



Midland Independent School District

Medical & Dental Benefit Guide

September 1, 2021





We are pleased to offer MISD employees and their families high quality insurance programs. The importance of financial protection from the high cost of medical care is more evident than ever before. We hope you value the health insurance programs we provide to you and your family members.

The MISD health insurance plan is a self-insured plan. While we partner with BlueCross for administrative services, the majority of our medical and pharmacy claims are funded by the district, YOU and your colleagues. When our employees are healthy, our fund is healthy. When our employees are unhealthy, our fund can be depleted.

Due to the utilization of the plans and the continued increase in medical and pharmacy expenses it was necessary to make some changes this year. MISD is excited to provide you with more choices by adding two additional medical plans to our benefit offering. Employees will now have four medical plans to choose from, allowing you to pick the benefit that best fits you and your family's needs, while continuing to keep your payroll deductions affordable. If you actively participate in wellness you will still have a plan option that is at no cost to you for employee only coverage.

Please continue to be good stewards of our health insurance fund by seeking out the lowest cost care, and limiting unnecessary expenses. We need everyone to do their part to keep our plan affordable!

MISD employees will continue to earn a discount on medical plan premiums by actively participating in the MISD Wellness Program. We all play an important part in keeping our health insurance costs affordable!

Download the MyMISD App Today!

Be the first to know about open enrollment, benefit enhancements, District announcements, and more!

Use the camera function on your iPhone to easily find our app in the Apple App Store.





Eligibility and Enrollment

New hires and eligible dependents are eligible on the first day of the month following date of hire. Open enrollment is your annual opportunity to make changes without a qualifying event. Once you make elections, coverage begins **September 1, 2021** and no changes are permitted until the next open enrollment period without a qualifying life event such as:

- **Changes in Household:** marriage, divorce, death, birth and adoption
- **Loss of Health Coverage attributable to:** spouse's employment, ineligibility, or other loss of coverage

You must notify the Benefits Department within **30 days** of a qualifying event.

***The benefit elections you make during open enrollment
will be effective September 1, 2021.***



Midland ISD Wellness



To earn the discounted wellness health insurance premiums, you must actively participate in the Midland ISD Wellness program. Look for details on the MyMISD App or at www.midlandisdwellness.com

It is very important to note, your wellness plan is designed to help you achieve your best health. Rewards for participating in a wellness program are available to all employees on the health plan. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact iaWellness at 806-765-7265 and we will work with you (and if you wish, your doctor) to find a wellness program with the same reward that is right for you in light of your health status.



	BASIC	PREMIER
Calendar Year Deductible - (1/1 to 12/31)		
Individual Family	\$3,000 \$6,000	\$1,500 \$3,000
Out of Pocket Limit (Includes Deductible)		
Individual Family	\$6,000 \$9,000	\$5,500 \$9,000
Copay		
Primary Care Specialist	\$40 \$50	\$35 \$45
Urgent Care	\$40	\$35
Prescription Drugs		
Rx Deductible <i>(does not apply to generic)</i>	\$400	\$200
Generic	\$20	\$5
Preferred Brand	\$40	\$40
Non-Preferred Brand	\$65	\$65
Specialty Must fill with Accredo	20%	20%
Medical Services		
Preventive Care	100% no deductible	100% no deductible
Lab and X-ray	100% no deductible	100% no deductible
Diagnostic Imaging <i>(MRI, Pet Scans, CT Scans, etc.)</i>	80% after deductible	70% after deductible
In-Patient Hospital Services	80% after \$250 per admission deductible & calendar year deductible	70% after \$250 per admission deductible & calendar year deductible
Emergency Services	\$200 copay, 80% after deductible	\$200 copay, 70% after deductible

WELLNESS PARTICIPANTS - Employee Contributions

Pay Frequency*	12	16	24	12	16	24
Employee Only	\$50.00	\$37.50	\$25.00	\$127.00	\$95.25	\$63.50
Employee + Children	\$327.50	\$245.63	\$163.75	\$443.00	\$332.25	\$221.50
Employee + Spouse	\$455.80	\$341.85	\$227.90	\$587.80	\$440.85	\$293.90
Family	\$727.70	\$545.78	\$363.85	\$874.00	\$655.50	\$437.00

NON-WELLNESS PARTICIPANTS - Employee Contributions

Pay Frequency*	12	16	24	12	16	24
Employee Only	\$125.00	\$93.75	\$62.50	\$202.00	\$151.50	\$101.00
Employee + Children	\$402.50	\$301.88	\$201.25	\$518.00	\$388.50	\$259.00
Employee + Spouse	\$530.80	\$398.10	\$265.40	\$662.80	\$497.10	\$331.40
Family	\$802.70	\$602.03	\$401.35	\$949.00	\$711.75	\$474.50

* Pay Frequency: Column 12 - Monthly Pay
 Column 16 - Biweekly Pay (Bus Drivers, Child Nutrition Employees)
 Column 24 - Semi-monthly Pay (Custodians, Maintenance, Police, Mechanics)

**BASIC PLUS****PREMIER PLUS****Calendar Year Deductible**

Individual | Family

\$4,000 | \$8,000

\$2,500 | \$5,000

Out of Pocket Limit (Includes Deductible)

Individual | Family

\$8,000 | \$12,000

\$7,500 | \$11,500

Copay

Primary Care | Specialist

\$40 | \$50

\$35 | \$45

Urgent Care

\$40

\$35

Prescription Drugs

Rx Deductible

(does not apply to generic)

\$600

\$300

Generic

\$20

\$5

Preferred Brand

\$40

\$40

Non-Preferred Brand

\$65

\$65

Specialty

Must fill with Accredo

20%

20%

Medical Services

Preventive Care

100% no deductible

100% no deductible

Lab and X-ray

100% no deductible

100% no deductible

Diagnostic Imaging

(MRI, Pet Scans, CT Scans, etc.)

70% after deductible

70% after deductible

In-Patient Hospital Services

70% after \$250 per admission deductible and calendar year deductible

70% after \$250 per admission deductible and calendar year deductible

Emergency Services

\$200 copay, 70% after deductible

\$200 copay, 70% after deductible

WELLNESS PARTICIPANTS - Employee Contributions

Pay Frequency*

12

16

24

12

16

24

Employee Only

\$0

\$0

\$0

\$77.00

\$57.75

\$38.50

Employee + Children

\$302.50

\$226.88

\$151.25

\$418.00

\$313.50

\$209.00

Employee + Spouse

\$415.80

\$311.85

\$207.90

\$547.80

\$410.85

\$273.90

Family

\$667.70

\$500.78

\$333.85

\$814.00

\$610.50

\$407.00

NON-WELLNESS PARTICIPANTS - Employee Contributions

Pay Frequency*

12

16

24

12

16

24

Employee Only

\$50.00

\$37.50

\$25.00

\$127.00

\$95.25

\$63.50

Employee + Children

\$352.50

\$264.38

\$176.25

\$468.00

\$351.00

\$234.00

Employee + Spouse

\$465.80

\$349.35

\$232.90

\$597.80

\$448.35

\$298.90

Family

\$717.70

\$538.28

\$358.85

\$864.00

\$648.00

\$432.00



Dental Plan

BLUE CROSS BLUE SHIELD

Calendar Year Deductible	\$50 Indiv / \$150 Family
Preventive Care (i.e. cleanings)	80% of allowed amount
Basic Care (e.g. fillings)	80% of allowed amount
Major Care (e.g. crowns, dentures)	50% of allowed amount
Annual Maximum Benefit	\$1,500
Orthodontia	50% - Child only up to age 19
Orthodontia Lifetime Benefit	\$1,500

Employee Contributions

Pay Frequency*	12	16	24
Employee Only	\$25.00	\$17.65	\$12.50
Employee + Children	\$55.00	\$38.82	\$27.50
Employee + Spouse	\$50.00	\$35.29	\$25.00
Employee + Family	\$80.00	\$56.47	\$40.00

* Pay Frequency: Column 12 - Monthly Pay

Column 16 - Biweekly Pay (Bus Drivers, Child Nutrition Employees)

Column 24 - Semi-monthly Pay (Custodians, Maintenance, Police, Mechanics)

Your plan allows you to see any dentist. However, you can save money by seeing a BCBSTX DentaBlue in-network dentist. In-network dentist cannot balance bill you the amount above the BCBSTX allowed amount. Locate in-network dentist on your MyMISD App or at www.bcbstx.com



Download the MyMISD Benefits App Now!



EVERYTHING YOU NEED IN ONE PLACE!

The MyMISD Benefits app is designed to help you navigate our benefit offerings, and is personalized based on your enrollment elections.

- ✓ Step 1: From the camera on your smartphone scan the above QR code.
- ✓ Step 2: Follow the steps to complete the registration process.
- ✓ Step 3: You will be prompted to download the app where you will enter your username and password that you just created.
- ✓ Step 4: You are now in the app!

If you have any questions, please email: app-support@ingaged.me



My Contacts

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DISCLAIMER: The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage and benefit information. Every effort was taken to accurately report your benefits; however, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources.

