

2023 - 2024 BENEFITS HIGHLIGHTS (Sept 1, 2023 effective date)

BENEFIT PLANS

BENEFIT RATES

BENEFIT DESCRIPTION


| | | |
|--|---|---|
| 1 TRS ActiveCare Primary (Texas PCP Network) Out-of-network not covered, PCP with Specialist referral required | Monthly Premium Employee \$ 100.00 Employee + Sp \$ 865.00 Employee + Ch \$ 415.00 Employee+Fam \$1180.00 | Deductibles: \$2,500 Individual /\$5,000 Family Out of Pocket Max: \$7,500 Individual/\$15,000 Family Office Visit Copay: \$30 PCP, \$70 Specialist, \$50 Urgent Care, \$0/12 Telem Coinsurance: 30% after deductible RX: \$15 gen, after deduct:30% pref brand/50% non PB/Specialty 30% |
| 2 TRS Medical ActiveCare 1-HD (National PPO Network, all non preventive charges applied to deductible) | Monthly Premium Employee \$ 112.00 Employee + Sp \$ 898.00 Employee + Ch \$ 436.00 Employee+Fam \$1221.00 | In-Net Deductibles: \$3,000 Individual/\$6,000 Family Out of Pocket Max: \$7,500 Individual/\$15,000 Family Office Visit Copay: 30% after deductible, \$30 RediMD, \$42 Teladoc RX: 20% after deductible for gen/25% pref brand/50% non PB/20% Specialty 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 \$ 179.00 Employee + Sp \$ 1026.00 Employee + Ch \$ 550.00 Employee+Fam \$ 1396.00 | Deductibles: \$1,200 Individual/\$2,400 Family Out of Pocket Max: \$6,900 Individual/\$13,800 Family Office Visit Copay: \$15 PCP&BH, \$70 Specialist, \$50 Urgent Care, \$0/12 Telem Coinsurance: 20% after deductible RX: \$15 gen/\$200 Brand Ded: 25%pref brand/50% non PB/20% Specialty |
| 4 Scott & White HMO Medical (HMO Network only) Out-of-network not covered | Monthly Premium Employee \$ 219.76 Employee + Sp \$1082.42 Employee + Ch \$ 566.49 Employee+Fam \$1298.78 | In-Network Deductibles: \$2,400 Individual/\$4,800 Family Out of Pocket Max: \$8,150 Individual/\$16,300 Family Office Visit Copay: \$20 Primary (waived for dependents < 19 \$70 Specialist/\$45 Urgent Care/\$0 telemedicine Coinsurance: 25% after deductible RX: \$14/\$35 generic, \$200 Brand Ded: 35% 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 Cigna Dental Low / High PPO PLAN | Monthly Premium: Employee \$36.84/42.42 Employee + Sp \$81.40/93.70 Employee + Ch \$73.76/84.90 Employee +Fam\$122.56/141.04 | Plans Pay \$1,500 low/\$2,000 high Plan Year Max (per member) PDP+ Network Low Plan 80% for 3 Preventive Cleanings and routine X-Rays per year High Plan 100% for 3 Preventive Cleanings & 2 routine X-Rays per year Plan Pays: 60% (after deductible) for Restorative (Fillings & Repairs, Inlays, Crowns) Ortho \$1,000 lifetime max Low Plan Child under 19 only, High Plan Adult&Child |
| 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 |

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| 11 | New York Life Disability Coverage (Standard & Premier Plans) | \$1,000 Example Benefit: <table><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 | Protect your Paycheck with Disability Coverage - NO HEALTH QUESTIONS 7 day, 14 day & 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 retire- ment age, Accident pays up to SSA retirement age either plan, coord. after 12 mo. |
| Elim Period | Monthly Prem | | | | | | | | | | |
| 0/7 day | \$32.90 | | | | | | | | | | |
| 14 day | \$29.70 | | | | | | | | | | |
| 30 day | \$26.70 | | | | | | | | | | |
| 12 | APL Cancer Coverage Low/High Plan with ICU | Monthly Premium: Employee 24.84/41.08 Employee + Spouse 52.88/87.84 Employee+Children31.50/51.10 Employee + Family 59.52/97.92 | Cancer Coverage helps you Protect against your Medical Expenses 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 | | | | | | | | |
| 13 | CIGNA Accident Coverage | Monthly Premium: Employee \$10.32 Employee + Spouse \$15.36 Employee + Children \$18.60 Employee + Family \$25.36 | Provides a CASH benefit when injured On or Off the job. Emergency Care: \$400 - Limited one per accident Treatment Care: \$400 to \$1600 Fractures, Specific Injuries, Treatments: \$150 to \$8,000 Benefits are paid based on itemized bills & medical records from providers. | | | | | | | | |
| 14 | MASA Medical Transportation | Monthly Premium: Emergent Plus \$14.00/family Platinum Plan \$39.00/family | Pays a benefit when ground ambulance or helicopter is needed to provide medical transport, regardless of network. Not tied to medical insurance enrollment Covers 100% of patient's out of pocket costs after insurance (US & 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) | | | | | | | | |
| 15 | New York Life Term Life Coverage | \$100,000 Life & AD&D age 25-29 \$5.00 age 30-39 \$6.00 age 45-49 \$12.00 age 55-59 \$34.00 | Purchase Voluntary Employee Life Insurance in addition to 20K Employer Provided Term Life. Spouse and Children to age 26 (child limit 10K) coverage available. Medical questions (coverage upon approval) for new adult coverage after 31 days of hire. Existing coverage can increase 2 steps up to 200k employee, 50k spouse with no medical questions. Term Life rates increase w/age, coverage reduces 50% age 70. No increase in cov- erage after age 70. (24 month suicide exclusion) | | | | | | | | |
| 16 | 5 Star Permanent Life | Monthly Premium Employee (age rated) Spouse (age rated) Children (age rated) | Whole Life locks in your premium and you own the life policy. Guaranteed Death Benefit with Cash Value; coverage to age 121. New Employee Guarantee Issue: \$100,000 (age18-70) New Emp Spouse Guarantee Issue: \$30,000 (age18-70) New Emp Child Guarantee issue: \$10,000 (14days-age 23) | | | | | | | | |
| 17 | Allstate IDTheft Protection | Monthly Premium: Employee \$9.96 Employee + Family \$17.96 | Detection is the NEW PREVENTION Identity and Credit Monitoring Credit Scores and Reports \$1,000,000 Identity Theft Insurance Policy | | | | | | | | |
| 18 | Flexible Spending Account (www.nbsbenefits.com) | Maximum Yearly Contribution Medical FSA \$3,050 \$254.16/m Dep Care Flex 5,000 \$416.66/m | The FSA helps you fund predictable healthcare expenses with pre-tax dollars, spouse cannot contribute to a H.S.A. Health Spending Account Employees Must Re-Enroll each plan year. (Use it or Lose it by Nov. 14) Medical Money Front Loaded on to Debit Card, file claim for Dependent Care | | | | | | | | |
| 19 | Health Savings Account (www.HSABank.com) | Maximum Yearly Contribution Individual: \$3,850 \$320.83mo Family: \$7,750 \$645.83/mo Age 55+: \$1,000 catch up/year | 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). Gains on invested balance not taxable. Account balance rolls-over annually. | | | | | | | | |
|  | | FBS Call Center Enrollment & questions 833-453-1680 Mon-Thur 8am-5pm(Fri 3 pm) | CFBISD Benefit Dept. 972-968-6120/ benefithelp@cfbisd.edu Contact Benefit Dept within 31 days of Life Event for midyear change | | | | | | | | |
| Login Support Benefit Website | | CFBISD Help Desk Log In Assistance only 972-968-4357 or helpdesk@cfbisd.edu | Open Enrollment (July 10 to August 17, 2023) Website: www.mybenefitshub.com/cfbisd Employees Use CFBISD Email Username & Password | | | | | | | | |

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