



2025-2026
Plan Year



**SUBSTITUTE
& PART-TIME**

BENEFITS GUIDE

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CONTACT INFORMATION

HEB ISD – BENEFITS OFFICE

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Benefits & Workers Compensation Specialist
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mariaortiz@hebisd.edu

Kelley Farr

Benefits & Leave Specialist
(817) 399-2085
benefits@hebisd.edu

TRS – ACTIVECARE MEDICAL & PHARMACY

Blue Cross Blue Shield of Texas

(866) 355-5999
www.bcbstx.comn/trsactivecare

Express Scripts

(800) 282-2881
www.express-scripts.com

FICA ALTERNATIVE ACCOUNT

TCG Administrators

900 S. Capital of TX Hwy, Ste 350
Austin, Texas 78746
(800) 943-9179 | FAX (888) 989-9247
www.region10rams.org

RETIREMENT PLAN – 457b & 403b

457b – TCG Holdings, LLC

(800) 943-9179
TCG Services

403b – The OMNI Group

2200 Alexander Street, Ste 400
Rochester, NY 14607
(877) 544-6664 | (585) 672-6194

HEB ISD – PAYROLL DEPARTMENT

(817) 399-2057
payroll@hebisd.edu

EMPLOYEE ASSISTANCE PROGRAM (EAP)

ComPsych

Online: guidanceresources.com
App: GuidanceNow
Web ID: CHUBB



➤ ELIGIBILITY FOR HEALTH COVERAGE

Hurst-Euleless-Bedford ISD provides health coverage to employees through TRS ActiveCare. A district substitute or temporary employee is eligible to enroll in TRS ActiveCare if the district reasonably expects the substitute or temporary employee to work at least 10 hours per week. Hours worked for other school districts are not considered in determining whether a substitute or temporary employee is eligible for benefits through Hurst-Euleless-Bedford ISD.

If you elect to enroll, you will be responsible for the full premium. You must submit payment for one calendar month with your enrollment form. **The premiums for subsequent months are due one month in advance.** Payment must be received by the 30th of the month of the month prior to the coverage month. (Ex: payment for month of May is due by April 30) If the 30th falls on a weekend or a day the district is closed, the payment must be made the preceding business day. Enrollees in the health plan will not receive monthly bills, invoices or payment reminders. If you fail to timely pay the monthly premiums, the district will proceed with the coverage cancellation process. Your coverage may also be canceled if you lose eligibility for TRS ActiveCare.

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

- You repeatedly turn down assignments, are repeatedly unavailable for calls, or frequently canceling assigned positions.
- You do not accept at least 5 assignments per semester.
- You do not timely return a letter of reasonable assurance.

A substitute or temporary employee who is enrolled in TRS ActiveCare and who is then removed from the substitute or temporary employee roster becomes ineligible for health coverage and will be provided notice regarding continuation coverage under COBRA (if eligible). Cancellation due to non-payment is considered a voluntary drop, therefore, you will not be eligible for COBRA.



IMPORTANT INFORMATION



Effective Date of Insurance

Your insurance would be effective the 1st of the month following your hire date.

New Hires

New hires must enroll within 30 days of his/her hire date. Failure to complete the enrollment during this time frame will result in the forfeiture of coverage.

Returning Employees

Returning substitute and part-time employees must enroll during open enrollment. If you do not enroll during open enrollment, you cannot enroll until the next year unless you experience a qualifying event change.

Paychecks

ALL employees are paid on the 5th and 20th of each month. Please review the 2025-2026 Pay Schedule to verify pay dates.

Mandatory Deductions

Three mandatory deductions: Federal, Medicare, and FICA. Alternative deductions are taken on every paycheck.



Employee Access Center

To update your mailing address, contact information, paycheck stubs, and download W2's. Download the app on your phone by searching for eFinance Plus Employee in your app store. Type in "HURST" as the employer name then select "HURST-EULESS-BEDFORD Independent School District SD." Follow the login instructions to view your account.

- Username: 6 digit HEB ID# only
- Password: SSN (no dashes)

If you need assistance logging in, please contact the Payroll Department at 817-399-2057.

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change, or continue your medical coverage each year. Changes are not permitted during the plan year unless you have a qualifying event change (known as a family status change).

Dependent Eligibility Requirements

You can cover eligible dependent children under medical coverage up to the age of 26. Dependents cannot be double covered by married spouses with HEB ISD or as both employees and dependents.



QUALIFYING EVENT CHANGE

SECTION 125 CAFETERIA PLAN GUIDELINES

A cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Change in the benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefits Office within 30 days of your qualifying event. Contact the Benefits Office to complete and sign the Qualifying Event Form to select your changes. Benefit changes must be consistent with the qualifying event.

QUALIFYING EVENTS:

MARITAL STATUS:

- A change in marital status includes marriage, death of a spouse, divorce, or annulment.

CHANGE IN THE NUMBER OF TAX DEPENDENTS

- A change in the number of dependents include birth, adoption, and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.

CHANGE IN STATUS OF EMPLOYMENT AFFECTING COVERAGE ELIGIBILITY

- Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.

GAIN/LOSS OF DEPENDENT ELIGIBILITY STATUS

- An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include a change in age, student, marital, employment, or tax dependent status.

JUDGEMENT / DECREE / ORDER

- If a judgement, decree, or order from a divorce, annulment, or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse or former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual provides the coverage.

ELIGIBILITY FOR GOVERNMENT PROGRAMS

- Gain or loss of Medicare, Medicaid, or CHIP coverage may trigger a permitted election change.

The Support you Need

ComPsych® GuidanceResources® provides you with the tools, resources or expert advice you need. See below for the different programs available to you today.

Emotional Support | Your ComPsych® GuidanceResources® Program Can Help

The program is staffed by ComPsych® highly trained, caring clinicians who are available by phone or online 24 hours a day, seven days a week. **Six face-to-face sessions are also available per issue per employee/family member per year.**



Call Any Time With Personal Concerns, Including:

Stress, Anxiety and Depression	Marital and Family Conflicts	Alcohol or Drug Use	Job Pressures	Dealing with Change	Grief and Loss
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Legal Guidance | Get the Legal Help You Need

You'll be connected to a GuidanceConsultantSM who will talk with you about your situation and schedule a phone appointment for you with a ComPsych® staff attorney.



ComPsych® Attorneys Can Help You With:

- Family law matters, including divorce, custody, child support and adoption
- Bankruptcy and credit issues
- Landlord/tenant issues, including eviction and lease questions
- Real estate and foreclosure questions
- Immigration concerns
- Wills and living wills

Work-Life Solutions | Get the Everyday Help You Need

ComPsych® Work-Life Specialists will research your question, and, send you a complete packet of practical information, including prescreened referrals, articles on your topic and much more.



Call Any Time for Assistance With Topics, Including:

Finding Child or Elder Care	Housing Searches	Seeking Financial Assistance	Finding Pet Care	Sending a Child Off to School	Planning a Major Project or Event
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Online Support | What you want. When you want it.

Access your ComPsych® GuidanceResources® services anytime, anywhere from your computer, tablet or smartphone.

Go Online For:

- Articles, podcasts, videos, slideshows
- On-demand trainings, online communities and chat
- *Ask a GuidanceConsultantSM personal responses to your questions



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TRS: Dial 711



Online: guidanceresources.com

App: GuidanceNow®

Web ID: CHUBB



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COMPSYCH®

WORKERS COMPENSATION



What to do when you are injured on the job

- **All on-the-job injuries MUST be reported to your supervisor immediately** – even if you don't think you will need medical treatment or need to be off of work.
- The injured worker must complete the First Report of Injury form within **3 days** of an injury. Contact your school nurse, your supervisor, or the Benefits Office to receive instructions on how to complete the First Report of Injury Google Form.

In Case of An Emergency...

If you are hurt at work and it is a life-threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours or while working outside your service area, you should go to the nearest care facility. After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the provider list. The doctor you choose will oversee the care you receive for your work-related injury. Except for emergency care, you must obtain all health care and specialist referrals through your treating doctor.

Seeking Medical Treatment

If you are injured on the job and need to seek medical treatment, you must see a doctor who is on the District's approved list of treating doctors. You have 30 days from the date of your injury to seek medical treatment.

- Obtain a list of approved doctors from your supervisor, campus nurse, or the Benefits Office.
- When you visit the doctor, you must give him/her the "Authorization for Treatment form".

Employee's Responsibility

- After each doctor's appointment, you must contact HEB ISD Benefits Office – Maria Ortiz at (817) 399-2056.
- If the doctor gives you work restrictions, you may not return to work until you contact the Benefits Office or Esmeralda Valerino and obtain approval to return to work.
- You must schedule follow-up doctor appointments before or after school. If you choose to go to the doctor during work hours, please make sure to clock out.
- You must attend all doctor's appointments in order to stay in compliance with your workers' comp claim.

Workers Compensation Third Party Administration (TPA)

TPA: TRISTAR Risk Management

Main: (469) 784-9414

FAX: (214) 492-5602

Mailing Address: TRISTAR Risk Management
PO BOX 2805
Clinton, IA 51733-2805



For more information scan the QR code or visit bit.ly/hebisdwc

If you have any questions, please contact Maria Ortiz in the Benefits Office at HEB ISD. at (817) 399-2056.

2025-2026 HEB ISD Health Insurance for Subs & Part-Time Employees

Blue Cross Blue Shield

1-866-355-5999

[Provider Search](#)

[Teladoc - www.member.teladoc.com/trsactivecare](http://www.member.teladoc.com/trsactivecare)

[RediMD - www.redimd.com](http://www.redimd.com)

[Express Scripts - www.express-scripts.com/trsactivecare](http://www.express-scripts.com/trsactivecare)

MEDICAL BENEFITS	ActiveCare Primary	ActiveCare Primary+	*ActiveCare HD
	In-Network Benefits (Participant Pays)		
Deductible (in-network) Individual Family	\$2,500 \$5,000	\$1,200 \$2,400	\$3,300 \$6,600
Deductible (out-of-network) Individual Family	N/A	N/A	\$6,600 \$13,200
Maximum Out-of-Pocket <i>(includes deductible, coinsurance & copays)</i> Individual Family	\$8,050 \$16,100	\$6,900 \$13,800	\$8,300 \$16,600 (in-network) \$20,500 \$41,000 (out-of-network)
Coinsurance	30%	20%	30% Plan pays
Preventive Care	Plan pays 100%	Plan pays 100%	100%
Office Visit Copay PCP Specialist	\$30 \$70	\$15 \$70	30% ①
Virtual Health	\$0 RediMD \$12 Teledoc		Teledoc
Urgent Care	\$50)		30%①
Emergency Room	30%①		30%①
ER-Freestanding	\$500 copay + 30% ①		\$500 copay + 30% ①
Inpatient Hospitalization	30%①		30%①
OTHER PLAN FEATURES			
Out of Network Benefits?	NO	NO	YES
Network Coverage	Statewide	Statewide	Nationwide
Primary Care Physician (PCP) required?	YES	YES	NO
Referrals needed to see a specialist?	YES	YES	NO
PRESCRIPTION DRUGS			
Drug Deductible Tier 1 -	Subject to medical deductible	\$0 Generic \$200 Brand	Subject to medical deductible
Generic	15③	\$15)	20%①③
Tier 2 - Preferred Brand	30%①	25%②	25%①
Tier 3 - Non-Pref Brand	50%①	50%②	50%①
Specialty Drugs	30%①④	30%②④	20%①
PREMIUMS	MONTHLY	MONTHLY	MONTHLY
Employee Only	\$554.00	\$650.00	\$570.00
Employee & Spouse	\$1,496.00	\$1,690.00	\$1,539.00
Employee & Child(ren)	\$942.00	\$1,105.00	\$969.00
Employee & Family	\$1,884.00	\$2,145.00	\$1,938.00

① After the MEDICAL deductible has been met

④ \$0 if SaveOnSP eligible

②After the PRESCRIPTION deductible has been met

* Deductible must be met before benefits are paid & is HSA Compatible

③Certain generic preventive drugs are covered 100%

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		NOTES:
	In-Network Only	In-Network Only	In-Network	Out-of-Network	
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	

****Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.**

www.trs.texas.gov

FICA Alternative Plan

FOR PART-TIME, SEASONAL, AND TEMPORARY EMPLOYEES

What is a 457(b) FICA Alternative Plan?

The Omnibus Budget Reconciliation Act of 1990 (OBRA 90) mandates that employees of public agencies, including school districts who are not members of the employer's existing retirement system as of January 1, 1992 be covered under Social Security or a qualifying alternate plan. The ESC Region 10 457(b) FICA Alternative Plan satisfies federal requirements and provides substantial cost savings compared to Social Security.

Eligibility

An employee is eligible to participate in the plan if they meet one of the eligibility requirements listed below:

- Part-time (20 hours or less per week)
- Seasonal (five months or less per year)
- Temporary (contract of two years or less in duration)
- Not covered by TRS in a position otherwise covered by TRS

Contributions

Social Security requires that the equivalent of 12.4% of an employee's salary be contributed each month (6.2% employee, 6.2% employer). However, the FICA Alternative Plan requires only a 7.5% contribution to a retirement account. The deferrals are made on a "pretax" basis, unlike Social Security, which are made on an "after-tax" basis.

Investments

The FICA Alternative investment portfolio is selected by the employer and directly overseen by an Investment Advisory Committee. The portfolio is comprised of a broad range of stock and bond mutual funds, as well as individual bonds typically held to maturity. The portfolio is periodically adjusted to adapt to changing market conditions. You can view the investments as of the end of each calendar quarter and the asset performance data for the quarter, year to date and other time periods on the www.region10rams.org website.

Distributions

Employees or their beneficiaries will receive the FICA Alternative Plan account balance when an employee eligibility is met for any of the following reasons:

- Termination of Employment
- Permanent and Total Disability
- Death
- Retirement
- Changed employment status to a position covered by another retirement system (e.g., TRS)

Note: If there have been no contributions to the account for two (2) years and the account balance is less than \$5,000, the employee may be able to request a distribution.

Taxation

When the employee begins to receive benefits, the funds received become taxable income. If the taxable portion of the account balance exceeds \$200, the employee can avoid immediate taxation by directing the account balance to:

- A traditional IRA
- An eligible employer plan that accepts the rollover (i.e., TRS, 403(b), 457, etc.)

Designating a Beneficiary

If the employee dies while a participant in the Plan, the account balance will be distributed to the employee's beneficiary. If the employee is married at the time of death, the spouse is automatically the beneficiary. If the employee wishes to designate someone other than the spouse as beneficiary, the employee must do so in writing and the spouse must sign a spousal consent form. If the employee is unmarried at the time of death, the account balance will be paid to the employee's estate unless another beneficiary has been designated. To designate a beneficiary, please login to your account at www.region10rams.org using the instructions under "Account Access" below.

Company Offering Services

The company chosen to provide the 457(b) FICA Alternative Plan is TCG Administrators, an organization with many years of proven expertise in administering retirement plans to public sector employees.

Protection from Liability

The District as a 457(b) plan sponsor is responsible for the types of investments offered to participants. Most 457(b) plans do not protect the District from fiduciary liability. The 457(b) FICA Alternative Retirement Plan offers fiduciary protection for the District through an Investment Advisory Agreement with TCG Advisory Services, LLC.

Fees & Plan Information

For a detailed explanation of the plan rules and fees, you may access the Summary Plan Description at www.region10rams.org/documents by searching your employer's plan name. TCG Administrators will send a statement to you at the end of the plan year. However, you may view your account value updated daily online using steps from the following section.

Account Access

To review your account balance or request a distribution, you can access your account on the Region 10 RAMS website. Please follow the steps below to access your account:

1. Visit www.region10rams.org
2. Click the **Login** button in the upper right-hand corner
3. Use the following credentials to access your account:
User Name: Your Social Security Number (no spaces or dashes)
Password: Your date of birth (MMDDYYYY)
4. Done! You should now have full access to your account

Get started at www.region10rams.org

Virtual assistance is available at www.region10rams.org/appointment or by calling the Customer Service at 800-943-9179.

RETIREMENT PLANNING

THE OMNI GROUP | TCG ADMINISTRATORS

ABOUT RETIREMENT PLANS

A 403b plan is a U.S. tax-advantaged retirement savings plan available for public school organizations.

A 457b plan is a tax-deferred compensation plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

THE OMNI GROUP
(877) 544-6664
www.omni403b.com

TCG Administrators
(800) 943-9179

<http://tcgservices.com/documents/#/255/457b>

What is a 403b?

A 403b plan is a retirement plan for certain employees of public schools, tax-exempt organizations, and ministers. Contributions are made under a Salary Reduction Agreement (SRA) with your employer to withhold money from your paycheck to be contributed directly into a 403b account for your benefit. Usually, you do not pay income tax on these contributions until you withdraw them from the account.

You have 35 companies to choose from with a variety of investment types available (fixed annuity, fixed index annuity, variable annuity, investment advisory services, or mutual funds.)

How to Enroll:

- Set up your 403b account with an approved company
- Complete the Salary Reduction Agreement Form (SRA) with The OMNI Group.

Annual Maximum Contributions

Under 50 years of age: \$23,500

Catch-up (ages 50-59 & 64+): \$31,000

Catch-up (ages 60-63): \$34,750

There is an additional tax penalty on any funds withdrawn before retirement age.

What is a 457b?

A 457b plan is a type of deferred-compensation retirement plan that is available for governmental employers. The employer provides the plan and the employee defers compensation into it on a pre-tax basis. For the most part, the plan operates similarly to a 401K or 403b plan. The key difference is that there is no penalty for withdrawal before the age of 59 ½ (but subject to income tax).

HEB ISD has elected 1 company to provide our employees with the 457b plan. TCG Administrators offer several investment options. Visit the website for a list of fees of service plan providers.

How to Enroll:

- Complete the Salary Reduction Agreement with TCG Administrators
- Plan password for enrolling online: **hurst457**

Annual Maximum Contributions

Under 50 years of age: \$23,500

Catch-up (ages 50-59 & 64+): \$31,000

Catch-up (ages 60-63): \$34,750

No penalty for early withdrawal (upon separation of service)

ANNUAL ENROLLEMENT

The period during which existing employees are allowed to enroll in or change their current elections.

ANNUAL DEDUCTIBLE

The amount you pay each plan year before the plan begins.

CALENDAR YEAR

January 1st through December 31st

CO-INSURANCE

After any applicable deductible, you share of the cost of a covered healthcare service is calculated as a percentage (for example, 20%) of the allowed amount for the service.

IN-NETWORK

Doctors, hospitals, optometrists, dentists, OB/GYN, and other providers who have contracted with the plan as a network provider.

MAXIMUM OUT-OF-POCKET

The most the insured person can pay in co-insurance for covered expenses.

PLAN YEAR

September 1st through August 31st

PRE-EXISTING CONDITIONS

There are no pre-existing conditions for the medical plan.

WHEN WILL I RECEIVE ID CARDS

You can expect to receive them 3-4 weeks after your effective date. You can log in to the carrier website and print a temporary ID card.

During open enrollment, if there are no changes to the plan, you will NOT receive a new ID card. If you need additional ID cards please contact your insurance carrier.

WHO DO I CONTACT WITH QUESTIONS

For supplemental benefit questions, you contact your Benefits Office or you can call Financial Benefits Services at (866) 914-5202.

WHAT HAPPENS IF I FORGET TO SEND MY PAYMENT BY THE DUE DATE

Payment is due on the last day of the month before the coverage month (EX: payment for the month of May is due by April 30th). If payment is not received unfortunately benefits will be terminated. You will not be able to re-enroll until the next open enrollment period.

WHERE DO I SEND MY PAYMENT AND ENROLLMENT FORM

You can mail or drop it off in person. If you pay by cash please have the exact amount, as we do not give change. If you are paying with a check or money order, please make the check payable to **HEB ISD**.

Mailing Address: HEB ISD Administration, Bldg A
ATTN: Benefits
1849 Central Drive
Bedford, Texas 76022

Business Hours: Monday - Thursday
8:00 am - 4:30 pm
Friday 8:00 am - 4:00 pm

**Please call the office during summer hours as they are subject to change.*

MEET THE TEAM



Karen Rose

Benefits & Risk Manager

PH: 817-399-2075

KarenRose@hebisd.edu



Maria Ortiz

Benefits & Workers' Comp Specialist

PH: 817-399-2056

MariaOrtiz@hebisd.edu



Kelley Farr

Benefits & Leave Specialist

PH: 817-399-2085

Benefits@hebisd.edu



District Number
(817) 283-4461



Website
www.hebisd.edu



Address
**1849 Central Drive
Bedford, Texas 76022**

