

2024 - 2025 BENEFITS HIGHLIGHTS (Sept 1, 2024 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	\$ 151.00
Employee + Sp	\$1003.00
Employee + Ch	\$ 502.00
Employee+Fam	\$1354.00

Deductibles:	\$2,500 Individual /\$5,000 Family
Out of Pocket Max:	\$8,050 Individual/\$16,100 Family
Office Visit Copay:	\$30 PCP, \$70 Specialist, \$50 Urgent Care, \$0/12 Telem
Coinsurance:	30% after deductible (including RX)
RX:	\$15 gen, after deduct:30% pref brand/50% non PB/Specialty 30%/\$0 SaveOn SP

2 TRS Medical ActiveCare 1-HD
(National PPO Network, all non preventive charges applied to deductible)

Monthly Premium	
Employee	\$ 163.00
Employee + Sp	\$1036.00
Employee + Ch	\$ 523.00
Employee+Fam	\$1395.00

In-Net Deductibles:	\$3,200 Individual/\$6,400 Family
Out of Pocket Max:	\$8,050 Individual/\$16,100 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	\$ 238.00
Employee + Sp	\$1179.00
Employee + Ch	\$ 650.00
Employee+Fam	\$1591.00

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 pref brand/30%/\$0 SaveOn SP

4 Scott & White HMO Medical
DISCONTINUED

This plan has been discontinued, you must elect a new plan.

If you are enrolled in Scott & White HMO, you have been changed to the Primary + plan. You must log in to THEbenefitsHUB to elect a different plan or a PCP (or a PCP will be chosen for you by BCBS). Please have your PCP number in order to proceed thru the enrollment for all benefits, you may contact BCBS 24/7 at 866.355.5999 or visit www.bcbstx.com/trsactivecare to verify your doctors are in-network.

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 30%, If SaveON SP RX Specialty \$0

6 MDLive Telehealth
www.mdlive.com/fbsbh
1-888-365-1663

Monthly Premium:	
Employee	\$12.00
Emp & Family	\$16.00

Unlimited Virtual Medical and Behavioral Health consults

TRS ActiveCare HD has RediMD \$30 copay/Teladoc \$42 copay (mental health applies to deductible), Primary Plans and AC2 have \$0 copay for RediMD visits, \$12 copay for Teladoc, (mental health \$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	\$10.92
Employee + Spouse	\$23.16
Employee + Children	\$23.16
Employee + Family	\$31.66

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 = \$11.00 to \$25 Inlay = \$430.00, Crown = \$420, Root Canal \$390, Implant =875 Denture Up = \$350, Denture Low = \$350, Ortho Child \$2472/Adult \$3384

10 UHC Spectera Vision Coverage
Paperless, download card at 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 Spectera Network to receive highest benefits

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BENEFIT PLANS

BENEFIT RATES

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<p>11 New York Life</p> <p>Disability Coverage (Select & Premier Plans) Claims 800-754-3207</p>	<p>\$1,000 Example Benefit:</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>Protect your Paycheck with Disability Coverage - NO HEALTH QUESTIONS</p> <p>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. Select 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 CHUBB</p> <p>Cancer Coverage Low/High Plan with ICU New</p>	<p>Monthly Premium:</p> <table border="1"> <tr> <td>Employee</td> <td>20.10/29.76</td> </tr> <tr> <td>Employee + Spouse</td> <td>38.04/56.68</td> </tr> <tr> <td>Employee+Children</td> <td>25.58/38.96</td> </tr> <tr> <td>Employee + Family</td> <td>44.84/68.14</td> </tr> </table>	Employee	20.10/29.76	Employee + Spouse	38.04/56.68	Employee+Children	25.58/38.96	Employee + Family	44.84/68.14	<p>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 cancer, \$100/200 other reason Pre-Existing Conditions NOT covered for the first 12 Months unless takeover APL</p>		
Employee	20.10/29.76											
Employee + Spouse	38.04/56.68											
Employee+Children	25.58/38.96											
Employee + Family	44.84/68.14											
<p>13 CIGNA Accident Coverage Claims 800-362-4462</p>	<p>Monthly Premium:</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>Provides a CASH benefit when injured On or Off the job.</p> <p>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.</p>		
Employee	\$10.32											
Employee + Spouse	\$15.36											
Employee + Children	\$18.60											
Employee + Family	\$25.36											
<p>14 MASA Medical Transportation</p>	<p>Monthly Premium:</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>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)</p>						
Emergent Plus	\$14.00/family											
Platinum Plan	\$39.00/family											
<p>15 CHUBB</p> <p>Term Life w/LTC New</p>	<p>\$100,000 Life & AD&D</p> <table border="1"> <tr> <td>age 25-29</td> <td>\$ 5.40</td> </tr> <tr> <td>age 30-39</td> <td>\$ 6.50</td> </tr> <tr> <td>age 45-49</td> <td>\$13.10</td> </tr> <tr> <td>age 55-59</td> <td>\$37.30</td> </tr> <tr> <td>age 60-65</td> <td>\$84.60</td> </tr> </table>	age 25-29	\$ 5.40	age 30-39	\$ 6.50	age 45-49	\$13.10	age 55-59	\$37.30	age 60-65	\$84.60	<p>Purchase Voluntary Employee Life Insurance in addition to 20K Employer Paid Term Life. Spouse and Children to age 26 coverage available. Medical questions waived this year at Open Enroll and within 31 days of hire up to 300k employee, 100k spouse, 10k children. Existing coverage can increase 2 steps up to 300k employee, 100k spouse with no medical questions in future years. Term Life rates increase w/age, coverage reduces 50% age 70. No increase in coverage after age 70. (24 month suicide exclusion) Long term care benefits included.</p>
age 25-29	\$ 5.40											
age 30-39	\$ 6.50											
age 45-49	\$13.10											
age 55-59	\$37.30											
age 60-65	\$84.60											
<p>16 5 Star</p> <p>Permanent Life</p>	<p>Monthly Premium</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>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)</p>				
Employee	(age rated)											
Spouse	(age rated)											
Children	(age rated)											
<p>17 Allstate</p> <p>IDTheft Protection</p>	<p>Monthly Premium:</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>Detection is the NEW PREVENTION</p> <p>Identity and Credit Monitoring Credit Scores and Reports \$1,000,000 Identity Theft Insurance Policy</p>						
Employee	\$ 9.96											
Employee + Family	\$17.96											
<p>18 Flexible Spending Account (www.nbsbenefits.com) 800-274-0503</p>	<p>Maximum Yearly Contribution</p> <table border="1"> <tr> <td>Medical FSA</td> <td>\$3,200</td> <td>\$266.66/m</td> </tr> <tr> <td>Dep Care Flex</td> <td>5,000</td> <td>\$416.66/m</td> </tr> </table>	Medical FSA	\$3,200	\$266.66/m	Dep Care Flex	5,000	\$416.66/m	<p>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</p>				
Medical FSA	\$3,200	\$266.66/m										
Dep Care Flex	5,000	\$416.66/m										
<p>19 Health Savings Account (www.HSABank.com) 800-357-6246</p>	<p>Maximum Yearly Contribution</p> <table border="1"> <tr> <td>Individual: \$4,150</td> <td>\$345.83mo</td> </tr> <tr> <td>Family: \$8,300</td> <td>\$691.66mo</td> </tr> <tr> <td>Age 55+: \$1,000 catch up/year</td> <td></td> </tr> </table>	Individual: \$4,150	\$345.83mo	Family: \$8,300	\$691.66mo	Age 55+: \$1,000 catch up/year		<p>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 a Medical FSA/Flex). No monthly service fee. Gains on invested balance not taxable. Account balance rolls over annually.</p>				
Individual: \$4,150	\$345.83mo											
Family: \$8,300	\$691.66mo											
Age 55+: \$1,000 catch up/year												
	<p>FBS Call Center Enrollment & questions 833-453-1680 Mon-Thur 8a-5:30p(Fri 3 pm)</p>	<p>CFBISD Benefit Dept. 972-968-6120/ benefithelp@cfbisd.edu Contact Benefit Dept within 31 days of Life Event for midyear change</p>										
<p>Login Support Benefit Website</p>	<p>CFBISD Help Desk Log In Assistance only 972-968-4357 or helpdesk@cfbisd.edu</p>	<p>Open Enrollment (July 15 to August 16, 2024) Website: www.mybenefitshub.com/cfbisd New easier sign in this year using personal info or Microsoft account</p>										

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