



2024-25

# EMPLOYEE BENEFITS GUIDE







# Welcome to Clear Creek ISD!

This booklet is designed to provide a summary of the employee benefits plans available to CCISD employees. Plan details may be obtained by downloading plan information on the Benefits HUB, accessing the carrier's QR codes found in this guide or by contacting the Business Services/Benefits Department. A list of participating carriers and their contact information is on page 3 of this benefits guide.

We offer a competitive benefits program with over 15 different products available to you. The district provides three benefits at no-cost to you including: Long-Term Disability, an Employee Assistance Program, and Basic Life Insurance with a base benefit of \$25,000. Additionally, CCISD provides partial funding for medical and dental insurance.

There are numerous other benefits programs outlined in this booklet to help you as you seek to build a program that provides the safety you need for yourself and your family.

If you have any questions concerning this information please feel free to contact our office at 281-284-0230. We wish you a successful 2024-25 school year at CCISD!

Sincerely,  
**Julie Smith**  
Director of Business Services

CCISD Education Support Center  
Business Services Department  
2425 East Main St.  
League City, TX 77573  
Phone: **281-284-0230**  
[benefits@ccisd.net](mailto:benefits@ccisd.net)

Office Hours: 8:00 AM – 4:30 PM, Monday – Friday  
Our office is closed on Fridays in June and July.

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# Contact Information

Coverage	Access code	Carrier	Contact Info	Website/Email
<b>Medical</b>	trsactivecare	BCBS	866-355-5999	<a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a>
<b>24/7 Nurseline</b>		BCBS	833-968-1770	NA
<b>Virtual Care</b>	<i>Use your BCBS member ID</i>	Teladoc	855-835-2362	<a href="http://www.teladoc.com/trsactivecare">www.teladoc.com/trsactivecare</a>
	trsactivecare	RediMD	855-942-4900	<a href="http://www.redimd.com/trsactivecare">www.redimd.com/trsactivecare</a>
<b>RX</b>		Express Scripts	844-367-6108	<a href="http://www.esrx.com/trsactivecare">www.esrx.com/trsactivecare</a>
<b>Dental</b>		CIGNA	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
<b>Vision</b>		EyeMed	866-800-5457	<a href="http://www.eyemed.com">www.eyemed.com</a>
<b>Flexible Spending Accts.</b>		Chard-Snyder	800-982-7715	<a href="http://www.chard-snyder.com">www.chard-snyder.com</a>
<b>Health Savings Accts.</b>		Gulf Coast Ed. FCU	281-487-9333	<a href="http://www.gcefcu.org">www.gcefcu.org</a>
<b>Basic Life Insurance</b>		Lincoln National	Claims: 888-787-2129	<a href="http://www.MyLincolnPortal.com">www.MyLincolnPortal.com</a>
<b>Optional Life Insurance</b>			Underwriting: 888-287-8494	
<b>Voluntary Accidental Death &amp; Dismemberment</b>			Portability/Conversion: 877-321-1015	
<b>Short-Term Disability</b>		Madison National	800-356-9601 (Claims)	<a href="http://www.MadisonLife.com">www.MadisonLife.com</a>
<b>Long-Term Disability</b>		Madison National	800-356-9601 (Claims)	<a href="http://www.MadisonLife.com">www.MadisonLife.com</a>
<b>Legal Plan</b>	18017ccs	ARAG	800-247-4184	<a href="http://www.araglegalcenter.com">www.araglegalcenter.com</a>
<b>Cancer Plan</b>		Guardian	888-600-1600	
<b>Accident Plan</b>		Aetna	888-772-9682	<a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>
<b>Hospital Indemnity Plan</b>		Aetna	888-772-9682	<a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>
<b>Critical Illness Plan</b>		Aetna	888-772-9682	<a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>
<b>Employee Assistance Prog.</b>	CCISD	ComPsych	855-506-3173	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
<b>Teacher Retirement Syst.</b>		TRS	800-223-8778	<a href="http://www.trs.texas.gov">www.trs.texas.gov</a>
<b>403(b)/457(b)</b>		TCGServices	800-943-9179	<a href="http://www.tcgservices.com">www.tcgservices.com</a>

CCISD Benefits Staff			
<b>General Benefits Questions</b>	Benefits Department	281-284-0230	<a href="mailto:benefits@ccisd.net">benefits@ccisd.net</a>
<b>Hannah Thibodeaux</b>	Benefits Specialist Employees A-L	281-284-0233	<a href="mailto:hthibodeaux@ccisd.net">hthibodeaux@ccisd.net</a>
<b>Maria Carmona</b>	Benefits Specialist Employees M-Z	281-284-0232	<a href="mailto:mcarmona@ccisd.net">mcarmona@ccisd.net</a>
<b>Michelle Nowell</b>	Asst. Director Human Resources and Business Services	281-284-0168	<a href="mailto:mnowell@ccisd.net">mnowell@ccisd.net</a>
<b>Julie Smith</b>	Director of Business Svcs./Financial PLN	281-284-0229	<a href="mailto:jsmith11@ccisd.net">jsmith11@ccisd.net</a>
<b>Lori Liebman</b>	Leave Specialist	281-284-0235	<a href="mailto:lliebman@ccisd.net">lliebman@ccisd.net</a>
<b>Sharon McHenry</b>	Workers Comp and Unemployment Specialist	281-284-0231	<a href="mailto:smchenry@ccisd.net">smchenry@ccisd.net</a>

See [page 32](#) for easy access to benefits web sites and apps using QR codes.

# What's New?



## Flexible Spending Accounts

- The maximum for 2024 increased to \$3,200. Don't forget you can now fund the purchase of your over-the-counter medications through your Health FSA.

## Health Savings Account

- For participants in the HSA you can contribute \$4,150 in 2024 for individual coverage; if covering dependents the maximum increases to \$8,300. HSA holders age 55 or older by the end of the calendar year can contribute an additional \$1,000 to their HSA. Remember you never pay taxes on withdrawals of HSA contributions or investment earnings if they are used for an IRS-qualified medical expense, regardless of age. Once your balance exceeds \$2,000 you can move your excess funds into a variety of mutual funds at Gulf Coast Educators FCU.
- Gulf Coast Educators Federal Credit Union. Benefits include: Becoming a member of the Credit Union and having access to member benefits such as : Direct Deposit for claims, School employees can finance a new home up to 103% with no down payment or PMI required, Low-rate loans to assist educators with classroom supplies or professional development, Free Basic Checking account with no minimum balance or monthly service charges.

## EAP

- Computerized Cognitive Behavioral Therapy (CCBT) is available to all employees at no cost in conjunction with the KOA Foundation, a partner to ComPsych (our EAP provider). The KOA Foundation app provides self-help resources, guided meditations, engagement-focused activities, and interactive guided modules on behavioral health issues like depression, anxiety, stress, self-esteem and more. Please see the back cover for the KOA Foundation app QR Code.

QR

Be sure to take advantage of the mobile apps for coverages through CCISD to access your benefits, ID cards, etc. The mobile apps can be located using the QR codes on [page 32](#).



Look for this icon to learn about benefits paid in part by CCISD.



Look for this icon to learn about benefits paid in full by CCISD.



# Eligibility

## New Hires and Dependents

New hires must enroll in coverage within 31 days of their eligibility date, which is typically the date of hire. It's advisable to complete enrollment well before the deadline to ensure the insurance company has your information before your coverage starts. Newly eligible dependents, such as a new spouse or child, must also be enrolled within 31 days of their eligibility date, such as the date of marriage or birth. The following information assumes you enroll within these specified time frames.

## Eligible Employees

To be eligible for TRS-ActiveCare, you:

- Must either be (i) a participating member who an employer currently employs in a position that is eligible for membership in the TRS pension or (ii) currently employed by a participating district/entity for 10 or more regularly scheduled hours each week in a position that isn't eligible for membership.
- Must not be 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 you are an eligible part-time employee during an enrollment opportunity for the current plan year, and later during the current plan year, you become an eligible full-time employee, you will have a 31-day opportunity to enroll yourself and/or eligible dependents in TRS-ActiveCare.

Your 31-day enrollment opportunity will begin on the first day that you become an eligible full-time employee. This enrollment opportunity exists even if you previously declined coverage. New hires can choose to have their medical coverage start either on their date of eligibility (date of hire) or on the first of the month following their date of hire. If you choose to begin coverage on your date of eligibility, you will be charged the full medical premium for that month, even if it's a partial month. Otherwise, you will not be charged until the month your coverage becomes effective.

## Eligible Dependents

An employee may also cover their eligible dependents at the same time they enroll 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 isn't considered eligible unless there is a Declaration of Informal Marriage filed with an authorized government agency)
- A child under the age of 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 age 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

*\*For purposes of dependent eligibility under TRS-ActiveCare, a grandchild that doesn't fit into the above definition isn't considered an eligible dependent child.*



# Eligibility

## Eligible Dependents *continued*

- “Any other child” (other than those listed above) under the age of 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
  - The employee has the legal right to make decisions regarding the child’s medical care. This requirement doesn’t apply to dependents aged 18 and over.
- A child, age 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.

*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.*

## Making Changes Mid-Year or Special Enrollment Events

You may be able to enroll for coverage, change plan options, or change the dependents you cover during a plan year if you, or a dependent, have a special enrollment event under applicable law. Changes must be requested within 31 days of the special enrollment event.

If changes are not made within 31 days of the qualifying event, you will not be able to make changes until the next plan enrollment period (September 1) or, if applicable, until another special enrollment event occurs. Plan changes are also permitted if you are directed by a child support order, court order, or other national medical support notice to provide health coverage for a dependent child.

## What is a special enrollment qualifying event?

A qualifying event, as defined by the Health Insurance Portability and Accountability Act (HIPAA), occurs when there is a loss of other coverage (divorce, loss of employment, loss of COBRA coverage, loss of Medicaid, CHIP or HIPP) or a gain of additional dependents (e.g., birth, adoption/placement for adoption, and marriage). Please notify the Benefits Department within 31 days of the qualifying event to make changes to your plans.

### Questions about your benefits?

Contact our Benefits Specialists listed on page 3 for help with topics such as:

- Process a life event
- Complete open enrollment
- Generate a benefit statement
- Add dependents
- Edit dependent details

### Having trouble with your CCISD network login?

Contact the CCISD Help Desk at 281-284-4357 for login issues such as resetting your password.



# Enrollment



## How to Enroll:

1. **Before beginning** the enrollment process, be sure to have the following information handy for any family members who will be covered under any of the District's benefits:

- Full Legal Name
- Social Security number (required for medical)
- Date of birth
- Address

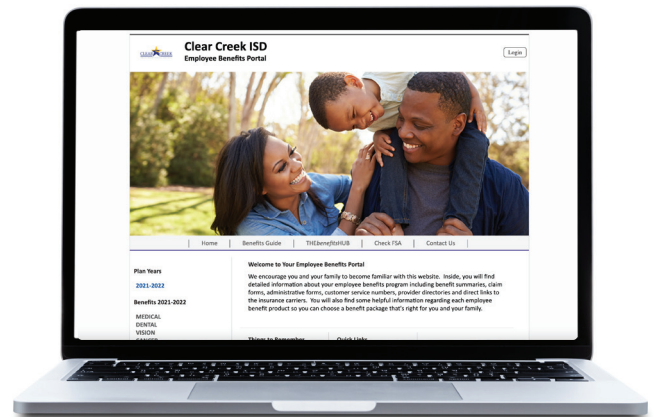
2. Once you have gathered that information, all staff have to go through our internal Single Sign-On Portal to get access to the Benefits Hub. **Select the Benefits Hub icon, go to:**

[www.mybenefitshub.com/clearcreekisd](http://www.mybenefitshub.com/clearcreekisd)

- Enter your Clear Creek ISD User ID
- Enter your Clear Creek ISD Password

3. **Enrollment Process**

- Verify and/or complete certain pre-populated personal and demographic information on yourself and eligible dependents. Items in bold must be completed before you can move to the next screen.
- Continue on to the Benefits Enrollment section. Each benefit offered will be on a separate page with links to documents and videos describing the benefits in further detail, as well as information about costs associated with the different coverage levels. **NOTE: If you do not wish to enroll in a benefit you must click on "waive" in order to progress to the next benefit.**



4. Since the District offers employer-paid life insurance, you will be required to enter **beneficiary information**.
5. Once the beneficiary information is entered in the system **click "Finished"**. The system will then capture your enrollment elections and route you to the "Consolidated Enrollment Form" from which you can print a summary of your elections.

As long as the enrollment window is open you can go in and change any benefits elections you have made.

If you have any questions or difficulty with the enrollment process, please contact your benefits representative listed on page 3.



# Medical Plans



## TRS-ActiveCare 101 - Your Plan Choices

With TRS-ActiveCare, you have the option of selecting between one high-deductible plan and two physician-directed plans. Enrollment for TRS ActiveCare 2 has been closed to new enrollees since 2018. If you are currently enrolled in this plan, you can stay on it, but once you leave, you won't be able to re-enroll in the future.

To know which health plan is best for you and your family, here are some plan features to show you what you can expect. Keep in mind that each plan has access to the same health and wellness benefits!

## TRS-ActiveCare Primary and Primary+ Plans

Primary plans features include:

- You must obtain a referral from your Primary Care Provider to see a Specialist
- In-network providers are available statewide
- Set copays for doctor visits and generic drugs. Please note – copays do not count towards your deductible
- No charge for diagnostic labs at your doctor's office or an independent lab
- \$0 preventive care
- \$0 option for TRS virtual health visits
- \$0 virtual mental health visits

Primary plan may be good for you if:

- You want a doctor to actively manage your family's health care and coordinate your care with other providers within a network.
- You want predictable copays for your medical expenses.
- You or a family member has a chronic health condition like diabetes or heart disease that may require frequent doctor visits.
- You or a family member has a risk factor like high blood pressure that needs careful management.





# Medical Plans



**BlueCross BlueShield  
of Texas**

## TRS-ActiveCare - HD (High Deductible Plan)

High Deductible plan features include:

- No Primary Care Provider required – see any doctor (but you will save by seeing an in-network physician)
- In-network providers are available nationwide
- No referrals are required for specialist visits
- \$0 preventive care
- You must meet your deductible before the plan starts to pay, so you may have out-of-pocket costs before the plan begins to pay.
- Only plan that allows you to participate in the Health Savings Account (see p. 17)

The High Deductible plan might be right for you if:

- You want the freedom to choose any provider, even out-of-network
- You live in Texas but get regular care from providers in another state
- You or your family members don't have chronic health issues
- You don't have many doctor appointments outside of preventative care.

## TRS-ActiveCare 2

Plan features include:

- No Primary Care Provider required – see any doctor (but you will save money by seeing an in-network doctor)
- No referrals are required for specialist visits
- Low copays for primary care or specialist visits
- \$0 preventive care

This plan might be right for you if:

- You want the freedom to choose any provider, even out-of-network
- You live in Texas but get regular care from providers in another state
- You or your family members have chronic health issues
- You have many doctor appointments outside of preventative care

## MEDICAL PLANS

### Preventive Care Services Provided to You at No Cost

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 40+)
- Annual OBGYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care (unlimited up to age 12)
- Healthy diet/obesity counseling (unlimited to age 22; ages 22+ get twenty-six visits per year)
- Smoking cessation counseling (8 visits per year)
- Breast feeding support (six per year)
- Colonoscopy (ages 50+ once every ten years)

*\* Available for all plans. See benefits guides for more details.*

### Did You Know?

- Provider search tool available at [bcbstx.com/trsactivecare](http://bcbstx.com/trsactivecare)
- Choosing a PCP helps you meet your health goals faster.
- Generic medications save money! Ask your provider if your medicine has a generic.

**Customer Service and  
24-Hour Nurse Line:**

**866-355-5999**

# Medical Plans



## TRS-ActiveCare Primary Plan

The Primary Plan is a physician-directed plan (commonly known as a type of HMO) and offers access to a broad statewide network. You choose a Primary Care Provider (PCP) to coordinate your care. However, you may change your PCP as many times as you wish throughout the plan year.

Plan Features	
Type of Coverage	In-Network Coverage Only
Individual/Family Deductible	\$2,500 / \$5,000
Coinsurance	30% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,500 / \$15,000
Network	Statewide
Primary Care Provider (PCP) Required	Yes
Virtual Care	
RediMD	\$0 per consultation
Teladoc	\$12 per medical consult: \$0 for mental health consults
Doctor Visits	
Primary Care	\$30 copay
Specialist	\$70 copay
Mental Health	\$30 copay
Immediate Care	
Urgent Care	\$50 copay
Emergency Care	30% after deductible
Freestanding Emergency Room	\$500 copay + 30% after deductible
Other Services	
Diagnostic labs	Office - independent lab \$0 / Outpatient 30% after ded.
High Tech Radiology	30% after deductible
Outpatient Costs (Professional and facility)	30% after deductible
Inpatient Costs (Professional and facility)	30% after deductible
Bariatric Surgery	\$5,000 copay+ 30% after deductible *see exclusions
Annual Vision Examination	Specialist \$70 copay
Annual Hearing Exam	PCP \$30 copay / Specialist \$70 copay

\* Bariatric surgery (only covered if services are at BDC+ facility by an in-network physician)

## TRS-ActiveCare Primary Plan Rates

Per Paycheck - Multiply by 2 for Monthly Total	
Employee	\$68.00
Employee + Spouse	\$438.50
Employee + Child(ren)	\$215.50
Family	\$591.00



Contact HR for additional rate options available if you and your spouse both work for CCISD, or if your spouse works for another Texas school district that offers TRS-ActiveCare.



# Medical Plans



**BlueCross BlueShield  
of Texas**

## TRS-ActiveCare Primary+ Plan

The Primary+ Plan is a physician-directed plan (commonly known as a type of HMO plan) and offers access to a broad statewide network. You will choose a Primary Care Provider (PCP) to coordinate your care. However, you may change your PCP as many times as you wish throughout the plan year. The Primary+ plan, while more expensive than the Primary plan, offers lower deductibles, lower coinsurance, lower copays for office visits, and lower out-of-pocket maximums than the Primary plan.

Plan Features	
Type of Coverage	In-Network Coverage Only
Individual/Family Deductible	\$1,200 / \$2,400
Coinsurance	20% after deductible
Individual/Family Maximum Out-of-Pocket	\$6,900 / \$13,800
Network	Statewide
Primary Care Provider (PCP) Required	Yes
Virtual Care	
RediMD	\$0 per consultation
Teladoc	\$12 per medical consult: \$0 for mental health consults
Doctor Visits	
Primary Care	\$15 copay
Specialist	\$70 copay
Mental Health	\$15 copay
Immediate Care	
Urgent Care	\$50 copay
Emergency Care	20% after deductible
Freestanding Emergency Room	\$500 copay + 20% after deductible
Other Services	
Diagnostic labs	Office - independent lab \$0 / Outpatient 20% after ded.
High Tech Radiology	20% after deductible
Outpatient Costs (Professional and facility)	20% after deductible
Inpatient Costs (Professional and facility)	20% after deductible
Bariatric Surgery	\$5,000 copay+ 20% after deductible *see exclusions
Annual Vision Examination	Specialist \$70 copay
Annual Hearing Exam	PCP \$15 copay / Specialist \$70 copay

\* Bariatric surgery (only covered if services are at BDC+ facility by an in-network physician)

## TRS-ActiveCare Primary+ Plan Rates

Per Paycheck - Multiply by 2 for Monthly Total	
Employee	\$109.00
Employee + Spouse	\$521.50
Employee + Child(ren)	\$285.50
Family	\$702.50



Contact HR for additional rate options available if you and your spouse both work for CCISD, or if your spouse works for another Texas school district that offers TRS-ActiveCare.

# Medical Plans



**BlueCross BlueShield  
of Texas**

## TRS-ActiveCare HD (High Deductible Plan)

The high-deductible plan has a nationwide network. It works with a health savings account (HSA) and has in and out-of-network coverage.

Plan Features		
Type of Coverage	In-Network	Out-of-Network
Individual/Family Deductible	\$3,200 / \$6,400	\$6,400 / \$12,800
Coinsurance	30% after deductible	50% after deductible
Individual/Family Max Out-of-Pocket	\$8,050 / \$16,100	\$20,250 / \$40,500
Network	Nationwide	
Primary Care Provider (PCP) Required	No	
Virtual Care		
RediMD	\$30 copay	
Teladoc	\$42 copay	
Doctor Visits		
Primary Care	30% after deductible	50% after deductible
Specialist	30% after deductible	50% after deductible
Mental Health	30% after deductible*	
Immediate Care		
Urgent Care	30% after deductible	50% after deductible
Emergency Care	You pay 30% after deductible	
Freestanding Emergency Room	\$500 copay + 30% after deductible	\$500 copay + 50% after deductible
Other Services		
Diagnostic labs	30% after deductible	50% after deductible
High Tech Radiology	30% after deductible	50% after deductible
Outpatient Costs (Professional and facility)	30% after deductible	50% after deductible
Inpatient Costs (Professional and facility)	30% after deductible	50% after deductible (\$500 facility per day max)
Bariatric Surgery	Not covered	
Annual Vision Examination	30% after deductible	50% after deductible
Annual Hearing Exam	30% after deductible	50% after deductible

\* Mental Health - Psychiatrist (initial visit) you pay 30% after deductible (ongoing visit) you pay 30% after deductible. Psychologist, Licensed Clinical Social worker - you pay 30% after deductible.

## TRS-ActiveCare HD (High Deductible Plan) Rates

Per Paycheck - Multiply by 2 for Monthly Total	
Employee	\$74.50
Employee + Spouse	\$456.00
Employee + Child(ren)	\$226.50
Family	\$613.00



Contact HR for additional rate options available if you and your spouse both work for CCISD, or if your spouse works for another Texas school district that offers TRS-ActiveCare.



# Medical Plans



**BlueCross BlueShield  
of Texas**

## TRS-ActiveCare 2 Plan

This plan is closed to new enrollees. If you're currently enrolled in this plan, you can stay on the plan for 2024-25. If you move to another plan in the 2024-25 plan year, you will not be able to re-enroll in this plan. With ActiveCare 2, you have access to a nationwide network of providers and out-of-network coverage without choosing a PCP. You can also see specialists without referrals.

Plan Features		
Type of Coverage	In-Network	Out-of-Network
Individual/Family Deductible	\$1,000 / \$3,000	\$2,000 / \$6,000
Coinsurance	20% after deductible	40% after deductible
Individual/Family Max Out-of-Pocket	\$7,900 / \$15,800	\$23,700 / \$47,400
Network	Nationwide	
Primary Care Provider (PCP) Required	No	
Virtual Care		
RediMD	\$0 per consultation	
Teladoc	\$12 per medical consult: \$0 for mental health consults	
Doctor Visits		
Primary Care	\$30 copay	40% after deductible
Specialist	\$70 copay	40% after deductible
Mental Health	\$30 copay	
Immediate Care		
Urgent Care	\$50 copay	40% after deductible
Emergency Care	You pay \$250 copay + 20% after deductible	
Freestanding Emergency Room	\$500 copay + 20% after deductible	\$500 copay + 40% after deductible
Other Services		
Diagnostic labs	Office - independent lab \$0 Outpatient - 20% after ded.	40% after deductible
High Tech Radiology	20% after deductible + \$100 per procedure copay	40% after deductible + \$100 per procedure copay
Outpatient Costs (Professional and facility)	20% after deductible + \$150 facility copay per incident	40% after deductible + \$150 facility copay per incident
Inpatient Costs (Professional and facility)	20% after deductible + \$150 facility copay per incident	40% after deductible + \$150 facility copay per incident
Bariatric Surgery	Facility - \$150 copay per day + 20% after deductible Professional - \$5,000 copay + 20% after deductible *see exclusions	Not covered
Annual Vision Examination	Specialist \$70 copay	40% after deductible
Annual Hearing Exam	PCP \$30 copay / Specialist \$70 copay	40% after deductible

\* Bariatric surgery (only covered if services are at BDC+ facility by an in-network physician)

## TRS-ActiveCare 2 Plan Rates

Per Paycheck - Multiply by 2 for Monthly Total	
Employee	\$339.00
Employee + Spouse	\$1,003.50
Employee + Child(ren)	\$568.50
Family	\$1,210.50



# Prescription Drugs



Benefit	TRS ActiveCare Primary	TRS ActiveCare Primary+	TRS ActiveCare HD	TRS ActiveCare 2
<b>Drug Deductible</b> (per person, per plan year)	Integrated with medical	\$200 per participant (brand drugs only)	Integrated with medical	\$200 per participant (brand drugs only)
<b>Maximum Out of Pocket</b>	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical
<b>Short-term Supply at a Retail Location (up to 31-day supply)</b>				
<b>Generic</b>	\$15 copay, \$0 for certain generics	\$15 copay	20% coinsurance after deductible, \$0 for certain generics before the deductible	\$20 copay
<b>Preferred Brand</b>	30% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible (\$40 min/\$80 max)
<b>Non-Preferred Brand</b>	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible (\$100 min/\$200 max)
<b>Insulin Out-of-Pocket Cost</b>	\$25 copay	\$25 copay	25% coinsurance after deductible	\$25 copay
<b>Long-term Supply through Mail Order or a Smart90 Pharmacy Location (60 to 90-day supply)</b>				
<b>Generic</b>	\$45 copay, \$0 for certain generics	\$45 copay	20% coinsurance after deductible, \$0 for certain generics before the deductible	\$45 copay
<b>Preferred Brand</b>	30% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible (\$105 min/\$210 max)
<b>Non-Preferred Brand</b>	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance (\$215 min/\$430 max)
<b>Formulary Insulin Out-of-Pocket Cost</b>	\$75 copay	\$75 copay	25% coinsurance after deductible	\$75 copay
<b>Specialty Medications through Accredo (up to 31-day supply)</b>				
<b>Specialty Medications (31-day max supply)</b>	30% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible (\$200 min/\$900 max)
<b>Specialty Medications through SaveOnSP copay assistance program</b>				
<b>Specialty Medications on the SaveOnSP Drug List</b>	\$0 copay	\$0 copay	N/A	\$0 copay

## Diabetes Supplies

If you have diabetes, you may qualify for a preferred-brand blood glucose meter at no added cost to you. Participants can also get other diabetic supplies at no cost.

Meter and Supplies	TRS ActiveCare Primary	TRS ActiveCare Primary+	TRS ActiveCare HD	TRS ActiveCare 2
<b>Preferred-Brand Blood Glucose Meter</b>	\$0	\$0	\$0	\$0
<b>Short-Term Retail Supplies</b>	Copays waived for needles and syringes if bought the same day as the insulin			
<b>90-Day Supply at Express Scripts or Mail Order Service</b>	Copays waived for all needles, lancets and syringes, regardless of brand. To get test strips at no added cost, you must use the preferred brand			

# TRS Virtual Health



## RediMD\*

RediMD provides quality primary care medical services with live, diagnosis and treatments, online or by phone. Your provider can even send prescriptions to your pharmacy if needed. Medical services are available 24 hours a day, seven days a week.

### Conditions treated by RediMD include:

- back and shoulder strains
- ankle injuries
- pulled muscle
- contusions and bruises
- asthma
- shortness of breath
- infections
- allergies
- chemical exposure
- cold and flu symptoms
- allergies
- bronchitis
- respiratory infections
- stomach upset
- sinus problems
- skin problems

Registration is a one-time process, and you don't have to schedule an appointment. To set up your account, visit [www.redimd.com/trsactivecare](http://www.redimd.com/trsactivecare) and click Register. Enter the code trsactivecare, click Next and follow the directions to complete your profile. You can also register by calling RediMD customer service at 1-855-942-4900.

TRS-ActiveCare Plans	Medical Visits
TRS ActiveCare Primary, TRS ActiveCare Primary+, TRS ActiveCare 2	\$0 copay
TRS ActiveCare HD	\$30 consultation fee

\*RediMD only provides medical health services and does not provide behavioral health services. For behavioral health services, use Teladoc.



## Teladoc

Teladoc provides medical care for a variety of acute, non-urgent conditions. Confidential mental health services for adults 18 and older from a licensed therapist, psychologist, psychiatrist or certified drug and alcohol abuse counselor are also available. Your provider can even send your prescriptions to your pharmacy if needed.

Teladoc is available 24/7 for medical treatment and 7 a.m. to 9 p.m. daily for mental health treatment.

For more information and to set up your account, visit [www.teladoc.com/trsactivecare](http://www.teladoc.com/trsactivecare). You can also download the Teladoc mobile app from the Apple App Store or Google Play Store or call 1-855-Teladoc (1-855-835-2362) for help from a representative.

### General medical conditions treated include:

- cold and flu symptoms
- allergies
- bronchitis
- respiratory infections
- stomach upset
- sinus problems
- skin problems

### Mental health conditions treated include:

- depressive and anxiety disorders
- bipolar, schizophrenia and psychotic disorders
- attention disorders
- alcoholism, addiction and substance-related disorders
- obsessive compulsive and related disorders
- eating disorders
- personality disorders
- neurocognitive disorders and dementia

TRS-ActiveCare Plans	Medical Visits	Mental Health Visits
TRS ActiveCare Primary, TRS ActiveCare Primary+, TRS ActiveCare 2	\$12 copay	\$0 copay psychiatrist (initial visit), psychiatrist (ongoing visits), psychologist, licensed clinical social worker
TRS ActiveCare HD	\$42 consultation fee	30% coinsurance after deductible psychiatrist (initial visit), psychiatrist (ongoing visits), psychologist, licensed clinical social worker



# Mental Health Resources



## COMPSYCH®

### ComPsych & Guidance Now Resources Employee Assistance Program

**AVAILABLE TO:** All Employees & Dependents  
(even if not on district insurance)

**COST: FREE**  
1-855-506-3173

[www.guidanceresources.com](http://www.guidanceresources.com)

**Web ID:** CCISD

- Convenient, confidential short-term counseling for various issues
- Conditions treated: depression, anxiety, stress, relationship issues, grief, legal guidance, planning and counseling
- Child care and elder care resources available
- Includes **6 FREE** in-person, phone, or virtual sessions **per issue**
- Resources and consultants **available 24/7**

## Koa Care 360

### KOA Care 360 - Digital Well-Being App

**AVAILABLE TO:** All Employees & Dependents  
(even if not on district insurance)

**COST: FREE**

Download through app store.

Create account through Guidance Resource website

**Web ID:** CCISD

- Go to [www.guidanceresources.com](http://www.guidanceresources.com) and log in or register
- Select Digital Self-Care Tools and enter your email address
- Download the **Koa Care 360 app** and sign in using the email used to register online
- The **Koa Care 360 app** includes a wide variety of Cognitive Behavior Therapy modules, including guided breathing, meditation, or short relaxation exercises to help you reduce stress or anxiety.



### Blue Cross Blue Shield - Outpatient or Inpatient Mental Health Support

**AVAILABLE TO:** Employees on district medical insurance

**COST:** Depends on which medical plan you are enrolled and the provider's fee

1-866-355-5999

[www.bcbstx.com](http://www.bcbstx.com)

- TRS Active Care Participants benefit from outpatient or inpatient treatment options for a wide variety of mental health conditions.
- Log in to your BCBS account to find a local provider.
- Visit with a Medical Health Personal Health Guide who is specifically trained in mental health and can help you choose a provider or facility to meet your needs.  
866-355-5999
- Treatment method and cost depends on your provider (virtual or in-person)



### Teladoc - Virtual Behavioral Health Counseling

**AVAILABLE TO:** Employees on district medical insurance

**COST:** Depends on your medical plan:

TRS AC2, Primary & Primary+: **\$0**

TRS HD: 30% after deductible

1-855-835-2362

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

**Passcode:** TRSActiveCare

- Convenient, confidential, virtual mental health services for adults 13 and older
- Download the Teladoc app to register and use
- Licensed therapists, psychologists, psychiatrists, or certified drug and alcohol abuse counselors are available
- Prescriptions, if necessary, are sent to your home
- Conditions treated: depression, anxiety, OCD, AD/HD, substance-abuse-related issues, addictions, eating disorders, bipolar, and many other conditions treated.

# HSA & FSA



800-683-3863



[www.gcefcu.org/hsa/](http://www.gcefcu.org/hsa/)

## Health Savings Account (HSA)

A Health Savings Account (HSA) acts similar to the FSAs in that funds contributed are generally tax-free and can be used to reimburse qualified medical expenses incurred under a qualified "High Deductible Health Plan," such as the ActiveCare 1-HD Plan. Whereas under a health FSA you forfeit unused contributions, funds in an HSA are yours to keep—even if you leave the District. Additionally, you can contribute to your HSA for a given tax year until the deadline for filing your income tax returns for that year, i.e., you have until April 15, 2025, to contribute funds to your HSA for 2024.

### Maximum HSA Contribution

- The amount you can contribute to an HSA depends on the type of HDHP coverage you have (single vs. family), your age, the date you become an eligible individual, and the date you cease to be an eligible individual.
- If you remain an eligible individual for the entire 12 months of 2024 or 2025, the maximum contribution you can make to your HSA is as follows:

Calendar Year Maximum	2024	2025
Single	\$4,150	\$4,300
Family	\$8,300	\$8,550

### Qualifying for an HSA ("Eligible Individuals")

- You must be covered under a High Deductible Health Plan (HDHP), i.e. TRS-ActiveCare 1-HD plan.
- You cannot be covered under any other health coverage, including a Health Flexible Spending Account, or be enrolled in Medicare concurrently.
- You cannot be claimed as a dependent on someone else's tax return for the year in which you make a contribution.

## Flexible Spending Account (FSA)

If you're interested in reducing your income taxes, you should consider contributing to a Flexible Spending Account (FSA). FSAs offer a convenient way to reimburse yourself for certain healthcare and dependent care expenses with pre-tax dollars.

### There are two types of FSAs:

1. **Healthcare FSA** used to reimburse out-of-pocket medical expenses incurred by you and your dependents. Use your healthcare FSA for:
  - Major dental work or orthodontia
  - Deductibles and copays for medical, Rx, dental and vision
  - Qualified out-of-pocket healthcare expenses not reimbursed by a medical plan
2. **Dependent care FSA** used to reimburse expenses related to the care of your eligible dependents while you and your spouse work. Use your dependent care account for:
  - Care or services for children under 13 years, including before or after school care
  - Elder Care

### Eligible and Ineligible Expenses

The IRS determines what expenses are eligible and ineligible, and they may, from time to time, change these lists. You can view eligible and ineligible expenses, for both healthcare and dependent care accounts on the CCISD benefits website.

*If you are over 55 or older, by the end of the calendar year, you are allowed to contribute an extra \$1,000 to your FSA or HSA over the standard annual limit.*

### Benefits of a Health Savings Account

- Contributions are tax-deductible (subject to meeting requirements)
- Unused money rolls over to next year
- There is no limit to how much money you can have in your HSA at any time.
- Unused money stays in your account and continues to earn interest. You may also choose to invest the money for the long-term in a variety of mutual funds offered by the Plan Administrator.
- Interest/Investment earnings are tax free
- Distributions may be tax free as long as they are used to pay Qualified Medical Expenses (see IRS Publ. 969).
- You can continue to use the funds in your HSA for qualified medical expenses, even if you are no longer enrolled in a qualified plan.
- HSA funds are portable—you get to keep them even if you change employers



800-982-7715



[www.chard-snyder.com](http://www.chard-snyder.com)

If you are unsure about whether an expense is eligible or not, contact Chard Snyder at 800-982-7715.

Knowing how much to set aside for your FSA is the only important decision you have to make. You may want to consider:

- Last year's medical and/or dependent care expenses.
- Any medical, dental, or vision care costs you foresee that might not be covered under your healthcare plan.
- Any changes in your family status that might have an impact on your medical, dental/vision or dependent care expenses, e.g. having a baby.

### Health FSA Carryover

Unused balances up to \$500 can be carried over (added to) your 2024-2025 Plan Year Election. Amounts in excess of \$500 as of December 31 will be forfeited.

If you do not renew your flex account and your balance is less than \$100, your balance will not roll over.

### Annual Contribution Limits over 24 Pay Periods

#### September 1, 2024 through August 31, 2025

Healthcare FSA	\$3,200
Dependent Care FSA	\$5,000

# Dental Plans



CCISD offers two dental plans, both administered by CIGNA. Both plans provide very comprehensive dental coverage, but are very different in terms of how you access care and rules you must follow. Below is a description of some of the similarities and differences between the two dental plans.



800-244-6224



[www.myCigna.com](http://www.myCigna.com)

## Dental Plan Similarities

Both dental options cover four main types of dental expenses:

1. Preventive and diagnostic care: routine exams and cleanings, fluoride treatments, sealants and x-rays
2. Basic treatment: pulling teeth, fillings, and some oral surgeries
3. Major treatment: dentures, bridges and crowns, root canals, and some oral surgeries
4. Orthodontic braces: including installation, removal and follow-up care

## Dental Plan Differences

Plan Feature	TOTAL CIGNA DPPO	CIGNA ACCESS PLUS - DHMO
<b>Choice of Dentists</b>	Plan members can choose to use ANY dentist; when using "Total CIGNA DPPO" dentists plan members benefit from negotiated discounts.	You must choose a Primary Care Dentist (PCD) from the CIGNA Access Plus network (DHMO). You are only covered for treatment received from your PCD or from specialists to whom you were referred by your PCD.
<b>Coverage</b>	Eligible charges are payable as follows: Preventive: 100%    Basic*: 80% Major*: 50%        Orthodontia: 50% *subject to individual deductible of \$50	The DHMO has a list of covered charges called a "Schedule of Benefits". Each of the covered charges has a copay. Most preventive service copays are \$0. Copays vary for Basic, Major and Orthodontia. See DHMO Schedule for Details.
<b>Maximum Benefit</b>	Preventive/Basic/Major: \$1,500 per person per "Plan Year" maximum payout Orthodontia: \$1,500 per person per Lifetime maximum payout	There are no maximum annual or lifetime payouts for any benefits
<b>ID Cards</b>	CIGNA will send ID cards for both DPPO and DHMO plan members. For DHMO plan members, your PCD will appear on your ID card.	
<b>Filing a Claim</b>	If you use a Total CIGNA DPPO dentist, the dentist must file the claim with CIGNA. If you use a Non-Network Dentist, you may have to submit the claim to CIGNA yourself.	There are no claims to file as long as you are using your PCD or a specialist to whom your PCD referred you.
<b>Non-Network Charges</b>	Non-Network claims can be submitted for reimbursement and are subject to Usual and Customary allowance by CIGNA. If the allowable amount by CIGNA is less than the amount charged by your dentist you must pay the difference. <i>For example:</i> Assume you obtain a routine cleaning from a non-network provider who charges \$100. If CIGNA allows \$95 for the charge, CIGNA pays \$95 (100% of the allowable amount) and you pay the \$5 difference between the actual charge and the allowable amount.	Non-Network Charges are not covered except in certain emergencies.
<b>Late Enrollees</b>	If you or your eligible dependent do not elect coverage under the Total CIGNA DPPO when you are initially eligible and later enroll, you (your dependent) must wait 12 months before being eligible for Basic and Major charges, and 24 months before being eligible for orthodontia benefits.	There is no Late Enrollment penalty.

## Dental Plan Rates (Per Paycheck - Multiply by 2 for Monthly Amount)

Dental Plan	TOTAL CIGNA DPPO	CIGNA ACCESS PLUS - DHMO
<b>Employee</b>	\$10.00	\$0
<b>Employee + Spouse</b>	\$27.00	\$8.58
<b>Employee + Child(ren)</b>	\$33.00	\$9.26
<b>Employee/Spouse + Child(ren)</b>	\$47.00	\$19.42



# Vision Plan



CCISD offers EyeMed for our vision insurance designed to provide a basic level of coverage for eye exams, eyeglass lenses, and frames.

**Freedom Pass:** Frames purchased at Target Optical or Lenscrafters have \$0 copay and are not subject to the \$200 maximum retail allowance.

Please refer to the EyeMed Certificate of Coverage for plan details.

## To Find a Participating Network Provider

Go to [www.eyemed.com](http://www.eyemed.com) and select the "Insight" network.

*Please note:* Wal-Mart will not show up as an in-network provider on the web site, but has been added for Clear Creek ISD plan members.

## Mobile Tools

Vision benefits are easy to use, and access through the web, and on mobile devices.

Visit [www.eyemed.com](http://www.eyemed.com) to register and find nearby in-network doctors, schedule appointments, view member ID cards, and more!

Download the eyemed members mobile app and get the same features you'll find on eyemed.com but with upgrades like the ability to save prescriptions or schedule exams.

*Please note:* Individual insurance cards are provided, but are not necessary for office visits. Services must be obtained from a participating provider in order to receive in-network benefits.

Members can access additional discounts to help keep money in their pockets.

40% off hearing exams and a low price guarantee on leading brands of hearing aids.

Plus member pocket discounts like:

- 40% off additional complete pair of glasses
- 20% off non-prescription sunglasses
- Up to \$800 to use at LASIKplus Vision Centers
- And a long list of additional offers listed at eyemed.com
- Discounts on hearing exams and aids



866-800-5457



[www.eyemed.com](http://www.eyemed.com)

## Vision Plan Schedule of Benefits

Service	In-Network (Copay)	Non-Network (Max Reimbursement)	Frequency
Eye Exam	\$10	\$42	once every 12 months
Lenses/Frames	\$25		
Single	Covered in full	\$32	once every 12 months
Bifocal		\$50	
Trifocal		\$70	
Standard Progressive		\$50	
Lenticular		\$70	
Polycarbonate		\$5	
Frames	\$0; 20% off balance over \$200 allowance	\$140	once every 24 months
<b>Contact Lenses:</b> You can choose to use your annual lens benefit on contacts instead of eyewear.			
Elective*	Conventional: \$0; 15% off balance over \$200 allowance Disposable: \$0; 100% of balance over \$200 allowance	\$140	once every 12 months
Medically Necessary	\$0	\$210	
Fitting Exam	Standard: \$25 Premium: \$0; 10% off retail price, then apply \$40 allowance	\$40	once every 12 months

\*You cannot spread the \$200 contact lens allowance across more than one fill per year).

## Vision Plan Rates (Per Paycheck - Multiply by 2 for Monthly Amount)

Vision Cost	
Employee	\$4.57
Employee + Spouse	\$9.02
Employee + Child(ren)	\$8.86
Employee/Spouse + Child(ren)	\$13.43

# Life Insurance



## Basic Life Insurance and Accidental Death and Dismemberment (AD&D)\*

All benefit eligible employees automatically receive \$25,000 in Basic Term Life Insurance provided for you by the District through Lincoln Financial. An additional \$25,000 is payable in the event of an accidental death. The death benefit begins to reduce starting at age 65.

**Basic Dependent Life:** For an additional \$1.46/mo., you can cover your spouse (if legally married) for \$10,000, and eligible children to age 26 for \$5,000. The cost is the same whether you are a single parent with one child, or married with many eligible children. The \$1.46/mo. covers them all!

## Voluntary Life Insurance\*

In addition to the District provided life insurance, you are able to purchase additional life insurance for yourself, your spouse, and/or your child(ren).

**Employee:** You can elect to buy additional life insurance for yourself in \$10,000 increments up to a maximum of \$550,000, not to exceed seven times your annual earnings.

**Dependents:** You can buy life insurance coverage for your spouse (up to age 70) in \$5,000 increments to a maximum of \$250,000, not to exceed 100% of your Voluntary Life coverage amount. You are also able to buy \$10,000 of coverage for your dependent child(ren).

**Guarantee Issue:** New Hires: applying for coverage within 31 days of their date of eligibility can elect up to \$300,000 (not to exceed 5x your salary) in coverage on yourself, \$50,000 on your spouse and \$10,000 on all eligible dependents without providing Evidence of Insurability.

**Late Entrants/Subsequent Increases:** During the CCISD annual open enrollment, employees and spouses can add/increase their coverage, provided the resulting amount of insurance does not exceed the guarantee issue maximum or the maximum total eligible coverage as defined above. Amounts above the guarantee issue maximum are always subject to evidence of insurability, and total amounts are always subject to the maximums stated above.

## Voluntary Accidental Death and Dismemberment (AD&D)\*

**Employee:** You can elect to buy additional life insurance for yourself in \$10,000 increments up to a maximum of \$550,000, not to exceed seven times your annual earnings.

**Dependents:** You can also buy Voluntary AD&D insurance coverage for your family. Your spouse (under the age of 70) will have coverage of 50% of your Voluntary AD&D amount; coverage on dependent children to age 26 will be 10% of your benefit. Since the amount of dependent coverage is contingent upon your coverage as the employee, family Voluntary AD&D benefits increase/decrease automatically in accordance with any changes in your coverage. If you have no covered dependent children, the death benefit on your spouse will be 60% of your elected death benefit.

**Late Entrants:** Voluntary AD&D coverage for yourself and/or dependents can be purchased during Annual Enrollment. Evidence of Insurability is not required for Voluntary AD&D.

**Increases and Decreases:** Requests for increases and decreases can only be made during Annual Enrollment or within 31 days of a qualified status change.

*\*Benefit Reduction: When you reach age 65, life benefits reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 45% of the original amount. When you reach age 75, life benefits reduce to 30% of the original amount. When you reach age 80, life benefits reduce to 20% of the original amount.*



888-787-2129 (Claims)  
888-287-8494 (Underwriting)  
877-321-1015 (Portability/Conversion)



[www.MyLincolnPortal.com](http://www.MyLincolnPortal.com)

## Life Insurance Rates - Cost per Paycheck

### Employee: Supplemental Life

Rate per \$10,000:	
Age	Rates
<30	0.170
30-34	0.200
35-39	0.300
40-44	0.435
45-49	0.645
50-54	1.010
55-59	1.640
60-64	2.485
65-69	4.720
70-74	7.865
75-79	10.30

For example: If you choose to purchase \$20,000 of additional life insurance and you are a 35-year-old your cost will be \$.60 per paycheck for 24 pay periods.

### Spouse: Supplemental Life

Rate per \$10,000:	
Age	Rates
<30	0.185
30-34	0.220
35-39	0.325
40-44	0.475
45-49	0.700
50-54	1.100
55-59	1.780
60-64	2.700
65-69	5.130
70+	No coverage offered

### Basic Dependent Life

0.73 for \$10,000 spouse and \$5,000 child

### Dependent Child

0.50 for \$10,000

## AD&D Rates - Cost per Paycheck

Rate per \$10,000:	
Employee Only	0.13
Employee and Family	0.20

# Disability Insurance

## Chances are, work plays an important role in your life.

So what if a disabling injury or sickness kept you from the workplace? How long would your savings hold out? How would you maintain your independence? Certainly, there's a lot depending on your income. That's why CCISD has teamed up with Madison National Insurance Company to offer disability income protection insurance. Should a disability prevent you from working and earning a living, this insurance can help. It's valuable insurance designed to help protect against the big "what ifs" in life.

It can help replace a portion of your income when you are disabled as the result of a covered sickness or injury.

- Benefits paid year-round regardless of whether school is in session.
- Maternity is covered the same as illness.
- It is available to you at affordable group rates.
- Premiums are conveniently payroll-deducted.



800-356-9601



[www.MadisonLife.com](http://www.MadisonLife.com)

## Short-Term Disability (STD)

**A quick definition of the terms you will see in the rate chart.**

**Benefit Amount:** You may select a monthly benefit amount in \$200 increments. (Minimum benefit of \$200, maximum benefit of \$4,000 per month, not to exceed 66 2/3 percent of your monthly earnings. Madison National will calculate the amount.) Benefits are paid bi-weekly.

**Benefit Waiting Period:** The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Two plans are available. The first has a 0 day accident/3 day sickness waiting period. The second plan has a 14-day waiting period.

**Note:** The Short Term Disability plan does not cover medical conditions that began in the 12 month period prior to the coverage effective date.

### STD Sample Rates

Base Annual Salary	Maximum Monthly Benefit	Pay Period Cost	
		0 Day Acc 3 Day Illness	14 Day Acc 14 Day Illness
\$15,000	\$800	\$6.24	\$4.12
\$30,000	\$1,600	\$12.48	\$8.24
\$45,000	\$2,400	\$18.72	\$12.36
\$60,000	\$3,200	\$24.96	\$16.48
\$75,000	\$4,000	\$31.20	\$20.60



## Long Term Disability \*

\*Long-term Disability is paid in full by CCISD for all TRS Eligible Employees.

<b>Benefit Amount</b>	60%
<b>Maximum Period Payable</b>	To age 65
<b>Minimum Monthly Benefit</b>	\$100 or 10%
<b>Maximum Monthly Benefit</b>	\$7,500
<b>Elimination Period</b>	90 Days





# Voluntary Insurance



## Group Cancer Insurance

A cancer diagnosis can mean unforeseen expenses that may be difficult to pay, especially if you aren't working. Hospital stays, medical or surgical treatments, and transportation by air or ground ambulance can add up quickly and be very costly. Guardian cancer insurance helps offset some of the expenses your health insurance may not cover, so you can focus on getting well.

### Pre-existing Condition Limitations

Anyone who has been diagnosed with cancer prior to the effective date of coverage for the Guardian plan will not be covered for that cancer through Guardian. Furthermore, the Guardian cancer plan does not cover any condition for which a member consulted with a physician, received treatment, or took prescribed medications during the 3 month period prior to the coverage effective date unless you go 6 months treatment free, ending after the effective date, or until you are covered under the plan for 12 consecutive months.

**Guardian will provide a maximum reimbursement of \$125 per year per participant receiving a cancer screening test, e.g. mammography, PAP, PSA test, etc.**

	Low Option	Medium Option	High Option
Hospital Confinement	\$300/Day	\$300/Day	\$400/Day
Radiation/Chemotherapy	Up to \$5,000/12 months	Up to \$15,000/12 months	Up to \$30,000/12 months
Surgery/Related Benefits	Up to \$2,750	Up to \$4,125	Up to \$5,500
Wellness Benefit	\$125	\$125	\$125
Initial Diagnosis	\$5,000	\$7,500	\$10,000
Intensive Care	\$400/Day	\$400/Day	\$600/Day

Cancer Plan - Cost per Paycheck			
Low Option		Medium Option	High Option
Employee Only	\$ 8.14	Employee Only \$ 14.71	Employee Only \$ 27.19
Employee + Spouse	\$ 13.06	Employee + Spouse \$ 22.99	Employee + Spouse \$ 41.91
Employee + Child(ren)	\$ 11.40	Employee + Child(ren) \$ 20.87	Employee + Child(ren) \$ 38.84
Employee + Family	\$ 16.32	Employee + Family \$ 29.15	Employee + Family \$ 53.56



888-772-9682



[www.myaetnasupplemental.com](http://www.myaetnasupplemental.com)

## Critical Illness Insurance

Offered through Aetna, this type of insurance pays a lump sum benefit of \$10,000, \$20,000 or \$30,000 (you elect the amount) if you or your covered spouse are diagnosed with a heart attack, stroke, end stage renal failure, or if you have a major organ failure. If you have a recurrence of a diagnosis more than 90 days after the plan paid on the first occurrence of the diagnosis, you can qualify for a second lump sum payment. Spouses and dependent children up to age 26 can also be covered, but their maximum lump sum is 50% of the amount on the employee.

- **Wellness Benefit:** Individuals enrolled in the Critical Illness plan qualify for a reimbursement of up to \$100 per year for a wellness reimbursement.
- Enrolling in the Critical Illness Plan: There are **no pre-existing condition limitations**.
- The following table represents the **Non-Tobacco rates per paycheck**. Tobacco users' rates can be obtained by contacting Human Resources or downloading the AETNA Critical Illness flyer from the District's portal.

## Non-Tobacco Rates (Per Paycheck)

Age	\$10,000		\$20,000		\$30,000	
	EE & EE/CH	ES & FAM	EE & EE/CH	ES & FAM	EE & EE/CH	ES & FAM
<25	\$1.54	\$3.21	\$1.68	\$3.45	\$1.81	\$3.69
25-29	\$1.70	\$3.48	\$1.99	\$4.00	\$2.27	\$4.51
30-34	\$1.85	\$3.75	\$2.29	\$4.54	\$2.73	\$5.32
35-39	\$2.10	\$4.19	\$2.78	\$5.41	\$3.46	\$6.63
40-44	\$2.47	\$4.90	\$3.53	\$6.82	\$4.59	\$8.75
45-49	\$3.08	\$6.03	\$4.75	\$9.09	\$6.42	\$12.14
50-54	\$4.03	\$7.77	\$6.64	\$12.58	\$9.26	\$17.38
55-59	\$5.52	\$10.37	\$9.63	\$17.77	\$13.73	\$25.17
60-64	\$7.88	\$14.06	\$14.34	\$25.15	\$20.81	\$36.25
65-69	\$11.27	\$18.87	\$21.12	\$34.77	\$30.98	\$50.67
70+	\$15.28	\$24.38	\$29.14	\$45.79	\$43.01	\$67.20

Benefits are also payable for a variety of other conditions including: Coronavirus\*, Encephalitis, HIV, Lyme Disease, meningitis, Rabies, etc. *\*some diagnoses require a hospital stay of at least 5 consecutive days to become payable*

# Voluntary Insurance



888-772-9682



[www.myaetnasupplemental.com](http://www.myaetnasupplemental.com)

## Accident Insurance

With Aetna, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services. Many benefits are automatically increased by 25% for individuals injured while participating as a registered member of an organized sporting activity.

Benefit Type <i>(Not a complete list)</i>	Option 1: Low Plan Aetna Accident Insurance Pays YOU	Option 2: High Plan Aetna Accident Insurance Pays YOU
<b>Injuries</b>		
Fractures	\$375 - \$13,750	\$450-\$16,500
Dislocations	\$100 - \$4,000	\$150 - \$6,000
Second and Third Degree Burns	\$500 - \$9,000	\$1,000 - \$18,000
Concussions	\$100	\$150
Cuts/Lacerations	\$25 - \$600	\$25 - \$600
Eye Injuries: Surgical Repair/Removal of Object	\$200/\$100	\$300/\$150
<b>Medical Services &amp; Treatment</b>		
Ground/Air Ambulance	\$300/\$1,500	\$300/\$1,500
Initial treatment: ER/Urgent Care/Doctor	\$150/\$150/\$150	\$200/ \$200 \$200
Physician Follow-Up	\$75	\$100
Therapy Services (including physical therapy)	\$15 (10 visits)	\$25 (10 visits)
Medical Testing Benefit X-ray/Imaging	\$25/\$100	\$50/\$150
Medical Appliances	\$50 - \$1,000	\$100 - \$1,500
Inpatient Surgery	\$500 - \$1,000	\$1,000 - \$2,000
<b>Hospital Coverage (Accident)</b>		
Initial Admission Benefit (Non ICU/ICU)	\$1,000/\$2,000	\$1,500/\$3,000
Confinement (non-ICU confinement paid for up to 365 days/ ICU confinement paid for 30 days)	\$100 (non-ICU) Non-ICU / ICU \$200/\$400 (ICU) a day. <i>Begins on day 2 of stay</i>	\$200 (non-ICU) Non-ICU / ICU \$250/\$500 (ICU) a day. <i>Begins on day 2 of stay</i>
Inpatient Rehab (paid per accident)	\$50 a day, max 1 stay per accident and max 30 days	\$100 a day, max 1 stay per accident and max 30 days
<b>Surgical Care</b>		
Ruptured Disc/Torn Knee Cartilage	\$500	\$750
Tendon/Ligament/Rotator Cuff	Single: \$500; Multiple: \$1,000	Single: \$750; Multiple: \$1,500
<b>Surgery (with repair)</b>		
Cranial, Open Abdominal and Thoracic	\$1,000	\$2,000
Hernia	\$200	\$250
<b>Surgery (no repair) - Exploratory or Arthroscopic</b>	\$100	\$200
<b>Accidental Death</b>		
Employee receives 100% of amount shown, spouse and children receive 50% of amount shown	\$25,000 \$75,000 for common carrier	\$50,000 \$150,000 for common carrier
<b>Dismemberment, Loss &amp; Paralysis</b>		
Dismemberment, Loss & Paralysis	\$250 - \$5,000 per injury	\$500 - \$10,000 per injury
<b>Other Benefits</b>		
Lodging - Pays for lodging for companion up to 30 nights per calendar year	\$200 per night, up to 30 nights	\$200 per night, up to 30 nights

Note: This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable.

## Low Plan Premium

Type	Pay Period
Employee only	\$3.36
Employee + Spouse	\$4.99
Employee + Children	\$6.35
Employee + Spouse/Children	\$8.18

## High Plan Premium

Type	Pay Period
Employee only	\$6.32
Employee + Spouse	\$9.48
Employee + Children	\$12.06
Employee + Spouse/Children	\$15.25

# Hospital Indemnity Insurance

With Aetna, you have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.

*Note:* This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable.



888-772-9682



[www.myaetnasupplemental.com](http://www.myaetnasupplemental.com)

Benefit Type	Low Plan Aetna Hospital Indemnity Insurance Pays YOU	High Plan Aetna Hospital Indemnity Insurance Pays YOU
<b>Hospital Coverage</b>		
Admission		
- Non-ICU	\$500	\$1,000
- ICU (No max stays per plan year if separated by 30 days)	\$1,000	\$2,000
<b>Confinement (beginning day 1)</b>		
- Non-ICU	\$100 a day, up to 365 days	\$200 a day, up to 365 days
- ICU	\$200 a day up 365 days	\$400 a day up to 365 days
- Mental disorder/ substance abuse	\$100 a day, up to 365 days	\$100 a day, up to 365 days
- Rehabilitation unit stay	\$100 a day, up to 365 days	\$100 a day, up to 365 days
<b>Newborn Routine Care</b>	\$100	\$100
<b>Inpatient Rehab</b> Stay must occur immediately following hospital confinement and occur within 365 days of accident	\$100 a day, up to 15 days per accident and 30 days per calendar year	\$200 a day, up to 15 days per accident and 30 days per calendar year
<b>Pre-existing Condition Limit</b>	None	None
<b>Other Benefits</b>		
<b>Lodging (accident only)</b> Benefit provided for a companion accompanying a covered insured while hospitalized	\$100 a day up to 10 days per plan year; lodging facility must be located at least 50 miles from covered person's primary residence	\$100 a day up to 10 days per plan year; lodging facility must be located at least 50 miles from covered person's primary residence
<b>Observation Unit (max 1 day/year)</b>	\$100	\$200

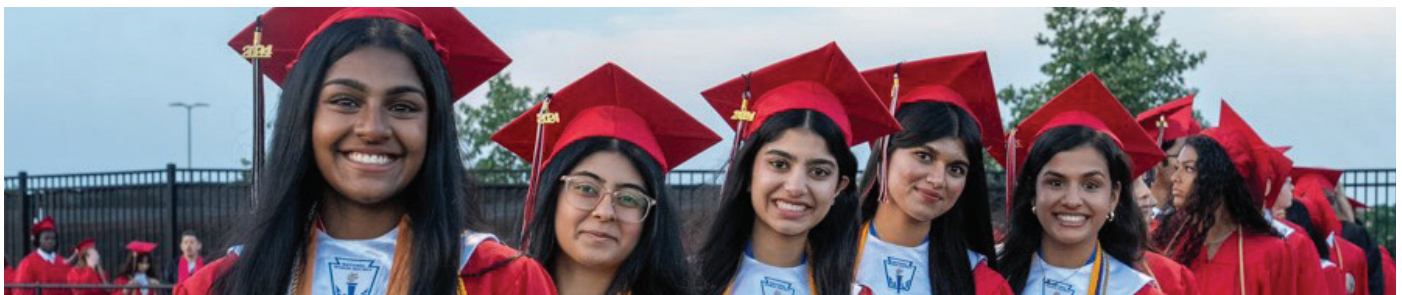
Does not cover hospital stays resulting from care from cosmetic care, custodial, or various other activities. Please refer to the Aetna policies for details.

## Low Plan Premium

Type	Pay Period
Employee only	\$7.93
Employee + Spouse	\$12.11
Employee + Children	\$15.86
Employee + Spouse/Children	\$20.29

## High Plan Premium

Type	Pay Period
Employee only	\$15.93
Employee + Spouse	\$24.10
Employee + Children	\$31.55
Employee + Spouse/Children	\$40.38





# Legal Plan

Chances are at some point you will need, or could benefit from the help of, a licensed attorney. At a minimum everyone should have a will to ease the administration of your estate if something should happen to you; you may also need the help of an attorney for traffic tickets, contract review, divorce, or numerous other legal matters.

Legal Plans are a way for you to take care of legal issues by paying a low, predictable monthly premium to cover many of your legal needs. The ARAG Legal Plan has a network of attorneys from whom you can obtain most basic legal services at no cost. You may also use a non-network attorney, but reimbursement for those expenses is limited.

Most consultations and visits for legal services with a network attorney are covered 100%, including preparation and review of standard legal documents such as wills, affidavits, promissory notes, etc.

## There are two levels to choose from:

- Ultimate Advisor \$8.00 per paycheck
- Ultimate Advisor Expanded \$10.87 per paycheck

**Whether or not you enroll, all CCISD employees will have access to ARAG's vast on-line Education Center at [www.araglegalcenter.com](http://www.araglegalcenter.com) (access code 18017ccs).**

**Pre-existing Conditions:** The plan will not cover "pre-existing conditions," so you will not receive a benefit for any legal issue that began prior to the effective date of enrollment.

Ultimate Advisory Summary of Benefits		
<b>Family Law</b> Adoptions, Conservatorship, Domestic Violence, Guardianship, Name Change, Uncontested Divorce, Contested Divorce (up to 10 hrs), Elder law, Parentage, etc.	<b>Wills and Estate Planning</b> Codicil, Complex/Living/Standard Will, Durable/ Financial/Health Care Power of Attorney, Estate Administration (up to 9 hrs)	<b>Traffic Matters</b> DL Suspension/Revocation/ Restoration, Minor Traffic Ticket
<b>Debt-Related Matters</b> Collection, Garnishment, Bankruptcy, Student Loan Debt Consolidation, etc.	<b>Defense of Civil Damage Claims</b> Defense against claims, pet-related, etc.	<b>Consumer Protection Matters</b> Contract Disputes, Consumer Fraud, insurance disputes, etc.
<b>Criminal Matters</b> Habeas Corpus, Juvenile Court Proceedings, Parental Responsibilities, etc.	<b>Real Estate Matters</b> Building Codes/Deeds/Mortgages/ Easements/Neighbor Disputes/Refinance/ Zoning, etc.	<b>Tax Matters</b> Audit Protection/Collection Defense
<b>Government Matters</b> Medicare/Medicaid/Social Security/VA Disputes	<b>Landlord/Tenant Matters</b> Contracts/Leases/Evictions/Security Deposits, etc.	<b>General Matters</b> Document Preparation/Review, Personal Property Disputes, HIPAA Authorization, etc.

Ultimate Advisor Expanded Summary of Benefits (Includes all of the above)		
<b>Child Support Enforcement</b> Up to 8 hours	<b>Post Decree Enforcement</b> Up to 8 hours	<b>Post Decree Enforcement Defense</b> Up to 8 hours
<b>Contested Divorce</b> Additional 5 hours	<b>Caregiving Services</b> Annual Check-up with attorney, Consult/ referral service for care facilities, Negotiated Discounts for Care facilities, etc	<b>ID Theft Services</b> Credit monitoring/notification, \$1 million ID theft insurance, Online personal info monitoring, Lost wallet services, Prevention resources, Restoration services, etc.
<b>Financial Wellness Hotline</b>	<b>Minor Traffic Tickets</b> No Limit	<b>Criminal Misdemeanor</b>

For more information about this legal program contact ARAG directly at **800-247-4184**.



800-247-4184



[www.araglegalcenter.com](http://www.araglegalcenter.com)

# Employee Assistance Plan



## Employee Assistance Program

This benefit is provided at no cost to you and your family members. Clear Creek ISD has contracted with ComPsych EAP to provide an Employee Assistance Program (EAP) for you, your spouse and eligible dependents. ComPsych EAP provides free, confidential counseling by experienced licensed counselors.

Employees and their immediate family members have access to 6 free face-to-face counseling sessions per problem, per family member, per plan year. An EAP is a great and confidential way for you to learn more about services available to you that you might not even be aware exist. You can easily access a comprehensive network of providers with expertise in the following:

### Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

### Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

### KOA Care 360 - Digital Well-Being Apps:

- Includes a wide variety of Cognitive Behavior Therapy modules, including guided breathing, meditation, or short relaxation exercises to help you reduce stress or anxiety.

### Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

# COMPSYCH®



855-506-3173



[guidanceresources.com](https://guidanceresources.com)

### Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

### Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slide shows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

### Interactive Digital Tools

Our digital self-care platform offers interactive behavioral health tools and resources. Log on for:

- Guided programs for anxiety, depression, mindfulness, sleep, stress and more
- Personalized, guided resources and motivational support
- Secure access through GuidanceResources® Online

**Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them with 24/7 support, resources and information.**

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant<sup>SM</sup>, who will answer your questions and, if needed, refer you to a counselor or other resources.

**Call: 855-506-3173**

**TTY: 800-697-0353**

Log on today to connect directly with a GuidanceConsultant<sup>SM</sup> about your issue or to consult articles, podcasts, videos and other helpful tools.

**Online: [guidanceresources.com](https://guidanceresources.com)**

**App: GuidanceNow<sup>SM</sup> / Koa Care 360**

**Web ID: CCISD**

# Retirement Planning



## Employee Savings and Investment Plans

A secure, comfortable retirement is every worker's dream. And now because we're living longer, healthier lives, we can expect to spend more time in retirement than our parents and grandparents did. To help reach your retirement goals, Clear Creek ISD offers you the following retirement plans:

### 403(b) Plan

- Pre-tax contributions made by employees
- Contribution limit of \$22,500 for 2023
- Catch-up contributions of \$7,500 may be available for age 50+
- See list of approved companies
- Transfers available from another employer's 403(b) plan
- Loans are available, subject to availability and certain conditions

For more information, please refer to TCG Services at [www.tcgservices.com](http://www.tcgservices.com) or call **800-943-9179**.

### 457(b) Plan

- Pre-tax contributions made by employees
- Contribution limit of \$22,500 for 2023
- Catch-up contributions of \$7,500 may be available for age 50+
- Rollovers from another qualified plan are available
- Loans are available. See Loan Agreement and Application Form

For more information, please refer to Region 10 RAMS at [region10rams.org](http://region10rams.org) or call **800-943-9179**.



**800-943-9179**

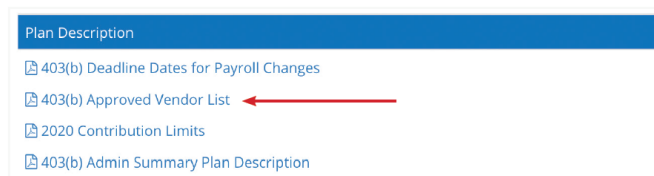


[www.tcgservices.com](http://www.tcgservices.com)

## How to Register

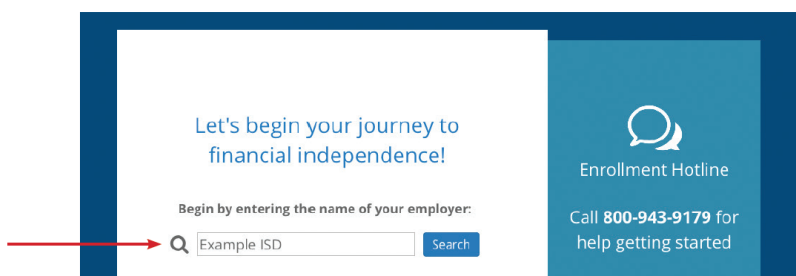
### Step One: Create an account with an approved vendor

1. Visit [www.region10rams.org/documents](http://www.region10rams.org/documents).
2. Search for your employer and open the 403(b) Approved Vendor list.
3. Do your research and contact a vendor on the list directly to establish your retirement account.



### Step Two: Create an account with TCG Administrators

1. Visit [www.region10rams.org/enroll](http://www.region10rams.org/enroll) and click Enroll.
2. Enter the name of your employer and select the 403(b) Admin Plan.
3. Follow each step until you get a completion notice.
4. You're done! Login your account any time you wish to make contribution adjustments.



**Get started at  
[www.region10rams.org](http://www.region10rams.org)**

Get started at [www.region10rams.org](http://www.region10rams.org)  
Enrollment assistance is available at [www.region10rams.org/telewealth](http://www.region10rams.org/telewealth)  
or by calling the Enrollment Hotline at 512-600-5204. **943-9179**.

Region 10 RAMS | 900 S. Capital of Texas Hwy, Suite 350, Austin, TX 78746  
Customer Service: 800.943.9179 | [www.region10rams.org](http://www.region10rams.org)

*Remember all investing involves risk. RAMS 403(b) Overview 01/2022*



# Unused Leave Policy

## Reimbursement of Unused Leave

Clear Creek ISD employees may accrue unused leave in accordance with the terms provided in the Clear Creek ISD Employee Handbook. Employees may be eligible for a payout of unused leave if certain criteria are met (see table below). For employees hired on or after May 1, 2001, eligible leave shall be paid in accordance with the table. Eligible employees hired prior to May 1, 2001, will receive their accrued leave as part of their final paycheck if they opted out of the 401(a) Sick Leave Payout Plan.

### Payout of Unused Leave

#### Professional Employees

Event	Resign from District with at least 5 years of service at Clear Creek ISD
Payout Formula	Sum of unused local sick leave days times certified substitute teacher rate
Event	Retire from District with at least 5 years of service
Payout Formula	Sum of unused local, plus unused state and personal days times certified substitute teacher rate

#### Paraprofessional Employees and Auxiliary Employees:

Event	Retire from District with at least 5 years of service at Clear Creek ISD
Payout Formula	Sum of unused local sick leave, plus unused state sick leave, plus unused personal leave times 50% of daily rate not to exceed the non-certified substitute teacher daily rate of pay

#### Method of Distribution for All Employees\*

Upon any of these events eligible employees shall receive a notice from PARS, the administrator of this plan, advising them they may obtain a distribution of their accrued sick leave as one of three options:

1. Lump sum cash distribution
2. Rollover to IRA or other qualified plan
3. Rollover to annuity product selected by PARS



# Important Information

For information about **Medicare** go to [www.medicare.gov](http://www.medicare.gov) or call **800-633-4227**.

For information about **Medicaid** go to [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com) or call **800-335-8937**

## Federal Programs

**Health Insurance Exchange** - Introduced by the Affordable Care Act (ACA), these are Individual health policies that can be purchased via an on-line marketplace called the Exchange at [www.healthcare.gov](http://www.healthcare.gov). Most coverages purchased on the Exchange in Texas have limited physician and hospital networks. According to IRS guidelines, the District's health plan is deemed "affordable" under the ACA; therefore you and your household would not qualify for premium tax credits if purchasing coverage on the Exchange. For more information about Exchange coverage call **800-318-2596** or go to [www.healthcare.gov](http://www.healthcare.gov).

## State of Texas Programs

The information about the Texas State programs below, was obtained from various sections of [hhs.texas.gov](http://hhs.texas.gov) on 6/26/24 and is subject to change. There may be additional programs available that are not shown here.

### Assistance for Employees

<b>Medicaid</b>	-Healthcare program for low-income people; if you care for a child already getting Medicaid you might be able to get Medicaid for yourself -Due to income requirements this coverage is likely not available for full-time employees of CCISD. -Maximum monthly income guidelines for families from 1-4 range from \$103/mo. to \$277/mo.							
<b>Medicaid for Pregnant Women and CHIP Perinatal:</b>	-Provides free health coverage to pregnant women during their pregnancy and up to 12 months postpartum -CHIP Perinatal provides limited coverage during pregnancy and two postpartum visits within 60 days of the end of the pregnancy for women who cannot get Medicaid and don't have health insurance							
	<i>See number of Family Members (including employee) in blue boxes below</i>							
	Max Monthly Earnings	Medicaid for Pregnant Women	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>ea. add'l</b>
			\$2,485	\$3,373	\$4,261	\$5,148	\$6,036	\$888
		CHIP Perinatal	\$2,536	\$3,441	\$4,347	\$5,252	\$6,158	\$906

### Assistance for Children

<b>Children's Medicaid</b>	-Program for children in low income families -Must be age 18 or younger -Cost: Free
<b>CHIP</b>	-CHIP is a health care program for children without health insurance whose families earn too much to get Medicaid but cannot afford health insurance. -Must be age 18 and younger (in some cases children with disabilities age 19 and 20 can get Medicaid). -Must also be a Texas resident and a U.S. citizen or qualified non-citizen.

*See number of Family Members (including employee) in blue boxes below*

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>ea. add'l</b>
<b>CHIP</b>	\$2,523	\$3,424	\$4,325	\$5,226	\$6,128	\$7,029	\$7,930	-	\$902
<b>Children's Medicaid</b>	\$1,670	\$2,266	\$2,862	\$3,458	\$4,055	\$4,651	\$5,247	\$5,844	\$597

**Health Insurance Premium Payment (HIPP) Program** - CCISD employees who are eligible for the District's health insurance and who have at least 1 family member who gets Medicaid may qualify for state assistance in paying for employer sponsored health coverage if it costs Medicaid less to cover you or your family through the District than it does to cover those who have Medicaid. By covering your family members through the District they may have access to a broader network of physicians than their Medicaid plan would provide. Additionally, by enrolling in HIPP you do not lose your Medicaid benefits. However, you cannot enroll in HIPP if you are also enrolled in CHIP or STAR. For more information see QR code on [page 32](#) or call **800-440-0493**.

**Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)** - If you are eligible for the District's health insurance and you or your children are eligible for Medicaid in another state, that state may have a similar premium assistance program to the Texas HIPP program (see above) under CHIP. To obtain contact information for other states' programs download the CHIP Notice from the CCISD employee portal, or go to <https://www.medicaid.gov/chip/index.html>.



# Required Notices

## Required Employee Notices

Availability of Summary of Benefits and Employer Notices regarding your plans:

The Clear Creek ISD medical plan offering provides three health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, Clear Creek ISD has made available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format to allow for easy comparison across options. The SBCs and all other plan notices are available online in the Employer Notices section of the CCISD benefits portal. Go to [www.mybenefitshub.com/clearcreekisd](http://www.mybenefitshub.com/clearcreekisd) to view these documents or visit your Benefits representative. The documents/notices available for viewing include the following:

- HIPAA Special Enrollment Rights
- COBRA General Notice
- The Women's Health and Cancer Rights Act of 1998
- Newborns' and Mothers' Health Protection Act of 1996
- Children's Health Insurance Program
- HIPAA Notice of Privacy Practices

A paper copy is available of any and all notices at any time, free of charge, by requesting it from the Business Services department.



# Glossary

<b>Allowed Amount</b>	Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)
<b>Balance Billing</b>	When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30.
<b>Coinsurance</b>	The percentage of the cost you pay for covered health care services after the deductible is met. For example, if the plan’s allowed amount for a service is \$150 and your coinsurance is 10%, you would pay \$15 and insurance would pay \$135.
<b>Copayment</b>	A fixed amount you pay for a covered health care service. Copayments are usually paid before you receive the service. The amount can vary by the type of covered health care service.
<b>Deductible</b>	The amount you owe for health care services each year before the plan begins to pay benefits. For example, if your deductible is \$250, your plan won’t pay anything until you’ve met the \$250 deductible for covered health care services. Not all services may count toward the deductible.
<b>Embedded Deductible</b>	Each family member has an individual deductible in addition to the overall family deductible. If an individual in the family reaches their individual deductible before the family deductible is met, insurance will begin to pay benefits for that individual. Other individuals covered under the plan must reach their deductible (or the family deductible must be met) before the plan begins to pay benefits for others in the family.
<b>Excluded Services</b>	Health care services that your health insurance or plan doesn’t pay for or cover.
<b>Explanation of Benefits (EOB)</b>	A statement provided by your insurer explaining the benefits provided (if any), such as the allowable reimbursement amounts, deductibles, coinsurance, any other reductions taken, the net amount paid by the plan, and the reason why the service or supply was not covered.
<b>Flexible Spending Account (FSA)</b>	An IRS 125 plan that allows employees to be reimbursed for medical, dependent care, and parking expenses from an account funded through employee salary deductions.
<b>Health Savings Account (HSA)</b>	A tax-free savings account, similar to an IRA, which allows you to make pre-tax contributions to an account owned by you to pay for current and future medical expenses.
<b>In-Network Provider</b>	A provider who has a contract with your insurer to provide services to you. Generally, members pay less when receiving care from in-network providers because the providers agree to charge a pre-negotiated fee.
<b>Network</b>	The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.
<b>Open Enrollment Period</b>	The time during which eligible employees may enroll or make changes to their benefits for the following year.
<b>Out-of-Network Provider</b>	A provider who doesn’t have a contract with your health insurer or plan to provide services to you. Members may pay more to see an out-of-network provider.
<b>Out-of-Pocket Maximum</b>	The maximum amount members pay during the plan year for covered services. When the annual out-of-pocket maximum is met, the plan pays the full cost of covered expenses for the remainder of the plan year. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn’t cover. Some health insurance or plans don’t count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.
<b>Premium</b>	The amount that must be paid for your health insurance or plan.
<b>Provider</b>	A doctor, hospital, lab, or other health care professional or facility licensed, certified or accredited to provide health care services.
<b>UCR (Usual, Customary and Reasonable)</b>	The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.



# Easy Access to Resources

## Medical: TRS Active Care



Member  
Login



App Store  
Mobile App



Google Play  
Mobile App



Express Scripts

## Dental: CIGNA



Member  
Login



App Store  
Mobile App



Google Play  
Mobile App

## FSA: Chard Snyder



Member  
Login



App Store  
Mobile App



Google Play  
Mobile App

## Vision: EyeMed



Member  
Login

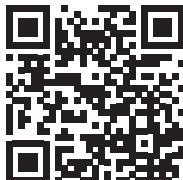


App Store  
Mobile App



Google Play  
Mobile App

## HSA: Gulf Coast Educators FCU



Member Login

## Short Term Disability: Madison National Life



Member Login

## Legal Plan: Arag



Member  
Login



App Store  
Mobile App



Google Play  
Mobile App

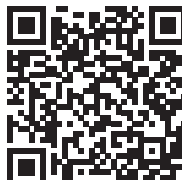
## Critical Illness/Hospital Indemnity/Accident: AETNA



Member  
Login



App Store  
Mobile App



Google Play  
Mobile App

## Cancer: Guardian



Member  
Login

## Medicaid CHIP Programs



## 403(b)/457 Retirement Plans: TCG



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App Store  
Mobile App



Google Play  
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## Teacher Retirement System



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## Employee Assistance Program (EAP)



Guidance  
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CBT Module  
(KOA Care 360)