


# 2022 - 2023 BENEFITS HIGHLIGHTS (Sept 1, 2022 effective date)

BENEFIT PLANS

BENEFIT RATES

BENEFIT DESCRIPTION

<p>11 <b>New York Life</b> Disability Coverage (Standard &amp; Premier Plans)</p>	<p><b>\$1,000 Example Benefit:</b></p> <table border="1"> <tr> <td>Elim Period</td> <td>Monthly Prem</td> </tr> <tr> <td>0/7 day</td> <td>\$32.90</td> </tr> <tr> <td>14 day</td> <td>\$29.70</td> </tr> <tr> <td>30 day</td> <td>\$26.70</td> </tr> </table>	Elim Period	Monthly Prem	0/7 day	\$32.90	14 day	\$29.70	30 day	\$26.70	<p><b>Protect your Paycheck with Disability Coverage - NO HEALTH QUESTIONS</b></p> <p>7 day, 14 day &amp; 30 day - Elimination Period Waived upon 24 hour Hospital Confine Pre-Existing Condition limit 4 weeks Benefit Maximum during first 12 months of Coverage. Standard plan pays up to 5 yrs illness, Premier plan up to SSA retirement age, Accident pays up to SSA retirement age either plan, coord. after 12 mo.</p>						
Elim Period	Monthly Prem															
0/7 day	\$32.90															
14 day	\$29.70															
30 day	\$26.70															
<p>12 <b>APL Cancer</b> Coverage (Option 1 Low/Option 2 High-w/UCU)</p>	<p><b>Monthly Premium:</b></p> <table border="1"> <tr> <td>Employee</td> <td>24.84/41.08</td> </tr> <tr> <td>Employee + Spouse</td> <td>52.88/87.84</td> </tr> <tr> <td>Employee+Children</td> <td>31.50/51.10</td> </tr> <tr> <td>Employee + Family</td> <td>59.52/97.92</td> </tr> </table>	Employee	24.84/41.08	Employee + Spouse	52.88/87.84	Employee+Children	31.50/51.10	Employee + Family	59.52/97.92	<p><b>Cancer Coverage helps you Protect against your Medical Expenses</b></p> <p>Plan Pays = \$15K/20K for Radiation Therapy, Chemotherapy or Immunotherapy Plan Pays = \$5K/10K for Internal Cancer Diagnosis (First Occurrence) Plan Pays = \$5K/10K for Heart Attack/Stroke (First Occurrence) Plan Pays \$600/day for ICU Confinement for any reason Pre-Existing Conditions NOT covered for the first 12 Months</p>						
Employee	24.84/41.08															
Employee + Spouse	52.88/87.84															
Employee+Children	31.50/51.10															
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<p>13 <b>CIGNA Accident</b> Coverage</p>	<p><b>Monthly Premium:</b></p> <table border="1"> <tr> <td>Employee</td> <td>\$10.32</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$15.36</td> </tr> <tr> <td>Employee + Children</td> <td>\$18.60</td> </tr> <tr> <td>Employee + Family</td> <td>\$25.36</td> </tr> </table>	Employee	\$10.32	Employee + Spouse	\$15.36	Employee + Children	\$18.60	Employee + Family	\$25.36	<p><b>Provides a CASH benefit when injured On or Off the job.</b></p> <table border="1"> <tr> <td>Emergency Care:</td> <td>\$400 - Limited one per accident</td> </tr> <tr> <td>Treatment Care:</td> <td>\$400 to \$1600</td> </tr> <tr> <td>Fractures, Specific Injuries, Treatments:</td> <td>\$150 to \$8,000</td> </tr> </table> <p>Benefits are paid based on itemized bills &amp; medical records from providers.</p>	Emergency Care:	\$400 - Limited one per accident	Treatment Care:	\$400 to \$1600	Fractures, Specific Injuries, Treatments:	\$150 to \$8,000
Employee	\$10.32															
Employee + Spouse	\$15.36															
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Emergency Care:	\$400 - Limited one per accident															
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<p>14 <b>MASA Medical</b> Transportation</p>	<p><b>Monthly Premium:</b></p> <table border="1"> <tr> <td>Emergent Plus</td> <td>\$14.00/family</td> </tr> <tr> <td>Platinum Plan</td> <td>\$39.00/family</td> </tr> </table>	Emergent Plus	\$14.00/family	Platinum Plan	\$39.00/family	<p><b>Pays a benefit when ground ambulance or helicopter is needed to provide medical transport, regardless of network.</b></p> <p>Not tied to medical insurance enrollment Covers 100% of patient's out of pocket costs after insurance (US &amp; Can) Platinum plan also covers fixed wing (airplane) emergency transport, world wide (covers unmarried children under age 26 sharing same residence or enrolled FT college students)</p>										
Emergent Plus	\$14.00/family															
Platinum Plan	\$39.00/family															
<p>15 <b>New York Life</b> Term Life Coverage</p>	<p><b>\$100,000 Life &amp; AD&amp;D</b></p> <table border="1"> <tr> <td>age 25-29</td> <td>\$5.00</td> </tr> <tr> <td>age 30-39</td> <td>\$6.00</td> </tr> <tr> <td>age 45-49</td> <td>\$12.00</td> </tr> <tr> <td>age 55-59</td> <td>\$34.00</td> </tr> </table>	age 25-29	\$5.00	age 30-39	\$6.00	age 45-49	\$12.00	age 55-59	\$34.00	<p><b>Purchase Voluntary Employee Life Insurance in addition to 20K Employer Provided Term Life. Spouse and Children to age 26 (child limit 10K) coverage available.</b></p> <p>Medical questions (coverage upon approval) for new adult coverage. Existing coverage can increase 2 steps up to 200k employee, 50k spouse with no medical questions.</p> <p>Term Life rates increase w/age, coverage reduces 50% age 70. No increase in coverage after age 70. (24 month suicide exclusion)</p>						
age 25-29	\$5.00															
age 30-39	\$6.00															
age 45-49	\$12.00															
age 55-59	\$34.00															
<p>16 <b>UNUM</b> Whole Life</p>	<p><b>Monthly Premium</b></p> <table border="1"> <tr> <td>Employee</td> <td>(age rated)</td> </tr> <tr> <td>Spouse</td> <td>(age rated)</td> </tr> <tr> <td>Children</td> <td>(age rated)</td> </tr> </table>	Employee	(age rated)	Spouse	(age rated)	Children	(age rated)	<p><b>Whole Life locks in your premium and you own the life policy.</b></p> <p>Guaranteed Death Benefit with Cash Value, paper application required</p> <table border="1"> <tr> <td>New Employee Guarantee Issue:</td> <td>\$125,000 (age15-50), \$70,000 (age 51-80)</td> </tr> <tr> <td>New Emp Spouse Guarantee Issue:</td> <td>\$25,000 (age15-50), \$10,000 (age 51-80)</td> </tr> <tr> <td>New Emp Child Guarantee issue:</td> <td>\$25,000</td> </tr> </table>	New Employee Guarantee Issue:	\$125,000 (age15-50), \$70,000 (age 51-80)	New Emp Spouse Guarantee Issue:	\$25,000 (age15-50), \$10,000 (age 51-80)	New Emp Child Guarantee issue:	\$25,000		
Employee	(age rated)															
Spouse	(age rated)															
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<p>17 <b>Allstate</b> IDTheft Protection</p>	<p><b>Monthly Premium:</b></p> <table border="1"> <tr> <td>Employee</td> <td>\$9.96</td> </tr> <tr> <td>Employee + Family</td> <td>\$17.96</td> </tr> </table>	Employee	\$9.96	Employee + Family	\$17.96	<p><b>Detection is the NEW PREVENTION</b></p> <p>Identity and Credit Monitoring</p> <p>Credit Scores and Reports</p> <p>\$1,000,000 Identity Theft Insurance Policy</p>										
Employee	\$9.96															
Employee + Family	\$17.96															
<p>18 <b>Flexible Spending</b> <b>Account</b> (www.higginbotham.net)</p>	<p><b>Maximum Yearly Contribution</b></p> <table border="1"> <tr> <td>Medical FSA</td> <td>\$2,850</td> <td>\$237.50/m</td> </tr> <tr> <td>Dep Care Flex</td> <td>5,000</td> <td>\$416.66/m</td> </tr> </table>	Medical FSA	\$2,850	\$237.50/m	Dep Care Flex	5,000	\$416.66/m	<p><b>The FSA helps you fund predictable healthcare expenses with pre-tax dollars</b></p> <p><b>Employees Must Re-Enroll each plan year. (Use it or Lose it by Nov. 14)</b></p> <p>Medical Money Front Loaded on to Debit Card, file claim for Dependent Care</p>								
Medical FSA	\$2,850	\$237.50/m														
Dep Care Flex	5,000	\$416.66/m														
<p>19 <b>Health Savings</b> <b>Account</b> (www.HSABank.com)</p>	<p><b>Maximum Yearly Contribution</b></p> <table border="1"> <tr> <td>Individual:</td> <td>\$3,600</td> <td>\$300/month</td> </tr> <tr> <td>Family:</td> <td>\$7,200</td> <td>\$600/month</td> </tr> <tr> <td>Age 55+:</td> <td colspan="2">\$1,000 catch up/year</td> </tr> </table>	Individual:	\$3,600	\$300/month	Family:	\$7,200	\$600/month	Age 55+:	\$1,000 catch up/year		<p><b>*Money not Front Loaded onto debit card. The HSA helps you fund healthcare expenses with pre-tax dollars. IRS rules (must be paired with High Ded. Health plan, Cannot be enrolled Medicare, Tricare or spouse/employee cannot have funds in an FSA/Flex). \$1.75 Monthly Fee (to balance of 3K)</b></p> <p>Gains on invested balance not taxable. Account balance rolls-over annually.</p>					
Individual:	\$3,600	\$300/month														
Family:	\$7,200	\$600/month														
Age 55+:	\$1,000 catch up/year															
	<p>FBS Call Center Enrollment &amp; questions 866-914-5202 Mon-Fri, 8am-6pm</p>	<p><b>CFBISD Benefit Dept. 972-968-6120/ benefithelp@cfbisd.edu</b></p> <p>Contact Benefit Dept within 31 days of Life Event for midyear change</p>														
<p><b>Login Support</b> <b>Benefit Website</b></p>	<p>CFBISD Help Desk Log In Assistance only 972-968-4357 or helpdesk@cfbisd.edu</p>	<p>Open Enrollment (July 18 to August 18, 2022)</p> <p>Website: <a href="http://www.mybenefitshub.com/cfbisd">www.mybenefitshub.com/cfbisd</a></p> <p>Employees Use CFBISD Email Username &amp; Password</p>														

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BENEFIT PLANS

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## 1 TRS ActiveCare Primary

(Texas PCP Network) Out-of-network not covered, PCP with Specialist referral required

Monthly Premium	
Employee	\$ 60.00
Employee + Sp	\$ 807.00
Employee + Ch	\$ 388.00
Employee+Fam	\$1034.00

Deductibles:	\$2,500 Individual /\$5,000 Family
Out of Pocket Max:	\$8,150 Individual/\$16,300 Family
Office Visit Copay:	\$30 Primary, \$70 Specialist, \$50 Urgent Care, \$0/12 Telem
Coinsurance:	30% after deductible
\$15 gen, after deduct:30% pref brand/50% non PB/Specialty 30%,PrudentRx \$0	

## 2 TRS Medical ActiveCare 1-HD

(National PPO Network, all non preventive charges applied to deductible)

Monthly Premium	
Employee	\$ 72.00
Employee + Sp	\$ 837.00
Employee + Ch	\$ 407.00
Employee+Fam	\$1069.00

In-Net Deductibles:	\$3,000 Individual/\$6,000 Family
Out of Pocket Max:	\$7,050 Individual/\$14,100 Family
Office Visit Copay:	30% after deductible, \$30 RediMD, \$42 Teladoc,
RX:	after deductible 20% gen/25% pref brand/50% non PB/Specialty 20%
H.S.A. Health Savings Account and Hospital Indemnity plan compatible	

## 3 TRS ActiveCare Primary +

(Texas PCP Network) Out-of-network not covered, PCP with Specialist referral required

Monthly Premium	
Employee	\$ 165.00
Employee + Sp	\$ 909.00
Employee + Ch	\$ 479.00
Employee+Fam	\$1234.00

Deductibles:	\$1,200 Individual/\$3,600 Family/\$200 brand rx per person
Out of Pocket Max:	\$6,900 Individual/\$13,800 Family
Office Visit Copay:	\$30 Primary, \$70 Specialist, \$50 Urgent Care, \$0/12 Telem
Coinsurance:	20% after deductible
\$15 gen/\$200 Brand Ded: 25%pref brand/50% non PB/Specialty 20%, PrudentRX \$0	

## 4 Scott & White HMO Medical

(HMO Network only)  
Out-of-network not covered

Monthly Premium	
Employee	\$ 193.35
Employee + Sp	\$1014.92
Employee + Ch	\$ 523.57
Employee+Fam	\$1220.98

In-Network Deductibles:	\$1950 Individual/\$4,750 Family/\$200 brand rx/person
Out of Pocket Max:	\$8,000 Individual/\$15,000 Family
Office Visit Copay:	\$15 Primary (waived for dependents < 19 & first adult illness) \$70 Specialist/\$45 Urgent Care/\$0 teledoc
RX:	\$12 generic, \$200 Brand Ded: 30% Preferred Brand/50% Non-Pref

## 5 TRS Medical ActiveCare 2

(National PPO Network)  
**Not accepting new enrollees**

Monthly Premium	
Employee	\$ 663.00
Employee + Sp	\$2052.00
Employee + Ch	\$1157.00
Employee+Fam	\$2491.00

In-Network Deductibles:	\$1000 Individual/\$3000 Family/\$200 brand rx
Out of Pocket Max:	\$7,900 Individual/\$15,800 Family
Office Visit Copay:	\$30 Primary, \$70 Specialist, \$50 Urgent, \$0/12 Telem
RX:	\$20 Generic/\$200 Brand Ded: 25% Preferred Brand/50% Non-Pref Brand, Specialty 20%, Prudent RX Specialty \$0

## 6 MDLive Telehealth

www.mdlive.com/fbsbh  
1-888-365-1663

Monthly Premium:	Employee / Family: \$12.00
Unlimited Virtual Medical and Behavioral Health consults	

TRS ActiveCare HD has RediMD \$30 copay/Teladoc \$42 copay, Primary Plans, HMO and AC2 have \$12 copay for Teladoc and \$0 for RediMD visits, SWHMO \$0 copay, but only for covered members.  
MDLive is additional telehealth coverage if you have family members who need telemedicine or if you are on ActiveCare plan and want to avoid a copay.

## 7 CIGNA Hospital Indemnity

(Low Option \$1500, High Option \$2750 for Inpatient Admissions)

Monthly Premium:	
Employee	\$19.92/30.22
Employee + Sp	\$34.60/52.70
Employee + Ch	\$31.42/47.66
Employee + Fam	\$46.08/70.14

H.S.A. Compatible: Hospital Indemnity Plan provides cash benefits for Hospital INPATIENT Admission Benefit: \$1,500 or \$2750, \$150/day limit 1 Benefit per 90 days. Additional Chronic Condition Admission benefit \$50.  
Newborn Care: \$500 admission + \$100 per day up to 30 days.  
Observation Care: \$500 per day up to 3 days / No pre-ex limitations apply.

## 8 MetLife Dental Standard/Enhanced PPO PLAN

Monthly Premium:	
Employee	\$37.22/42.84
Employee + Sp	\$82.22/94.64
Employee + Ch	\$74.50/85.74
Employee + Fam	\$123.78/142.44

PPO Plans Pay: \$1,500 Plan Year Max for Expenses (per member) PDP+ Network Standard Plan 80%/Enhanced Plan 100% for Preventive Cleanings and X-Rays  
Plan Pays: 60% (after deductible) for Restorative (Fillings & Repairs, Inlays, Crowns)  
Standard Plan: 50% for Ortho (Braces) Child under 19 ONLY (\$1,000 lifetime max)  
Enhanced Plan: 50% for Ortho Child & Adult (\$1,000 lifetime max)

## 9 CIGNA Dental DHMO PLAN

www.MyCigna.com

Monthly Premium:	
Employee	\$ 9.48
Employee + Spouse	\$20.10
Employee + Children	\$20.10
Employee + Family	\$27.48

The DHMO plan charges the Patient by the Procedure: (sample copays below) (assigned to nearest DHMO office, contact CIGNA to change prior to visit)  
Cleaning & X-Rays (2 per year) = \$0.00 Fillings = \$23.00 to \$140  
Inlay = \$435.00, Crown = \$520, Root Canal \$445, Implant = \$975  
Denture Up = \$405, Denture Low = \$305, Ortho Child \$2472/Adult \$3384

## 10 United HealthCare Vision Coverage

www.myuhcvision.com

Monthly Premium:	
Employee	\$7.90
Employee + Spouse	\$14.10
Employee + Children	\$14.60
Employee + Family	\$20.34

Exam Copay : \$10.00 (Ophthalmologist & Optometrist) per 12 mo  
Materials Copay : \$25.00 (\$150 Retail Frame Allowance) per 12 mo  
Std. Contact Lens Fitting: \$60.00 allow(\$150 Retail Allowance in lieu of glasses)  
Must stay in United Healthcare Network to receive highest benefits