

CROSBY ISD – 2024/2025

BENEFITS AT A GLANCE

BENEFITS AT A GLANCE

BLUE CROSS BLUE SHIELD -TEXAS

		BLUE ESSENTIALS	BLUE ESSENTIALS	BLUE EDGE
		HMO 2000	HMO 5000	High Deductible
PLAN SUMMARY		Blue Essentials plans require a PCP assignment	Blue Essentials plans require a PCP assignment	HSA Compatible PPO Network
		In-Network	In-Network	In-Network
	Individual/Family Deductible	\$2,000/\$6,000	\$5,000/\$10,000	\$3,500/\$10,500
	Coinsurance			You pay 20% after deductible
	Ind/Fam Out of Pocket	\$6,000/\$18,000	\$9,100/\$18,200	\$8,050/\$16,100
	National Network	Blue Essentials	Blue Essentials	Blue Edge HSA
	PCP Required	Yes	Yes	No
	PCP Referral to Specialist	Yes	Yes	No
	Preventive Care	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 Copay
	Primary Care	\$45 copay	\$45 copay	Deductible then Plan pays 80%
Specialist	\$70 copay	\$70 copay	Deductible then Plan pays 80%	
Virtual Health	MDLive - \$0 per consultation	MDLive - \$0 per consultation	Deductible then Plan pays 80%	
Urgent Care	\$75 copay	\$100 copay	Deductible then Plan pays 80%	
Emergency Care	\$500 copay plus 10% after deductible	\$500 copay plus 30% after deductible	Deductible then Plan pays 80%	
Outpatient Surgery	Deductible then Plan pays 90%	Deductible then Plan pays 70%	Deductible then Plan pays 80%	
Drug Deductible	\$200/\$400	\$250/\$500	Integrated with Medical	
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply 90-Day Supply	
Generics	10% to max of \$10	10% to max of \$15	10% to max of \$10	
Preferred Brand	50% to max of \$100	50% to max of \$100	20% to max of \$100	
Non-preferred Brand	50% to max of \$100	50% to max of \$200	30% to max of \$200	
Specialty	50% to max of \$500	50% to max of \$500	30% to max of \$500	



BENEFITS AT A GLANCE

BCBS MEDICAL RATES (MONTHLY)

Crosby ISD contributes \$273 a month towards the cost of the medical insurance. Rates shown are the cost for the employee.

	Blue Edge HD Plan	Blue Essentials (HMO) \$5000	Blue Essentials (HMO) \$2000
Employee Only	\$318.33	\$233.65	\$336.18
Employee + Children	\$833.38	\$674.95	\$866.80
Employee + Spouse	\$1,345.30	\$1,113.57	\$1,394.18
Employee + Family	\$1,840.92	\$1,538.21	\$1,904.75

SUPPLEMENTAL RATES (MONTHLY)

Dental	PPO High	PPO Low	DHMO
Employee	\$27.19	\$18.47	\$12.54
Employee + Spouse	\$54.30	\$36.81	\$24.98
Employee + Children	\$56.36	\$39.85	\$27.05
Employee + Family	\$92.09	\$64.52	\$43.79

DENTAL - Cigna

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease. Employees have 3 plans to choose from; High PPO, Low PPO and DHMO. The High PPO includes orthodontia for both adults and dependent children.

Vision	Gold	Platinum
Employee	\$7.17	\$12.79
Employee + Spouse	\$12.17	\$21.79
Employee + Children	\$12.17	\$21.79
Employee + Family	\$17.94	\$32.03

VISION - Superior Vision

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

Telehealth—MDLive	
Employee and Family	\$16 per family

TELEHEALTH - MDLive

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when our primary care physician is not available. This benefit is separate from the Telehealth benefit in the medical plans.

Benefit Rate Sheet



RATE SHEET DISCLAIMER

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at Crosby ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases. All rates are displayed as monthly cost.

Hospital Indemnity	High	Low
Employee	\$32.50	\$17.62
Employee + Spouse	\$56.30	\$30.20
Employee + Children	\$52.86	\$28.14
Employee + Family	\$76.68	\$40.74

HOSPITAL INDEMNITY - Cigna

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance. Pre-existing conditions are waived.

Cancer	High	Low
Employee	\$30.99	\$14.92
Employee + Spouse	\$63.11	\$30.57
Employee + Children	\$43.43	\$21.51
Employee + Family	\$75.56	\$37.16

CANCER - MetLife (Administered by Bay Bridge)

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member are diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment. This policy is guarantee issue. Anyone covered under the current cancer plan for at least 12 months will have continuity of coverage.

Accident	High	Low
Employee	\$14.04	\$9.58
Employee + Spouse	\$22.10	\$15.08
Employee + Children	\$23.34	\$16.06
Employee + Family	\$36.78	\$25.26

ACCIDENT - The Hartford

Do you have kids paying sports, are you a weekend warrior or maybe accident prone? Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

Short Term Disability		
Elimination Period	14 Days	30 Days
Monthly Rate per \$10 of Weekly Benefit	\$0.618	\$0.384

SHORT TERM DISABILITY - Blue Cross Blue Shield

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time. Those enrolled in the current short term disability plan will have continuity of coverage. Pre-existing conditions due to pregnancy are waived on this plan.

Benefit Rate Sheet



Blue Cross Blue Shield

Long Term Disability starts after you have been out on disability for 90 days. This insurance will replace a portion of your income and will pay a monthly benefit. If you are permanently disabled, coverage will continue until you reach your normal social security retirement age. Those who have been covered under the current long term disability plan will have continuity of coverage.

Long Term Disability

Age Bands	Rate Per \$100 of Monthly Payroll
<20	\$0.247
20-24	\$0.247
25-29	\$0.247
30-34	\$0.304
35-39	\$0.390
40-44	\$0.532
45-49	\$0.732
50-54	\$0.979
55-59	\$1.311
60-64	\$1.416
65-69	\$1.568
70+	\$2.537

Voluntary Group Life

Age Bands	Employee Rate Per \$1,000	Spouse Rate Per \$1,000
Under 24	\$0.045	\$0.045
25-29	\$0.053	\$0.053
30-34	\$0.064	\$0.064
35-39	\$0.080	\$0.080
40-44	\$0.089	\$0.089
45-49	\$0.134	\$0.134
50-54	\$0.205	\$0.205
55-59	\$0.383	\$0.383
60-64	\$0.588	\$0.588
65-69	\$1.132	\$1.132
70+	\$1.835	\$1.835

LIFE AND AD&D - Blue Cross Blue Shield

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family. Guarantee issue for employee, spouse and dependent children.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

Accidental Death & Dismemberment

Employee Rate Per \$1,000	Spouse Rate Per \$10,000	Child Rate For \$10,000 (to age 26)
\$0.028	\$0.030	\$0.35

Children Voluntary Life

\$10,000.00	\$2.00
-------------	--------



Emergency Transportation

Monthly Cost

Employee+Family	\$14.00
-----------------	---------

MEDICAL TRANSPORTATION - MASA

Medical Transport covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter.

PERMANENT LIFE INSURANCE - 5 Star

Permanent life insurance is a life policy where your premiums lock in at the age you are when the policy goes into effect and do not increase as you age. Your death benefit also will not reduce. Coverage continues until age 121. This policy also has a quality of life benefit that may be used if the insured permanently loses the ability to perform 2 of the 6 Activities of Daily Living without significant assistance or has cognitive impairment such as dementia or Alzheimer's and requires supervision.

Benefit Rate Sheet



RATE SHEET DISCLAIMER

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at the Crosby ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases. All rates are displayed as monthly cost.

Critical Illness		
Age Bands	Employee Rate Per \$10000	Spouse Rate Per \$10000
<24	\$1.56	\$1.24
25-29	\$2.40	\$1.83
30-34	\$2.76	\$2.04
35-39	\$4.80	\$3.74
40-44	\$7.60	\$6.15
45-49	\$11.80	\$10.54
50-54	\$17.99	\$19.42
55-59	\$23.14	\$28.85
60-64	\$28.89	\$36.83
65-69	\$36.47	\$44.54
70-74	\$52.66	\$60.36
75-79	\$62.87	\$90.66
80-84	\$83.96	\$104.14
85+	\$113.22	\$140.81

CRITICAL ILLNESS - Cigna

Critical Illness insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with, or experiences a critical illness such as cancer, heart attack, stroke, paralysis, Alzheimer's, ALS, Parkinson's and other covered conditions. It pays a lump sum benefit directly to you to help with expenses associated with the illness. This policy is guarantee issue. Anyone covered under the current critical illness plan for at least 12 months will have continuity of coverage at the same benefit amount. This plan is guarantee issue.

LEGAL AND IDENTITY THEFT SERVICES - LegalShield

Legal plans provide benefits that cover the most common legal needs you may encounter - like creating a standard will, living will, healthcare power of attorney, contract and document review, IRS assistance or buying a home.

Identity theft protection plans monitor your credit accounts, social security, social media accounts and transaction records. If your identity is compromised, full credit and identity resolution services are also included.

	ID Only	Legal Only	ID+Legal
Employee	\$12.95	\$21.95	\$34.90
Employee + Family	\$22.95	\$21.95	\$41.90

Benefit Rate Sheet



Health Savings Account (HSA) -

Gulf Coast Educators Federal Credit Union

Medical reimbursement account that allows you to set aside pre-tax money from your paycheck to use for medical, dental, vision, and prescription cost for you.

- Must be enrolled in High Deductible plan to enroll
- Account balance will rollover from year to year
- Stays with you even if you change jobs or retire
- Unlike an FSA, funds are NOT front loaded - only the balance is available
- Funds can be used towards IRS approved medical, dental and vision expenses for you and your family

HSA	2024
HSA Contribution Limit (employer + employee)	Self-only \$4,150 Family: \$8,300
HSA catch-up contributions (age 55 or older)	\$1,000

Flexible Spending Account (Flex) - Higginbotham

Medical reimbursement account that allows you to set aside pre-tax money from your paycheck to use for medical, dental, vision, and prescription cost for you.

- Not tied to enrollment of a specific medical plan
- Funds available upfront on a debit card
- Use it or lose it – If balance is remaining on card at 8/31, you have an additional 75 days to use the balance. Funds remaining after 75 days are forfeited.
- Funds can be used towards IRS approved medical, dental and vision expenses for you and your family

FSA	2024
FSA Contribution Limit	\$3,200

Employee Assistance Program (EAP) - BCBS/ComPsych

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. EAP provides convenient resources to help address emotional, legal and financial issues.

- 3 Face to Face Counseling Session (per issue). To address behavioral issues.
- Unlimited Telephonic Sessions
- Web based resources
- Depression
- Stress
- Relationships
- Alcohol/Drug Abuse
- Disabilities
- Divorce & Family Law
- Job pressures
- Financial Planning

This benefit is paid for by Crosby ISD

Basic Life & AD&D - Blue Cross Blue Shield

All full time employees will receive a \$10,000 basic life insurance which includes a matching amount of accidental death & dismemberment.

This benefit is paid for by Crosby ISD

