

# Sheldon ISD Benefits At A Glance

## 2024-2025

### Benefits

#### Available:

Medical—TRS  
Active Care (BCBS)

- ActiveCare Primary
- ActiveCare HD
- ActiveCare Primary +
- ActiveCare 2 \*(Closed to new enrollments)

#### Ameritas Dental

- PPO Low Plan/PPO High Plan

#### Ameritas Vision

Unum (Group) Life Insurance

Texas Life (Individual) Life Insurance

AFLAC Critical Illness

American Fidelity Cancer Plan

American Fidelity Disability Plan

The Standard Accident Plan

Flexible Spending

Health Savings Account

MetLaw

Ilock 360

American Fidelity Gap

AETNA Hospital Indemnity

Medical Plan	TRS-Active Care Primary (HMO)	TRS-ActiveCare Primary + (Previously ActiveCare Select) (Low Deductible HMO)	TRS-Active Care HD (High Deductible)	TRS-ActiveCare 2 (Closed to new enrollments)
<b>Deductible</b>	\$2,500 EE / \$5,000 FAM	\$1,200 EE / \$2,400 FAM	\$3,200 / \$6,400 (In Network) \$6,400 / \$12,800 (Out of Network)	\$1,000/\$3,000 (In Network) \$2,000/\$6,000 (Out of Network)
<b>Out of Pocket Maximum</b>	\$8,050 EE / \$16,100 FAM	\$6,900 EE / \$13,800 FAM	\$8,050 / \$16,100 (In Network) \$20,250/\$40,500 (Out of Network)	\$7,900/\$15,800 (In Network) \$23,700/\$47,400 (Out of Network)
<b>Primary Care Office Visit</b>	\$30 Copay	\$15 Copay	Full Cost until the deductible is met	\$30 Copay (In Net) 40% After Deductible (Out of Network)
<b>Specialist Office Visit</b>	\$70 Copay	\$70 Copay	Full Cost until the deductible is met	\$70 Copay (In Net) 40% After Deductible (Out of Network)
<b>Retail Pharmacy copay/coinsurance (up to 31-day supply)</b>	Integrated w/Medical - Brand \$15/\$45 – Generic 30% after deductible- Preferred 50% after deductible - Non-Preferred 30% after deductible- Specialty	\$200 Brand Deductible \$15/\$45 - Generic 25% after deductible - Preferred 50% after deductible - Non-Preferred 20% after deductible - Specialty	Integrated w/Medical - Brand 20% after deductible – Generic 25% after deductible – Preferred 50% after deductible – Non-Preferred 20% after deductible - Specialty	\$200 Brand Deductible \$20/\$45 - Generic 25% - Preferred 50% - Non-Preferred 20% - Specialty
<b>Employee Only</b>	\$30.00	\$71.00	\$36.50	\$301.00
<b>Employee + Spouse</b>	\$430.50	\$513.50	\$448.00	\$995.50
<b>Employee + Child(ren)</b>	\$195.00	\$265.00	\$206.00	\$548.00
<b>Employee + Family</b>	\$529.00	\$707.00	\$617.50	\$1215.00

Rates Effective 9/1/2024 – 8/31/2025  
Rates are per pay period

New Hires have 31 days from their employment start date to enroll in benefits.

#### Ameritas Dental Plans

Dental Plan	Low PPO	High PPO
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontics	\$750 max	\$1,000 max
Maximum Benefit	\$1,000	\$1,500
Employee Only	\$10.90	\$18.36
Employee + Spouse	\$22.80	\$38.56
Employee+ Child(ren)	\$25.02	\$42.40
Family	\$36.94	\$62.34

#### Ameritas Vision Plan

Vision Plan	Coverage	Co-pay
Eye Examination	Every 12 months	\$10
Lenses	Every 12months	\$25
Frames	Every 24 months	\$0 (\$130 Allowance)
Contact Lens	Every 12 months	\$25

#### Ameritas Vision Rates

Employee Only	\$3.82
Employee + Spouse	\$6.52
Employee + Children	\$6.84
Family	\$10.40

#### MetLaw:

Low Plan	High Plan
\$5.19	\$10.50

#### iLock360: Identity Theft Protection

Plan	Plus	Premium
Employee	\$4.00	\$7.50
Employee + Spouse	\$7.50	\$11.00
Employee + Children	\$6.50	\$10.00
Employee + Family	\$10.00	\$13.50

#### Texas Whole Life Insurance:

Life Insurance	Coverage	Guaranteed Issue
Employee	Portable policy builds cash value	Up to \$300,000
Spouse	Portable policy builds cash value	Up to \$150,000
Children	Portable policy builds cash value	Up to \$50,000

#### Unum Group Life Insurance:

Term Life Insurance	Coverage	Coverage (No EOI) Guaranteed Issue
Employee	Up to 5x salary or \$500,000	\$100,000
Spouse	Increments of \$5,000 up to 50% of employee's benefits	\$50,000
Children	Increments of \$2,000 up to \$10,000	\$10,000

#### AFLAC Critical Illness Plan:

Critical Illness	Coverage
Heart Attack, Stroke, Major Organ Transplant, Cancer, Kidney Failure, Skin Cancer – Partial Benefit, Coronary Artery By-Pass	Benefit Amounts available up to \$50,000 in \$5,000 increments. Spousal Benefit Amounts will be 50% of the Employee Benefit Amount. Rates listed on the enrollment site and in the Employee Benefit Guide

#### American Fidelity Cancer Plan:

Cancer Plan	Basic	Enhanced plus
Employee Only	\$7.90	\$15.81
Family	\$13.43	\$26.90

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#### The Standard Accident Plan: (Supplements medical insurance)

Accident	Select Plan	Premier Plan
Employee Only	\$3.48	\$8.35
Employee + Spouse	\$5.77	\$13.59
Employee + Child(ren)	\$6.51	\$15.50
Employee + Family	\$10.27	\$24.40

#### American Fidelity Disability Plan:

Long Term Disability	Coverage	Payment Percentage
Employee	Core Plan	66% monthly salary

#### Health Savings Account:

Medical reimbursement account that allows you to set aside money from your paycheck to use for medical, dental, vision, and prescription cost for you and your dependents. Maximum benefit amount per year is \$3500 for individual, \$7000 for family.

#### Only Available with HD (High Deductible) Plan.

If funds are not used by 08/31/2024, will rollover from year to year and are portable.

#### Flexible Spending Account:

Medical reimbursement account that allows you to set aside money from your paycheck to use for medical, dental, vision, and prescription cost for you and your dependents. Maximum benefit amount per year is \$2750.

Dependent reimbursement account allows you to set aside money from your paycheck to use for child care expenses for children up to age 13, or disabled dependents.

If funds are not used by 08/31/2024, you lose them.

#### AETNA Group Hospital Indemnity: (Supplements medical insurance)

Hospital Indemnity Insurance provides financial assistance with out-of-pocket expenses that major medical insurance does not cover. There are two plans offered, Low and High Plan

Coverage	Low Plan	High Plan
Employee Only	\$15.62	\$26.49
Employee + Spouse	\$34.99	\$58.93
Employee + Children	\$27.12	\$45.20
Family	\$44.71	\$74.78

#### American Fidelity Hospital GAP Plan Choice


The Medical GAP Plan is designed to help cover your out-of-pocket expensed such as deductibles, co-payments and co-insurance, ER visits, outpatient procedures and sleep studies. \*Rates are available online and in the Benefits Guide. Rates for ages under 55.

GAP Plan	GAP Choice \$1,500	GAP Choice \$3,500	GAP Choice \$4,000
Employee Only	\$13.30	\$27.20	\$29.30
Employee and Spouse	\$22.55	\$47.60	\$51.35
Employee and Children	\$20.30	\$42.55	\$45.90
Family	\$29.55	\$62.95	\$67.95

Rates Effective 9/1/2024 – 8/31/2025  
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New Hires have 31 days from their employment start date to enroll in benefits.

## Online Enrollment:



Go to <https://ffga.benselect.com/enroll>

**Login ID:** Employee ID or SSN

**PIN:** Last 4 of SSN+2-digit year of birth

**Example:** 123489 (will be 6-digit number)

You will be prompted to change PIN upon login.

Or make an appointment online through:

<https://newemployees.timetap.com>

**New hires have 31 days from their employment start date to enroll in benefits. No Exceptions.**

## SECTION 125 Rules

You must make an election each plan year to continue your eligibility for cafeteria plan benefits.

Plans include: Medical, Dental, Vision, Critical Illness, Accident, Flexible Spending (Medical and Dependent Care)

A benefit cannot be changed during the plan year unless you have a qualified family status change. These changes include, but are not limited to: **(changes must be made within 31 days of the event)**

- Marriage or divorce
- Birth, adoption, or death of a spouse or child
- Change in a spouse's or dependent's employment status
- Change in eligibility status of a dependent

**If you need additional information or have questions, please contact Mayra Gonzalez, Benefits Specialist by email at [mayragonzalez@sheldonisd.com](mailto:mayragonzalez@sheldonisd.com) or by phone at (281)-727-2079**

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