

2023-24 Benefit Highlights (Effective Sept 1, 2023)

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Benefit Website: www.mybenefitshub.com/wylieisd

BENEFIT PLAN	COVERAGE DETAILS	RATE STRUCTURE	MONTHLY RATES
DISTRICT PAID BASIC LIFE	Wylie ISD provides all actively at work employees with an employer paid \$15,000 basic life and accidental death and dismemberment life insurance policy.	No Cost	\$0.00
TRS MEDICAL ACTIVECARE PRIMARY (Statewide Plan)	Deductibles: Individual \$2,500 / \$5,000 Family Out of Pocket Max: Individual \$7,500 / \$15,000 Family Office Visit Copay: Primary Care \$30 / Specialist \$70 RX: Generic \$15 30-day supply Network: Statewide <i>*Requires a primary care physician selection and referrals to specialists</i>	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$175.00 \$940.00 \$490.00 \$1,255.00
TRS MEDICAL ACTIVECARE HD (Nationwide PPO)	Deductibles: Individual \$3,000 / \$6,000 Family Out of Pocket Max: Individual \$7,500 / \$15,000 Family Office Visit Copay: You pay 30% after deductible RX: Generic is 20% after deductible Network: Nationwide	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$187.00 \$973.00 \$511.00 \$1,296.00
TRS MEDICAL ACTIVECARE PRIMARY+ (Statewide Plan)	Deductibles: Individual \$1,200 / \$2,400 Family Out of Pocket Max: Individual \$6,900 / \$13,800 Family Office Visit Copay: Primary Care \$15 / Specialist \$70 RX: Generic \$15 30-day supply Network: Statewide <i>*Requires a primary care physician selection and referrals to specialists</i>	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$254.00 \$1,101.00 \$625.00 \$1,471.00
TRS MEDICAL ACTIVECARE 2 (Nationwide PPO) *NO NEW ENROLLEES	Deductibles: Individual \$1,000 / \$3,000 Family Out of Pocket Max: Individual \$7,900 / \$15,800 Family Office Visit Copay: Primary Care \$30 / Specialist \$70 RX: Generic \$20 30-day supply / \$45 90-day supply Network: Nationwide	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$738.00 \$2,127.00 \$1,232.00 \$2,566.00
SCOTT & WHITE HMO (Expanded Regional Plan)	Deductibles: Individual \$2,400 / \$4,800 Family Out of Pocket Max: Individual \$8,150 / \$16,300 Family Office Visit Copay: Primary Care \$20 / Specialist \$70 RX: Generic \$14 30-day supply / \$35 90-day supply Network: Scott & White Regional	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$294.76 \$1,157.42 \$641.49 \$1,373.78

SIS – MEDICAL GAP (Price Based on Age)	Helps you offset your Out-of-Pocket Medical Expenses (Deductible, Copays & Coinsurance). In-Patient Hospital Benefits: \$1500 per confinement/per person/per year Out-Patient Hospital Benefits: \$1500 per occurrence (4 per family/per year) Rate Bands: Under age 40, age 40-49, age 50+ <ul style="list-style-type: none"> No preexisting condition limitations 	TIERS: EE Only EE Spouse EE Child EE Family	Age 40-49 RATES: \$40.72 \$74.83 \$80.02 \$113.21
CIGNA DENTAL HIGH PPO	Plan Pays: \$1,450 Year Maximum for Expenses (per member) Plan Pays: 100% for- Diagnostic & Preventative (Exams, Cleanings and X-Rays) Plan Pays: 80% (after deductible) for - Basic Restorative (Fillings, Oral Surgery, Repairs) Plan Pays: 50% (after deductible) for - Major Restorative (Crowns, Inlays, Dentures) Plan Pays: 50% for Class IV - Ortho (Braces) Employee & All Dependents (\$1,000 lifetime max)	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$57.17 \$123.71 \$113.74 \$199.52
CIGNA DENTAL MEDIUM PPO	Plan Pays: \$1,250 Year Maximum for Expenses (per member) Plan Pays: 100% for- Diagnostic & Preventative (Exams, Cleanings and X-Rays) Plan Pays: 70% (after deductible) for - Basic Restorative (Fillings, Oral Surgery, Repairs) Plan Pays: 40% (after deductible) for - Major Restorative (Crowns, Inlays, Dentures) No Orthodontia	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$40.75 \$87.41 \$78.48 \$137.92
CIGNA DENTAL LOW PPO	Plan Pays: \$950 Year Maximum for Expenses (per member) Plan Pays: 100% for- Diagnostic & Preventative (Exams, Cleanings and X-Rays) Plan Pays: 50% (after deductible) for - Basic Restorative (Fillings, Oral Surgery, Repairs) Plan Pays: 25% (after deductible) for - Major Restorative (Crowns, Inlays, Dentures) Plan Pays: 50% for Class IV - Ortho (Braces) Children to age 19 (\$1,000 lifetime max)	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$27.46 \$54.94 \$49.34 \$92.97
AVESIS VISION HIGH PLAN	Exam Copay: \$10 (Ophthalmologist & Optometrist) Materials Copay: \$15 (\$175 retail frames allowance) Contact Lens: \$150 allowance in lieu of frame and spectacle lenses <ul style="list-style-type: none"> At participating Walmart/Sam's locations, retail frame allowance is \$82. At participating Costco locations, retail frame allowance is \$94.99. Several spectacle lenses upgrades included in this plan 	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$10.76 \$19.73 \$21.76 \$30.05
AVESIS VISION LOW PLAN	Exam Copay: \$10 (Ophthalmologist & Optometrist) Materials Copay: \$15 (\$175 retail frames allowance) Contact Lens: \$150 allowance in lieu of frame and spectacle lenses <ul style="list-style-type: none"> At participating Walmart/Sam's locations, retail frame allowance is \$82. At participating Costco locations, retail frame allowance is \$94.99. 	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$6.44 \$11.27 \$12.45 \$17.64
APL CANCER PLAN 1	Cancer Coverage helps you Protect against your Medical Expenses Plan Pays = \$10,000 for Radiation Therapy, Chemotherapy or Immunotherapy Plan Pays = \$5,000 for Internal Cancer Diagnosis (First Occurrence) <ul style="list-style-type: none"> Pre-Existing Conditions NOT covered for the first 12 Months Does not have heart attack/stroke payout 	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$10.48 \$22.40 \$12.04 \$23.94

APL CANCER PLAN 2	Cancer Coverage helps you Protect against your Medical Expenses Plan Pays = \$15,000 for Radiation Therapy, Chemotherapy or Immunotherapy Plan Pays = \$10,000 for Internal Cancer Diagnosis (First Occurrence) Plan Pays = \$10,000 for Heart Attack/Stroke (First Occurrence) <ul style="list-style-type: none"> Pre-Existing Conditions NOT covered for the first 12 Months 	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$21.14 \$46.30 \$24.24 \$49.42
CIGNA ACCIDENT	Provides a benefit when injured away from work.	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$8.84 \$15.98 \$18.92 \$25.08
MDLIVE TELEMEDICINE	24/7/365 on-demand access to a national network of board-certified doctors and pediatricians that can diagnose, recommend treatment, and prescribe medication. (Flu, Pink Eye, Allergies, Asthma, Bronchitis, Sinuses, Joint Aches and Pain, Rashes "Poison Ivy", Ear Infection, Constipation, ETC.) (NO COPAY) . Offers unlimited mental health visits effective 9/1/22.	ONE RATE	\$12.00
SYMETRA TERM LIFE (Price based on age)	Purchase Life Insurance for your loved ones you leave behind. Provide a benefit to help pay for College Education and your Mortgage. Pays a death benefit for Accidents and Illnesses. (Suicide has 24-month wait) Purchase Life Coverage on your Spouse and Children to age 26. *Term Life rates increase with your age	AGE BASED	Price set per \$10k
SYMETRA AD&D	Buy up to 7x your salary in \$10,000 increments; not to exceed \$500,000 Buy up to 100% of employee amount on your Spouse Buy a \$10,000 policy on Children eligible to age 26	TIERS: EE Only EE Spouse EE Child	Per \$10k \$0.20 \$0.20 \$0.20
HARTFORD LONG TERM DISABILITY 35% Plan Option	Protect your Paycheck with Disability Coverage - NO HEALTH QUESTIONS 7-day, 14 day & 30 day - Elimination Period Waived upon In-Patient Hospital Conf. *Pre-Existing Conditions NOT Covered for the first 12 Months. Receive up to 35% of your monthly income.	Elim Period: 7 Day 14 Day 30 Day 60 Day 90 Day	35% Option per \$100 Benefit \$1.33 \$1.20 \$1.07 \$0.82 \$0.61
HARTFORD LONG TERM DISABILITY 45% Plan Option	Protect your Paycheck with Disability Coverage - NO HEALTH QUESTIONS 7-day, 14 day & 30 day - Elimination Period Waived upon In-Patient Hospital Conf. *Pre-Existing Conditions NOT Covered for the first 12 Months. Receive up to 45% of your monthly income.	Elim Period: 7 Day 14 Day 30 Day 60 Day 90 Day	45% Option per \$100 Benefit \$1.71 \$1.54 \$1.38 \$1.05 \$0.78
HARTFORD LONG TERM DISABILITY 55% Plan Option	Protect your Paycheck with Disability Coverage - NO HEALTH QUESTIONS 7-day, 14 day & 30 day - Elimination Period Waived upon In-Patient Hospital Conf. *Pre-Existing Conditions NOT Covered for the first 12 Months.	Elim Period: 7 Day	55% Option per \$100 Benefit \$2.21

	Receive up to 55% of your monthly income.	14 Day 30 Day 60 Day 90 Day	\$1.99 \$1.79 \$1.35 \$1.01
HARTFORD LONG TERM DISABILITY 65% Plan Option	Protect your Paycheck with Disability Coverage - NO HEALTH QUESTIONS 7-day, 14 day & 30 day - Elimination Period Waived upon In-Patient Hospital Conf. *Pre-Existing Conditions NOT Covered for the first 12 Months. Receive up to 65% of your monthly income.	Elim Period: 7 Day 14 Day 30 Day 60 Day 90 Day	65% Option per \$100 Benefit \$2.72 \$2.45 \$2.20 \$1.67 \$1.25
SYMETRA HOSPITAL INDEMNITY PLAN BASE PLAN \$1000 INITIAL DAY	Hospital indemnity insurance pays a fixed dollar amount per day for services and supplies you receive during a hospital stay, up to a maximum number of days each year. Stays in a mental health, substance abuse or nursing facility are also covered. There are no preexisting condition limitations, no health questions to answer and no medical tests to take. You're paid the full per-day benefit no matter what other insurance you have.	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$14.17 \$30.19 \$23.23 \$42.04
SYMETRA HOSPITAL INDEMNITY PLAN CLASSIC PLAN \$2500 INITIAL DAY	Hospital indemnity insurance pays a fixed dollar amount per day for services and supplies you receive during a hospital stay, up to a maximum number of days each year. Stays in a mental health, substance abuse or nursing facility are also covered. There are no preexisting condition limitations, no health questions to answer and no medical tests to take. You're paid the full per-day benefit no matter what other insurance you have.	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$28.92 \$61.64 \$47.41 \$85.82
SYMETRA HOSPITAL INDEMNITY PLAN PREMIER PLAN \$5000 INITIAL DAY	Hospital indemnity insurance pays a fixed dollar amount per day for services and supplies you receive during a hospital stay, up to a maximum number of days each year. Stays in a mental health, substance abuse or nursing facility are also covered. There are no preexisting condition limitations, no health questions to answer and no medical tests to take. You're paid the full per-day benefit no matter what other insurance you have.	TIERS: EE Only EE Spouse EE Child EE Family	RATES: \$53.51 \$114.04 \$87.72 \$158.78
AURA IDENTITY GUARD	A comprehensive identity theft monitoring and risk management tool to help protect you from identity theft.	TIERS: EE Only EE Family	RATES: \$9.94 \$18.50
FLEXIBLE SPENDING ACCOUNT – Maximum Yearly Contribution: Med Flex Spending \$3,050 / Dep Care Flex Spending \$5,000			
HEALTH SAVINGS ACCOUNT – Maximum Yearly Contribution: Individual \$3,850 / Family \$7,750			