TRS (via TEXNET)

For transactions effective this month...	Billing will generate on...	And payment will be due by...
09/01/2022	09/08/2022	09/15/2022
10/01/2022	10/01/2022	10/14/2022
11/01/2022	11/01/2022	11/14/2022
12/01/2022	12/01/2022	12/15/2022
01/01/2023	01/01/2023	01/13/2023
02/01/2023	02/01/2023	02/15/2023
03/01/2023	03/01/2023	03/15/2023
04/01/2023	04/01/2023	04/14/2023
05/01/2023	05/01/2023	05/13/2023
06/01/2023	06/01/2023	06/15/2023
07/01/2023	07/01/2023	07/14/2023
08/01/2023	08/01/2023	08/15/2023

Billing will be based on covered enrollees in all TRS-ActiveCare plans—including HMOs—as of the date the bill is produced. **Participating districts/entities will not receive a separate bill for employees enrolled in the HMO plans.** The billing summary will list employee names, masked SSNs, dates of birth, types of coverage and premiums due for the billing period.

Note: You can download and/or print a copy of your billing statement through the bswift Enrollment Portal as soon as it is ready which will be no later than the first business day of each month. Bills will be available to download in both PDF and excel formats.

Remittance

Payment is due by the 15th of the month. If the 15th of the month is not a business day, payment is due by the last business day prior to the 15th.

Please call or email your BA Advocate if you need copies of your billing statement or to discuss any proposed adjustments to the bill such as coverage changes, terminations, or new enrollees. Remit payment via TEXNET to TRS-ActiveCare by the due date. Contact TRS if you have any questions about paying the bill. Approved adjustments will be reflected on a future bill.

View Billing Summaries Online

On the first workday of each month (billing dates are listed above), the district/entity BA will be able to access bills in both PDF and Excel formats from the library on the bswift portal. Sept. is the only month that doesn't begin on the first workday of the month.

Split Premium

This applies only to married employees working for different participating entities.

Once the split request is approved, the cost for TRS-ActiveCare coverage will be split between, and billed to, the two employers. Each employer will be billed 50% of the total cost of the TRS-ActiveCare plan and coverage category selected. The participating district/entity employing the spouse who declined coverage will consider the employee as covered under a group health plan for funding and reporting purposes.

BAs will be able to identify employees electing to split premium on the monthly billing summaries.



COBRA ADMINISTRATION

Health Plan	Contacts for Applications and Inquiries
<p>TRS-ActiveCare Plans</p>	<p>bswift (TRS-ActiveCare) P.O. Box 860620 Minneapolis, MN 55486-0620 Phone: 1-833-682-8972 7 a.m. - 7 p.m. CT (Mon-Fri)</p>
<p>Baylor Scott & White Health Plan</p>	<p>Health Equity/WageWorks P.O. Box 226101 Dallas, TX 75222 Fax: 1-866-450-5641 Phone: 1-877-722-2667 7 a.m. - 7 p.m. CT (Mon-Fri) Mybenefits.wageworks.com</p>
<p>Blue Essentials - West Texas HMO Blue Essentials - South Texas HMO</p>	<p>Blue Essentials - West Texas HMO and Blue Essentials - South Texas HMO ATTN: HCSC/COBRA Administration P.O. Box 1180 Marion, IL 62959-7680 Phone: 1-888-541-7107 7:30 a.m. - 5 p.m. CT (Mon-Fri) Email: COBRA@bcbsil.com Fax: 1-618-998-2747</p> <p>COBRA Premium Payments (first class): Blue Essentials - West Texas HMO and Blue Essentials - South Texas HMO ATTN: HCSC/COBRA Administration P.O. Box 21026 Tulsa, OK 74121</p>



Qualifying Events for COBRA Continuation Coverage

The COBRA legislation passed by the 99th Congress provides that when employees and covered dependents lose their eligibility for group medical insurance coverage because of any of the events listed below, they may elect to continue group medical plan participation. The continued coverage can remain in effect for a maximum period of either 18, 29, or 36 months depending on the reason the coverage was terminated.

Qualifying Events for 18-Month Continuation	Qualifying Events for 29-Month Continuation	Qualifying Events for 36-Month Continuation
<ul style="list-style-type: none"> • Loss of eligibility due to reduction of employee work hours • Voluntary employee termination including retirement (early or disability) • Employee layoff for economic reasons • Employee discharge, except for gross misconduct • Failure of a participating district/entity to pay all premiums for at least 90 days 	<ul style="list-style-type: none"> • Loss of coverage by an employee or dependent if determined by the Social Security Administration (SSA) to be disabled at any time during the first 60 days after the initial COBRA qualifying event date <p><i>To receive the additional 11 months of COBRA continuation coverage, the plan's COBRA administrator must receive a copy of the SSA's determination letter before the end of the 18-month period of COBRA continuation.</i></p>	<ul style="list-style-type: none"> • Death of an employee • Divorce or legal separation of an employee, so long as the spouse was previously enrolled as a covered participant • Employee becomes eligible for Medicare, leaving dependents without group medical coverage (as in the case of an employee who reaches 65, retires, and begins Medicare coverage) • Children who lose coverage due to plan provisions (for example, reaching the maximum age of 26)

Note: Non-payment of premiums is not a qualifying event for COBRA continuation coverage.

Eligibility

Employees and dependents covered by TRS-ActiveCare on the day before the qualifying event are eligible to continue coverage. Employees or dependents not previously enrolled cannot elect to begin coverage.

Note: Employees may not make plan changes during a plan year unless there is a special enrollment event, even if changing from active to COBRA status.

Notification

The COBRA notification process includes the following steps:

- The bswift Enrollment Portal, or the TPA portal, must be used by the BA to report a termination of coverage.
- If the bswift Enrollment Portal is used, the termination date and reason for the termination or qualifying life event and life event date must be entered.
- If the Enrollment Application and Change Form is utilized, the termination date and reason must be entered, and the BA must process the termination via the bswift Enrollment Portal or their TPA portal.
- bswift will process the change. If the qualified participant was enrolled in a TRS-ActiveCare plan, the Qualifying Event Notice will be automatically mailed to the participant. If the qualified participant was enrolled with an HMO, the COBRA administrator for each HMO will be notified of the termination date and reason. HMOs COBRA administrators will mail the Qualifying Event Notice to qualifying participants.
- The Qualifying Event Notice will include:
 - An explanation of group health continuation under COBRA
 - A COBRA election form with premium information, and

If the applicable COBRA administrator receives the COBRA election and initial premium payment within the time periods specified in the Qualifying Event Notice, the participant's coverage will be reinstated and they will receive a coupon book. If the COBRA Election Form and all premiums due are not received within the time periods specified in the Qualifying Event Notice, the qualifying participant will be notified they are unable to continue and their check will be returned.

- Timelines:
 - The district/entity has 30 days to notify their administrator of a qualifying event.
 - The administrator has 14 days to send the notice from the date they are notified.
 - The participant has 60 days from the later of the date the administrator mails the notice or the date they lost their coverage to enroll.
 - The participant has 45 days from the date they postmark their election to postmark their initial payment (all retroactive premiums due).
 - All payments after the initial payment are due on the first of each coverage month (payment for January is due Jan. 1). There is also a 30-day grace period, so a payment for January that was postmarked on Jan. 31 would be considered timely.
- Two things to keep in mind:
 - COBRA timelines revolve around postmark (and to a lesser extent, email and fax) dates. A payment doesn't have to be received by Jan. 31 to be considered timely for January; it must be postmarked by Jan. 31.
 - The grace period is 30 days from the first of the month, not one month. For example; a June payment postmarked on July 1 would be considered timely. The length of the grace period does not change based on the length of the month.

Employer Responsibilities

While bswift administers COBRA eligibility and membership processing for TRS-ActiveCare, the participating employers retain certain obligations under federal law. Recent changes to COBRA may impact your participating district/entity.

For example:

Notice of Unavailability of Continuation Coverage is required of employers. This is different from the Notice of Continuation Coverage Rights under COBRA provided by TRS-ActiveCare.



The use of a **Notice of Unavailability** by the employer may be appropriate in situations including, but not necessarily limited to, the following:

- Failure to notify the employer or COBRA administrator within 60 days of the qualifying event
- Coverage was canceled due to non-payment of premium
- Voluntary termination of coverage by the employee
- Termination of employment due to gross misconduct

TRS recommends that participating districts/entities obtain their own legal counsel regarding their responsibilities under COBRA and any other applicable state or federal law.

What happens if an employee terminates within two months before the entity begins participating in TRS-ActiveCare?

Terminated employees who are in their 60-day election period for COBRA continuation coverage on the date the district/entity begins participation in TRS-ActiveCare must receive a COBRA packet from the entity's current COBRA administrator and one from bswift for TRS-ActiveCare. The district/entity's BA should report the employee's termination to both administrators. The individual then has two options:

1. For continuous coverage, the individual must elect COBRA continuation coverage under the current plan, pay the premium due, and then elect TRS-ActiveCare as of the effective date of the entity's participation in TRS-ActiveCare; or
2. The individual may choose only to elect TRS-ActiveCare as of the date the entity begins participation in TRS-ActiveCare. If the employee chooses this option, the individual will not have coverage from the date coverage ended under the current plan until coverage begins under TRS-ActiveCare.

How will COBRA participants enroll in TRS-ActiveCare for Annual Enrollment?

COBRA participants will receive an enrollment kit in July or August. The kit will include a cover letter with rates (TRS cost plus 2%), an enrollment guide, and COBRA enrollment application. The COBRA participants will have a choice of selecting TRS-ActiveCare Primary, TRS-ActiveCare HD, TRS-ActiveCare Primary+, TRS-ActiveCare 2, or an HMO option, if available.

BAs should not receive COBRA applications. If you receive a COBRA application in error, please forward it immediately to the appropriate COBRA administrator as listed on page 46.

Any eligible individual electing to continue TRS-ActiveCare coverage must pay the full premium rate for active employees, plus a 2% administrative fee.* The COBRA participant will receive coupons and remit premiums directly to the COBRA administrator (bswift for the TRS-ActiveCare Primary, TRS-ActiveCare HD, TRS-ActiveCare Primary+ and TRS-ActiveCare 2 plans or the applicable administrator for HMO health plans). The COBRA administrator will send all notifications of premium changes, health care benefit changes, and the COBRA coverage termination date to the participant.

Premium payments are due the first of each month. Premium payments must be postmarked within 30 days of the premium due date (grace period) or COBRA coverage will be terminated. If premium payments are not received by the 20th of the month, a reminder notice will be sent.

Note: If a participant does not make a payment within the grace period, their coverage will be terminated as of the last month of full payment.

Benefits for COBRA participants will be the same as those for active employees. COBRA participants must elect the same plan they had at termination. COBRA participants will have the same rights as active employees at the next plan enrollment period.

The rate charged for COBRA coverage will be determined as follows:

- Any spouse, dependent child, or employee continuing coverage as an individual will be charged the rate for employee-only coverage.
- An employee and spouse continuing coverage will be charged the rate for employee and spouse coverage.
- Any adult continuing coverage with dependent children will be charged the rate for employee and child coverage.
- If the entire family continues coverage, they will be charged the rate for employee and family coverage.
- If more than one child continues coverage (without an adult), the coverage will be set up under the youngest child's identification number and they will be charged the rate for employee and child coverage.

***Disability extension:** Qualified medical plan beneficiaries, who have been determined by the SSA to be disabled, and are eligible for the 11-month disability extension of COBRA coverage, **will be charged up to 150%** of the applicable cost during the additional months of COBRA coverage (up to 11 months) based on Department of Labor (DOL) rules. Individuals with HMO coverage should consult their HMO's Evidence of Coverage for information regarding COBRA coverage.

When COBRA Coverage Ends

COBRA continuation coverage ends if:

- The benefits continuation period expires (COBRA participants will receive an End of Eligibility Notice 60 days prior to the expiration of their continuation period).
- Premiums are not postmarked within 30 days of the due date.
- The COBRA participant becomes covered under another group health plan as an employee, spouse or dependent.
- The COBRA participant becomes entitled to Medicare benefits.
- TRS-ActiveCare no longer provides group medical coverage for public school employees.

There is no conversion privilege available for any of the TRS-ActiveCare medical or HMO plans. The premiums and coverage are subject to change in accordance with any updates made to the TRS-ActiveCare medical or HMO plans.



ONLINE RESOURCES

Website Features

You can access helpful information and administrative forms from BCBSTX, bswift, CVS Caremark, and HMOs through the TRS-ActiveCare, BCBSTX, bswift, CVS Caremark, and Baylor Scott & White Health Plan websites. Health plans are solely responsible for the accuracy and security of information maintained on or sent through their websites.

The chart below and continued on the next page highlights online capabilities for BAs to use for TRS-ActiveCare enrollment and plan maintenance.

TEACHER RETIREMENT SYSTEM OF TEXAS (TRS)	
Health Benefits	For Benefits Administrators
<p>www.trs.texas.gov</p> <ul style="list-style-type: none"> List of Participating Districts and Charter Schools TRS-ActiveCare website Frequently Asked Questions 	<p>www.bcbstx.com/trsactivecareba</p> <ul style="list-style-type: none"> Contributions to TRS-ActiveCare TRS-Care Surcharge Information Plan Highlights Current and Historical Monthly Bills

TRS-ACTIVECARE PLANS

Health Benefits

www.bcbstx.com/trsactivecare

- Provider Finder
- Annual Enrollment Guide
- Forms
- Benefits Booklet
- Contact Information
- ID Cards Request
- View Claim History
- Cost Estimator tool
- PCP Change
- Well onTarget Wellness Program

Pharmacy Benefits

info.caremark.com/oe/trsactivecare

- Pharmacy Benefits
- Retail Pharmacy Locator
- Drug Name Search
- Preferred Drug List
- Access Claims
- Balances Maintenance
- Drug List
- Mail-Order Forms
- Online Refills

BAYLOR SCOTT & WHITE HEALTH PLAN

Health Benefits

trs.swhp.org

- Provider Locator
- Summary of Benefits and Coverage
- Evidence of Coverage
- Explanation of Benefits (EOB)
- Enrollee Handbook
- Medicare Notice
- Online Suite of Lifestyle Management Programs
 - Health Risk Assessment
 - Weight Management
 - Nutrition
 - Care for Your Back
 - Smoking Cessation
 - Stress
 - Depression
 - and much more
- The Dialog Center
- Complex Care Guidance
- Audio Library (more than 200 health topics)
- Disease and Condition Management Tools
- ID Card Request
- PCP Change
- Contact Information
- View Claims
- Educational Materials and Tools
- Research Health Conditions
- Preventive Health Guidelines
- Online Member Newsletters
- Cancer Prevention and Care
- Maternity Related Topics

Pharmacy Benefits

trs.swhp.org

- Pharmacy Benefits
- Pharmacy FAQs
- Retail Pharmacy Search
- Formulary Copays
- Pharmacy Refills
- Pharmacy Claim Information
- Drug Name Search
- Drug Pricing
- Drug Information
- Preferred Drug List
- Formulary Alternatives





BLUE ESSENTIALS - WEST TEXAS HMO AND BLUE ESSENTIALS - SOUTH TEXAS HMO

Health Benefits

www.bcbstx.com/trshmo

- BAM
- Provider Finder
- Benefits Booklet
- Plan Highlights
- Summary of Benefits and Coverage
- Evidence of Coverage
- ID Card
- Request PCP Change
- Claims Information
- Health and Wellbeing Resources

Pharmacy Benefits

- Prime Therapeutics
- Participating Pharmacy List





SUPPLIES

Enrollment Guides will be available online. Printed copies are not available.

Benefits Booklets for the TRS-ActiveCare medical plans will be available online. Printed copies are not available. The online version of the Benefits Booklet is the official TRS statement on benefits. TRS-ActiveCare benefits will be paid according to the Benefits Booklet and other legal documents governing the plan.

Post-enrollment and additional materials for HMO coverage should be obtained directly from the HMO. Contact your HMO account manager for assistance.



FORMS

The following forms are available at www.bcbstx.com/trsactivecareba.

Enrollment, Change and Declination Form

You can select coverage and type your enrollment information for TRS-ActiveCare by downloading this change form. Once you've entered your information, print the application, sign and date it, and submit it to your district's BA. The application cannot be submitted online or saved to a hard drive. Be sure to print an extra copy for your records.

Transition of Care Coverage Form

If you or a covered dependent will be undergoing a course of medical treatment at the time of joining TRS-ActiveCare and the physician is not in network, ongoing care with the current doctor may be requested for a period of time. To receive the highest level of benefits, a Transition Coverage Request must be completed and approved. Instructions for submitting the request are on the form.

Note: *This form is not required if the physician is in network.*

HIPAA Disclosure Authorizations

A standard authorization form to authorize BCBSTX to disclose protected health information (PHI) to a specific person or entity.

Dependent Child Statement of Disability

If you are applying for coverage for a dependent over 26, this form must be completed by the policyholder and attending physician and submitted with your enrollment application for TRS-ActiveCare.

Administrator Access Authorization Form

If you have a new BA who needs administrator access to the bswift system, this form must be completed and submitted to your BA Advocate.

TPA Transfer Form

If you are switching to a new TPA platform, this form must be completed and submitted to your BA Advocate 60 days prior to the requested change date (90 days prior if the TPA is new to TRS).

Application to Split Premium Form (online only)

If you have an employee who wants their premium split with a spouse who is employed at a different TRS district, this form must be completed and submitted to your BA Advocate. To access the online form, go to TRSsplitbill.bswift.com/electronicform.

Application to Terminate Split Premium Form (online only)

If you have an employee who wants to terminate a split premium arrangement, this form must be completed and submitted to your BA Advocate. To access the online form, go to TRSsplitbill.bswift.com/electronicform.

Out-of-State Dependent/Attestation Form

If your employee is enrolled in a TRS-ActiveCare Primary or TRS-ActiveCare Primary+ family plan and has a dependent who is living outside of Texas, this form must be completed and submitted to bswift to get the dependent out-of-state coverage.

BENEFITS ADMINISTRATOR TRAINING GUIDE



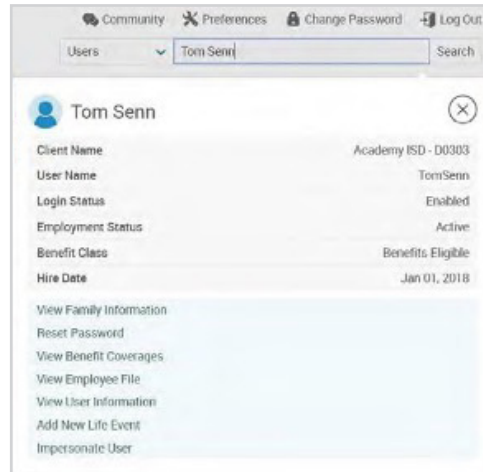
Accessing bswift

Go to <http://trsactivecare.bswift.com> to access the bswift enrollment platform.

Searching for Users

1. Search for the Employee using the User Admin or site search functionality.
2. You can search by a user's name when using the site search functionality. If you enter a name into the site search functionality, a dropdown will appear with a snapshot of the user's information, as well as quick links to various pages on the user's account.

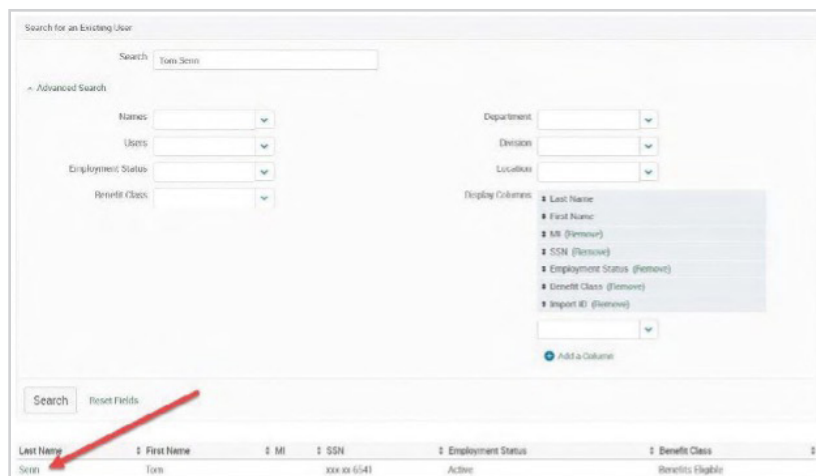
You can click on "View User Information" to be taken to the user's main information page.



3. When utilizing User Admin, you can also search for an employee's name, but may also use the Advanced Search. Within Advanced Search, you can filter on various categories in order to narrow down your search.
 - a. To find users in a particular employment status, be sure to select "Active." "Not Active" or "COBRA" from the Employment Status dropdown within Advanced Search

Please note: bswift will only be housing COBRA members that are BCBSTX users. If you are looking for a COBRA member who is an HMO user, they will be stored with an employment status of "Not Active."

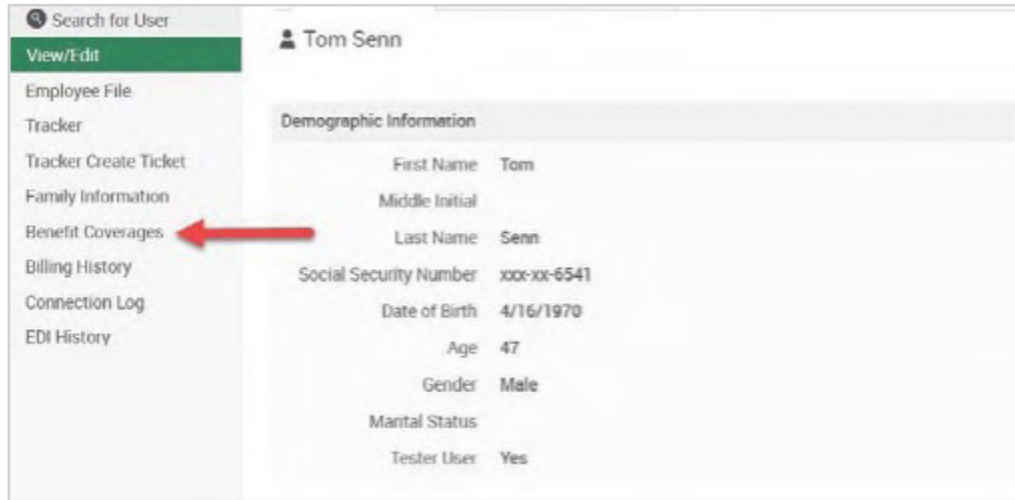
- b. After entering your search terms, you will click "Search," and then click on the user's Last Name to be taken to their account page.



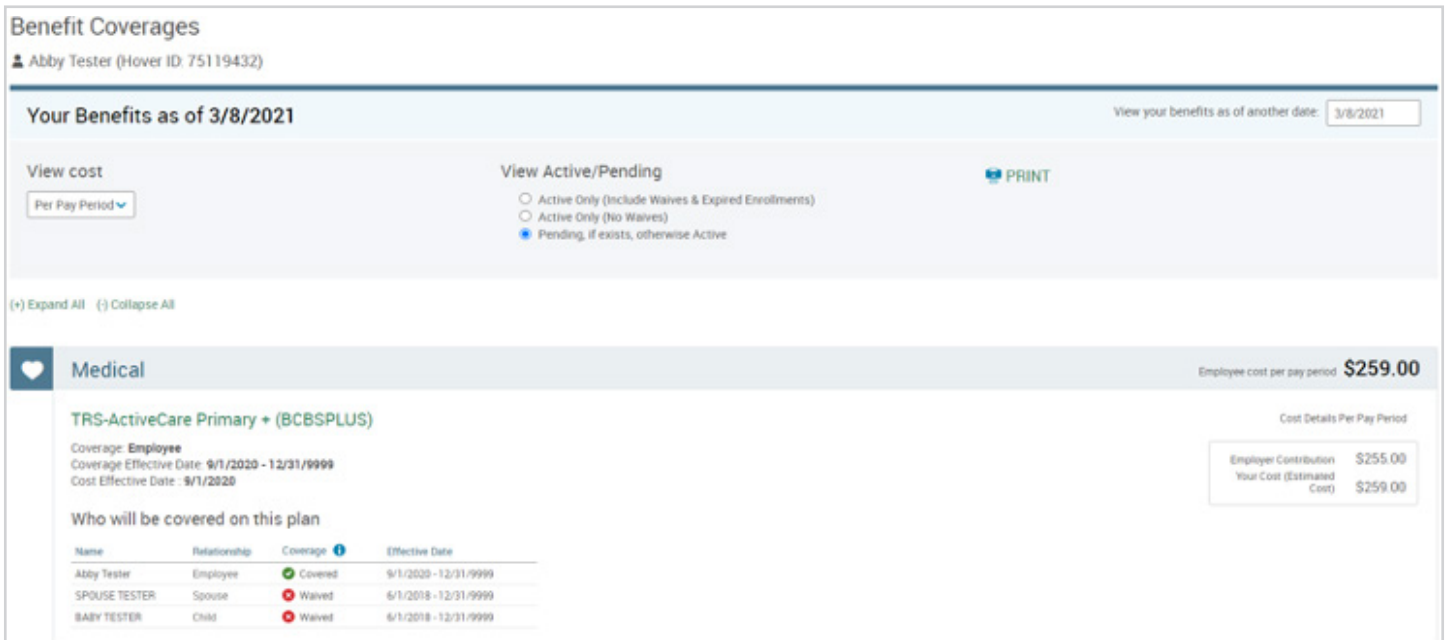
- c. Once on the user's main account page (the "View/Edit" page), you will be able to see an overview of the most current information stored for this user. It is important to note that you can find a user's hire date and employment status on their Employment tab.

Viewing Employee Coverage History

1. Search for the user within User Admin or through the site search functionality using the steps previously outlined. Click on “Benefit Coverages” on the left navigation panel once on the user's main View/Edit page.



2. Benefit Coverages contains the current employee coverages as well as the history of coverage that bswift stores. The top of the page presents options for displaying benefits as of a specific date, displaying pending coverage or just active coverage, and cost. This page will default to showing coverage as of today. To look at benefits as of a different effective date, input a new date in the “View your benefits as of another date” box.



- a. Clicking on “Additional Information” will give some additional details about the election, the reason it was saved, who saved it, and when.



b. Clicking on the plan name for any plan will bring you to the history of elections for that plan.

Medical

TRS-ActiveCare Primary + (BCBSPLUS)

Coverage: **Employee**
 Coverage Effective Date: **9/1/2020 - 12/31/9999**
 Cost Effective Date : **9/1/2020**

Who will be covered on this plan

Name	Relationship	Coverage i	Effective Date
Abby Tester	Employee	✔ Covered	9/1/2020 - 12/31/9999
SPOUSE TESTER	Spouse	✘ Waived	6/1/2018 - 12/31/9999
BABY TESTER	Child	✘ Waived	6/1/2018 - 12/31/9999

Show All Enrollment Activity

Benefit Plan	Coverage Type	Cost/Tier/Amount Date	Employee Credit Per Month	Employee Cost per Month	Employer Cost per Month
Name	Relationship	Enrollment Status	Coverage Dates	Last Saved By	Saved Date
TRS-ActiveCare Primary + (BCBSPLUS)	Employee	9/1/2020-12/31/9999	\$0.00	\$259.00	\$255.00
▼ / ✎ Abby Tester	Employee	Covered	9/1/2020-12/31/9999	Colin Oliver bswift	3/8/21 9:20 AM
▼ / ✎ SPOUSE TESTER	Spouse	Not Covered	6/1/2018-12/31/9999	Colin Oliver bswift	3/8/21 9:20 AM
▼ / ✎ BABY TESTER	Child	Not Covered	6/1/2018-12/31/9999	Colin Oliver bswift	3/8/21 9:20 AM

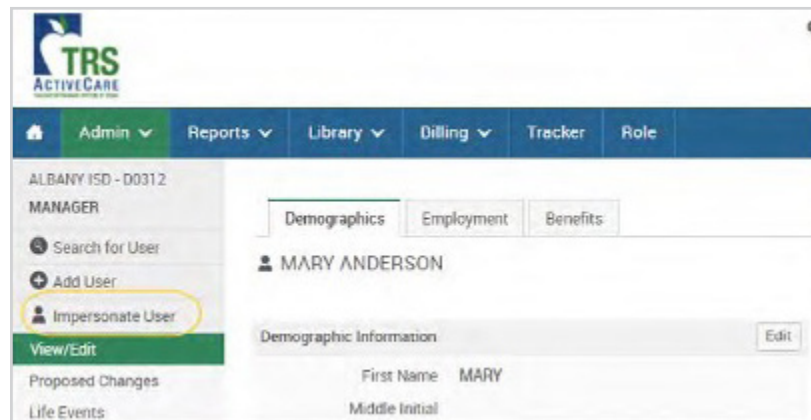
c. You may click on the arrow next to each row to view additional details for the row.

Benefit Plan	Coverage Type	Cost/Tier/Amount Date	Employee Credit Per Month	Employee Cost per Month	Employer Cost per Month
Name	Relationship	Enrollment Status	Coverage Dates	Last Saved By	Saved Date
TRS-ActiveCare Primary + (BCBSPLUS)	Employee	9/1/2020-12/31/9999	\$0.00	\$259.00	\$255.00
▲ / ✎ Abby Tester	Employee	Covered	9/1/2020-12/31/9999	Colin Oliver bswift	3/8/21 9:20 AM
ADDITIONAL INSURANCE INFORMATION			ADDITIONAL PHYSICIAN INFORMATION		
Group Name		PCP name			
Group ID		PCP ID			
Reason for Change	Cost Update - Special	Existing Patient			
Deduction	Pre-Tax	No			
▲ / ✎ SPOUSE TESTER	Spouse	Not Covered	6/1/2018-12/31/9999	Colin Oliver bswift	3/8/21 9:20 AM
ADDITIONAL INSURANCE INFORMATION			ADDITIONAL PHYSICIAN INFORMATION		
Group Name		PCP name			
Group ID		PCP ID			
Reason for Change	Cost Update - Special	Existing Patient			
Deduction	Pre-Tax	No			

Life Events and Special Enrollments

For districts using bswift, enrollment changes can be processed in bswift through Life Events or Special Enrollments. Life Events are configured in bswift to only allow changes for an employee up to 30 days. Special Enrollments should only be initiated when the 31-day window has passed but the change is still within 45 days. Instructions on completing a Special Enrollment can be found in the online copy of the BA Manager Guide.

1. When an employee experiences a qualifying life event to make a mid-year change to benefits coverage (such as a Marriage, Divorce, or Newborn event), that employee has the ability to create and save a life event directly on bswift. Benefits Administrators may create and save a life event on an employee's behalf by navigating to Life Events on the Employee Home Page. From the user record, click Impersonate User (see Impersonate User section for more information).

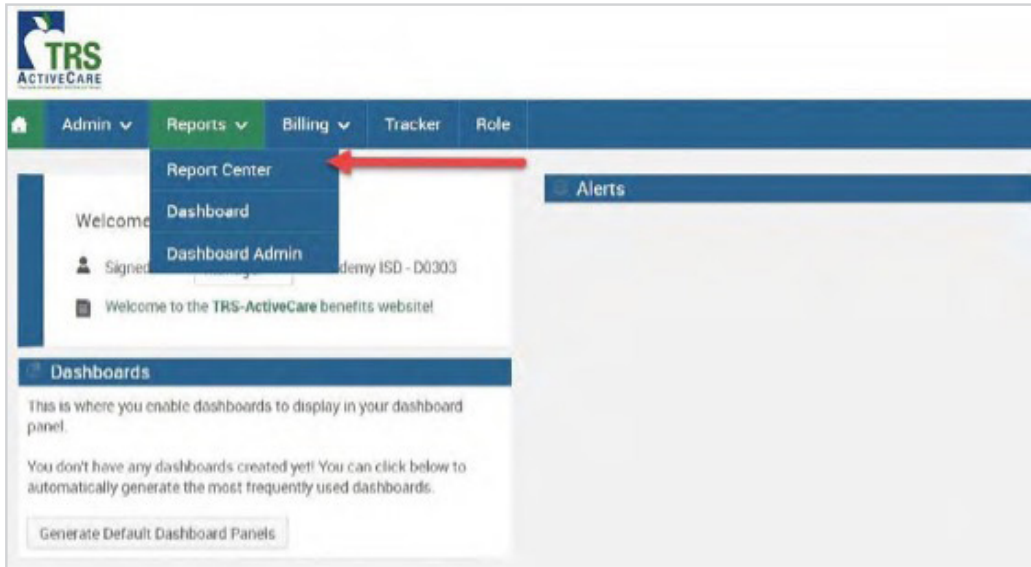


2. Choose the applicable event from the Life Event panel on the Employee Home Page. Click All other Life Events to see all options. From here, you may choose and create a life event, or you can view any life events previously saved to a user record.
3. Enter the effective date of the life event in the field for Enter a date. If the life event effective date is more than 31 days ago (unless it is a Medicaid, CHIP, or HIPP event which allows for 60 days), the system will show a warning that the Life Event Date is out of bounds.
4. You will be taken to the Enrollment Page where you can complete and save the enrollment event on the employee's behalf. Make any applicable changes for the employee.
5. Review and confirm changes. Scroll to the bottom of the page and check the box for I agree, and I'm finished with my enrollment. Then, click Complete Enrollment.
6. Exit impersonation of the employee. Click Pending Enrollments on the left-hand navigation pane. Click approve and save the record.

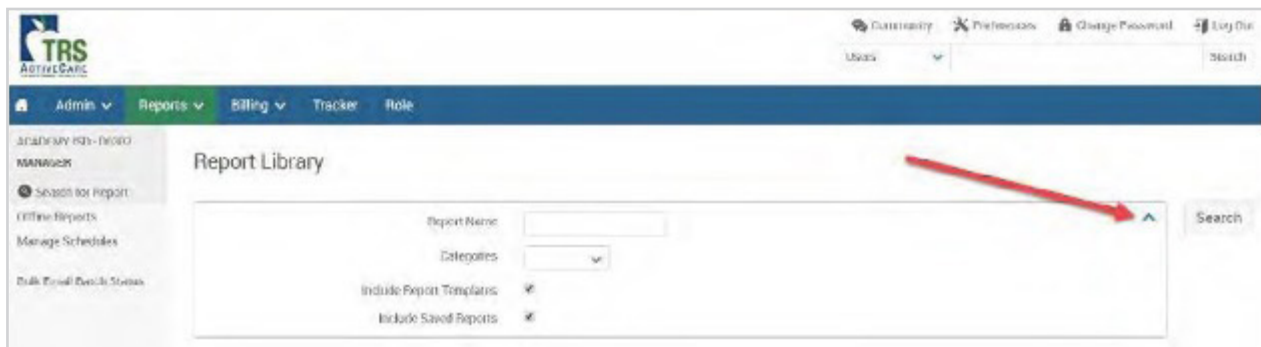
Deleting a life event or special enrollment does not remove or undo the changes already saved. For example, if a life event was saved with an incorrect effective date and the employee or Benefits Administrator already saved changes with the incorrect date, the incorrect changes will remain in place even if the life event is deleted.

Running a report

1. On your bswift administrator home page, hover over “Reports” on the top navigation. Then, you will click on “Report Center.”



2. All reports that are available for running will be listed on the Report Center landing page. You may also search for a specific report by the report name or report category.



3. You can also sort reports by clicking on the various headings on the reports page.



- To run a report, click on the Report Name to customize it. Upon opening the report, it will open with the default selections chosen for that template. You can run the report as is, or you can customize the report to pull additional information. You are able to add or remove certain fields to be reported on, as well as select the users that will appear on the report by certain Benefit Class, Location, Employment Status, etc.

Report Setup

Report Template: Default (All Grid)

Report Fields

From Available Report Fields, choose the fields to display in your report. Selecting a field will automatically display it (and any fields below it) in the Selected Report Fields area.

Available Report Fields

Demographics

Employment

Compensation

Benefits

HR

Wellness

Selected Report Fields

Client Name

Employee ID

Last Name

First Name

Social Security Number

Global Categories

Choose a category below to see corresponding category options. Refine the category options to display in your report for the selected fields above. By default, all category options are selected.

Benefit Class (All Selected)

Department (All Selected)

Division (All Selected)

Global Categories

Choose a category below to see corresponding category options. Refine the category options to display in your report for the selected fields above. By default, all category options are selected.

Benefit Class (All Selected)

Department (All Selected)

Division (All Selected)

Location (All Selected)

Region (All Selected)

Business Unit (All Selected)

Employment Status	Relationship Type	User Type
<input type="checkbox"/> Not Active <input checked="" type="checkbox"/> Active <input type="checkbox"/> OORRA <input type="checkbox"/> Retiree	<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child	<input checked="" type="checkbox"/> Users <input type="checkbox"/> Test Users

- You can then customize what date your report pulls data as of. Some reports also allow you to specify a date range. Add other custom filters by clicking Add Condition. You can add a custom filter for any of the data elements you have selected to show in your report. If you add multiple filters, only results that match all filters you've added will be returned.

Report Dates

Effective Date: Rolling date days before today

Report Filters

Add Condition

Show Header

Run Offline

Show on Admin Home Page?

Output Type: Web

Run Save As

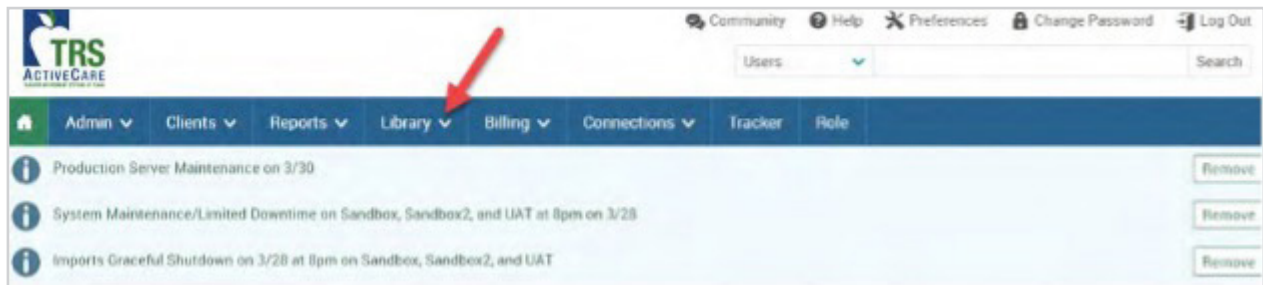


6. Select your report output preferences from the Report Output section. Output Type defaults to Web which will open your results in a separate tab or window in your browser. Excel or CSV will allow you to download the results in either format. Click “Run” when you’re finished and would like to run the report.

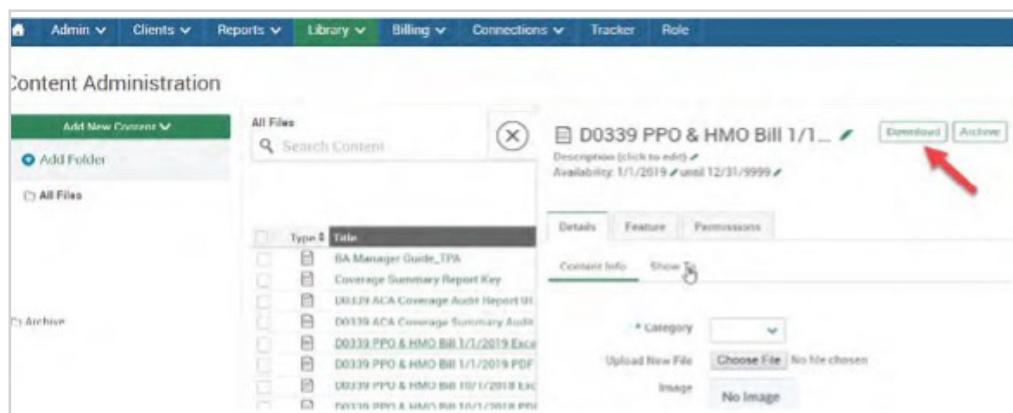
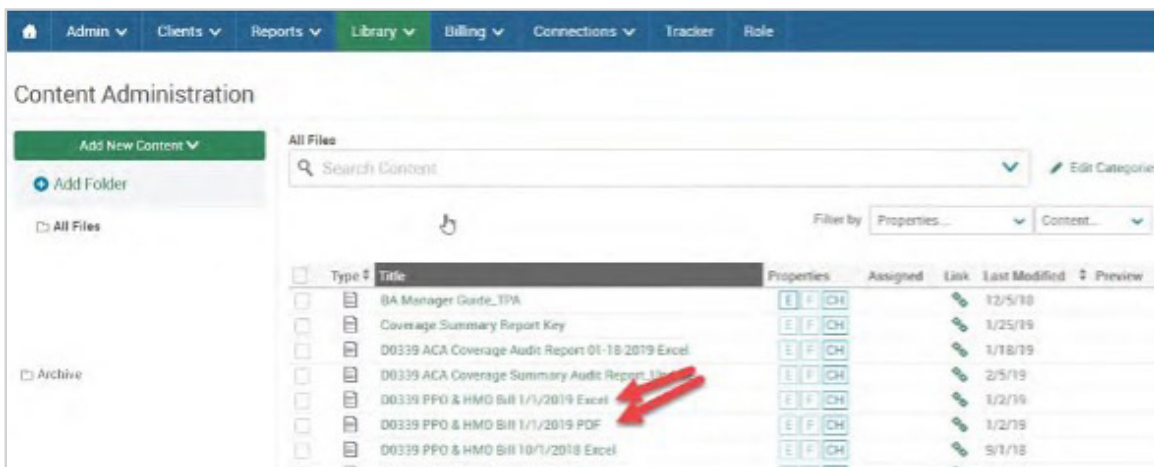
a. **Important note regarding reporting on COBRA users:** bswift will only be housing COBRA members that are BCBSTX users. If you are looking for a COBRA member who is an HMO user, they will be stored with an employment status of “Not Active.”

Accessing and downloading a bill

1. On your bswift administrator home page, hover over “Library” on the top navigation. Then, you will click on “Content” and click on the name of the bill you would like to access..



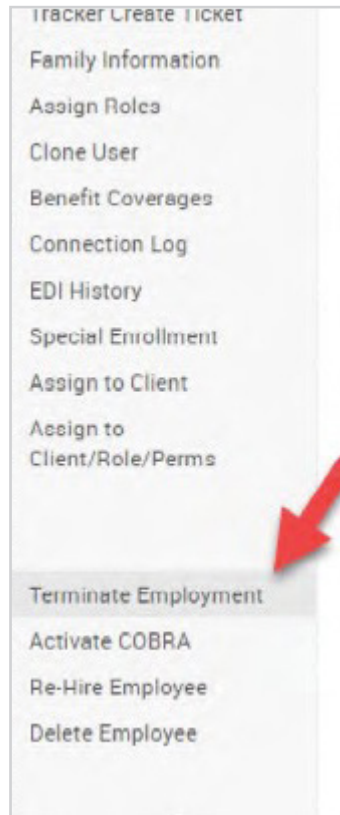
2. Decide the bill period that you would like to review and find the bills with that month at the end of the title. The bills are produced in both Excel and PDF formats each month. To open the bill, click the title and then click the download button.



3. Every bill is divided into 4 sections: The bill will list the cost by member and include current cost, retro cost and total cost.

Terminating an employee

1. Use the Terminate Employment button on the left-hand navigation panel of the employee's record.

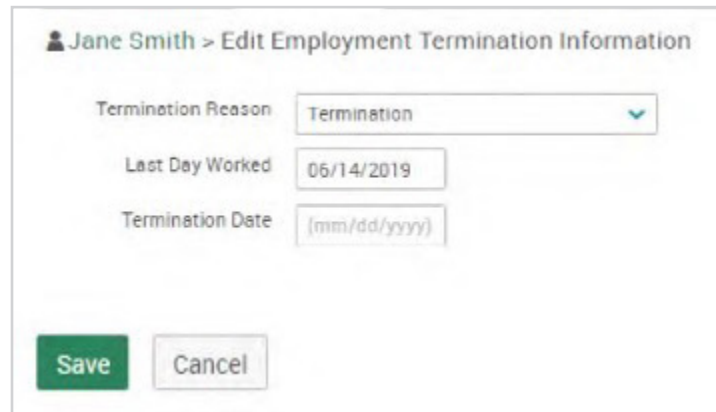


2. After clicking this button, enter a termination reason and the last day worked (employment termination date).

The screenshot shows the 'Edit Employment Termination Information' form for Jane Smith. The form has tabs for Demographics, Employment (selected), Benefits, and Wellness. The form contains the following fields and controls:

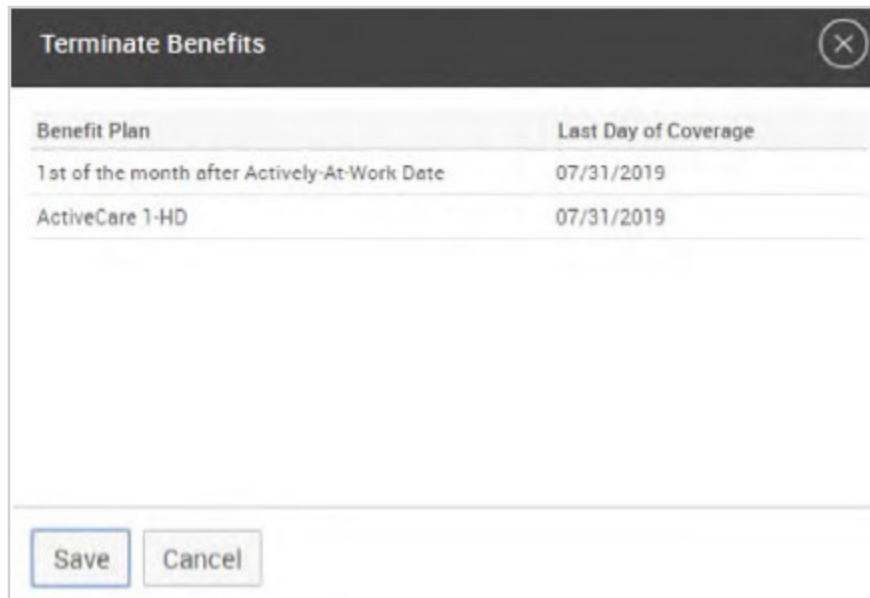
- Termination Reason: A dropdown menu with 'Termination' selected.
- Last Day Worked: A text input field containing '06/14/2019'.
- Termination Date: A date picker showing 'JUN' and '2019'.
- A calendar is open below the date picker, showing the month of June 2019. The date '14' is highlighted in green.
- Buttons: 'Save' (green) and 'Cancel' (grey).

3. Next, the system will prompt you for a coverage termination date. This date should be set to the date that coverage ends and should always be the last day of a month. In most cases the termination date will be the last day of the month of the last day worked, but that may vary for employees who terminate at the end of the instructional year.



The screenshot shows a web form titled "Jane Smith > Edit Employment Termination Information". It contains three input fields: "Termination Reason" with a dropdown menu set to "Termination", "Last Day Worked" with a date field containing "06/14/2019", and "Termination Date" with a date field containing "(mm/dd/yyyy)". At the bottom of the form are two buttons: a green "Save" button and a grey "Cancel" button.

4. Next, a last day of coverage date will pop up for verification. That date will be set to the day you entered for the termination date, or the last day of the month of termination if you did not enter the last day of the month on the previous screen. If the date is correct click Save.



The screenshot shows a dialog box titled "Terminate Benefits" with a close button in the top right corner. It contains a table with two columns: "Benefit Plan" and "Last Day of Coverage".

Benefit Plan	Last Day of Coverage
1st of the month after Actively-At-Work Date	07/31/2019
ActiveCare 1-HD	07/31/2019

At the bottom of the dialog box are two buttons: a blue "Save" button and a grey "Cancel" button.

Split Premiums – Requesting and Terminating Split Billing Arrangements

Requesting a Split Billing Arrangement

1. The Benefits Administrator for the Primary initiates the process by completing the online split premium application form and submitting to bswift. Go to <https://trssplitbill.bswift.com/ElectronicForm/>.

All Split Premium arrangements will automatically terminate 8/31. In order to continue the Split Premium arrangement for each upcoming plan year, the Primary Benefits Administrator will need to take action by 8/1.

2. Select radio button for Application to Split Premium. The online form will activate and prompt you to complete the required fields. When all required fields are complete, click Submit. The split is then reviewed by bswift and sent to the BA for the Secondary.

Status : New Request

I am the Employee's BA

and would like to submit an Application to Split Premium
 Application to Terminate Split Premium

This form is required when an employee and spouse employed by different districts/entities participate in TRS-ActiveCare and spouse or employee and family coverage. Filing out and submitting this form authorizes that the employee and spouse understand the terms of the Split Premium process. This application is for billing purposes only. All other terms and conditions established.

- The primary employee identified in Section 1 below is required to select a plan under TRS-ActiveCare coverage. The employing district/entity of the employee who is identified in Section 1 is responsible for the cost of TRS-ActiveCare coverage for the employee in Section 3 for acknowledgement before the split premium arrangement.
- The cost for TRS-ActiveCare coverage will be split between the two employers. Each employer pays 50%.
- The entity employing the spouse who declined coverage will consider the employee as covered.

Section 1 - Employee that has Elected Coverage

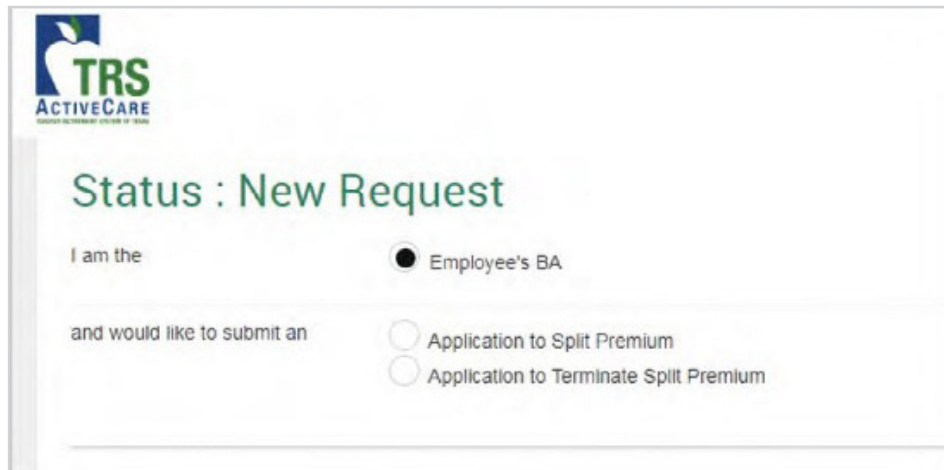
First Name *

3. If you are the Benefits Administrator for the Secondary, you will receive a ticket from bswift thru Ticket Tracker. Review the application and assign back to bswift with approval. To access the ticket, go to the secondary employee's record. Click Ticket in the left-hand navigation menu. Then, choose the relevant ticket and click on the ticket name.
4. When the ticket is opened, you have two options to approve the split:
 - a. Download the attached .pdf. Sign and reattach by clicking Choose File. Reassign to the bswift team by clicking Assign to Last Saved by User. Then, click Save.
 - b. Scroll down to the ticket history box. Enter the following text "I approve the split request" in the box. Reassign to the bswift team by clicking Assign to Last Saved by User. Then, click Save.

bswift will review the approved application. If any information on the application is missing or if the employees' enrollments are not correct, bswift will return the ticket with a rejection. If the approval is complete and the employees are enrolled correctly (primary enrolled; secondary declined), bswift will update the employees' records with the Split Billing Indicator and reassign the ticket with an approval.
5. If you are a Benefits Administrator at a district that used a Third-Party administrator (TPA), update the TPA with the split premium information. If you are a Benefits Administrator at a district that enrolls directly on bswift, no further action is needed. Close the ticket by changing the Status to Closed.
6. It is the Benefit Administrator's responsibility to ensure payroll is updated accordingly. On the first of the month bill after split premium approval, you will see 50% premium on the monthly billing report with appropriate billing code. In addition, you will now be able to see the Split Premium Indicator in the employee's record under the Benefits tab.

Terminating a Split Billing Arrangement

1. The Benefits Administrator for the Primary initiates the process by completing the online split premium application form and submitting to bswift. bswift will review the application and forward to the Secondary Benefits Administrator for approval. Go to [https://trssplitbill.bswift.com/ ElectronicForm/](https://trssplitbill.bswift.com/ElectronicForm/).



The screenshot shows the TRS ActiveCare logo at the top left. Below it, the text "Status : New Request" is displayed in green. Underneath, there are two sections: "I am the" with a radio button selected for "Employee's BA", and "and would like to submit an" with two radio buttons: "Application to Split Premium" (unselected) and "Application to Terminate Split Premium" (unselected).

2. Select radio button for Application to Terminate Split Premium. The online form will activate and prompt you to complete the required fields. When all required fields are complete, click Submit.

Automatic Termination of Split Billing Arrangements

If the Primary employee terminates employment, the split premium indicator will automatically be removed. The Secondary employee must complete a Mid-year Change life event to enroll in coverage and will pay 100% of the premium. (See Life Events and Special Enrollments section for more information.)

If the Secondary employee terminates employment, the split premium indicator will automatically be removed. The Primary employee takes no action, and the premium will reflect as 100% on the following billing cycle.

Steps to Report an Exception

1. **Navigate to the employee record in bswift.** Search using the navigation bar in the upper-right or click User Admin. Click on the district employee to enter the employee record.
2. Review the information on the record to make sure an exception is needed. Click on benefits coverage on the left-navigation bar to review coverage information.
3. If an exception is needed navigate to the tracker. On the left-navigation bar, you will see Tracker Create Ticket. Click Tracker Create Ticket.
4. Within the new ticket any field with a star is required:
 - a. Name your ticket for easy searching by labeling it "Exception" + the Employee Name
 - b. Ticket type for exceptions is "Appeal"
 - c. In "Details" provide the information on why you are submitting the exception. Remember, you're creating this in the member profile, so you don't need to add any social security numbers or dates of birth unless it is relevant to your appeal. Explain why you are submitting the exception and what resolution you are hoping to have.

Ticket Information

* Fields are required

* Ticket Name: Exception - Sadie Smith

* Ticket Type: Appeal

* Details

This employee terminated in December but ended up staying until the end of February. Please reinstate coverage through the end of February.

- d. Remember, if you close the ticket, it is a signal that you no longer want it reviewed. Once the ticket is closed, adding new information to a closed ticket will not change the status.
- e. The fields assigned to group and requested group will default to your district. Please leave this as is.
- f. The Assigned to user field should be set to “Requests, Exceptions” for your ticket to be reviewed.

Priority: Low

* Status: Open

* Assigned To Group: Albany ISD - D0312

Assigned To User: Requests, Exception

- g. If you have documentation to attach, you can click on “Documents” and follow the prompts to add your document.
 - i. Per the exception request instructions, the district must attach any relevant supporting documentation such as transaction history, evidence of coverage, enrollment application and/or change form, divorce decree, copy of death certificate, adoption documents, court orders, online enrollment documents, proof of payroll deductions, etc. For exception requests not caused by administrative error by the district or entity, a written statement from the employee must be attached.
- h. The notifications field allows you to enter the email address of anyone who should receive notification when the exception ticket is updated.

- i. Click TRS Exceptions/Appeal Questionnaire and confirm the information as prompted. Without a complete appeal questionnaire the exception will be denied.
 - i. Confirm that the change is allowed under our plan.
 - ii. Confirm that the employee agrees to pay premiums. Don't file the exception if District Employee isn't willing to pay the premium.
 - iii. Confirm that the exception meets the definition of good cause. The definition of "good cause" means that a person's failure to act was not because of a lack of diligence to reasonably take prompt and timely action. This is also described in the TRS-ActiveCare Administrative Guide.
 - iv. Confirm that you reviewed the invoice. It is important to be aware of how this exception will impact billing. Not only will the employee need to pay the premiums, but your district will be billed or receive a credit depending on the exception.
 - v. If you are with a Third-Party administrator confirm you have reviewed your discrepancy report and add the date of the report.
 - vi. Categorize the request type using the description that most closely matches your exception.
 - vii. Complete the justification.

5. Once the questionnaire is complete, click "Save" to submit the ticket.
6. The next step is to monitor the progress of the ticket. The ticket will be reassigned to you with a request for more information, or with the approval/rejection decision. Check on the status of your ticket at any time by returning to the user record and clicking Tracker in the left-hand navigation menu.

Ticket ID	Ticket Name	Status	Priority	Assigned To	Submitted By	Last Updated
709963	APPROVED: Exception Sadie Smith	Closed	Low	Requests, Exception	Jones, Jill	03/27/19 11:41 AM

7. If you have any questions on the exception process or eligibility questions, you can contact your Single Point of Contact or email TRSBainquiries@bswift.com. Information is also available through your Administrative Guides through the bswift portal <https://trsactivecare.bswift.com>.

HOW TO ORDER REPLACEMENT OR TEMPORARY BCBSTX ID CARDS

1. On the **BAE** home page, www.bcbstx.com/employer, select the **Request/Print ID Card** option from the **I want to** drop-down menu.
2. Select the **Employee** or **Dependent** radio button as appropriate.
3. Enter the employee or dependent's **SSN/ID number** or **Last Name**.
4. Click the **Find** button.
5. Click the employee's or dependent's name in the **Search Results** table. This will take you to the **Request/Print ID Card** screen.
6. Select the type of card needed.
7. Click the **Submit** button.
8. You will also see an option to print or email a temporary ID card.

Account Summary

- View Details
- View Health Plans
- Update Profile

Place Logo

Demo Company

Account #: DEMO
Effective Date: 01/01/2001
Renewal Date: 01/01/2014

Employee Maintenance I want to: Request/Print ID Card

Request/Print ID Card

Find an employee or dependent to:

1. Request a new ID card to be mailed to the employee's home or an alternate address.
2. Print a temporary ID card.

Find an Employee/Dependent

Employee Dependent

SSN or ID Number OR

Last Name First Name

Find





TRS

TEACHER RETIREMENT SYSTEM OF TEXAS

ACTIVE CARE

www.bcbstx.com/trsactivecareba