

BENEFITS & RISK MANAGEMENT



EMPLOYEE BENEFITS PRESENTATION

Benefits & Risk Management Team



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DIRECTOR



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RISK MANAGER



HEALTH
BENEFITS SPECIALIST

NOTICE



Enrollment is
mandatory



31-day
window from
date of hire



Medical
premiums are
paid in
advance



Payroll runs
mid-month

Your Medical Options

Benefit	Option I	Option II	Option III -HSA	HOSPITAL INDEMNITY
Deductible In-Network (Member Coinsurance 25%)	Individual - \$2,550 Family - \$4,500	Individual - \$3,000 Family - \$6,000	Individual - \$3,500 Family - \$6,500	N/A
Deductible Out-of-Network (Member Coinsurance 40%)	Individual - \$4,500 Family - \$9,000	Individual - \$6,000 Family - \$12,000	Individual - \$6,500 Family - \$13,000	N/A
Co-Pays In-Network	\$60 Primary Care Visit \$100 Specialist Visit \$60 Urgent Care Center	Must Meet Deductible (Member Coinsurance 25%)	Must Meet Deductible (Member Coinsurance 25%)	N/A
Co-Pays Out-of-Network	Must Meet Deductible (Member Coinsurance 40%)	Must Meet Deductible (Member Coinsurance 40%)	Must Meet Deductible (Member Coinsurance 40%)	N/A
Rx (Prescriptions) @Preferred Network	Generic: \$0.00 Preferred: \$300 Rx deductible Non-Preferred: \$525 Rx deductible	Generic: \$0.00 Preferred: 25% (after deductible) Non-Preferred: 25% (after deductible)	Generic: 25% (after deductible) Preferred: 25% (after deductible) Non-Preferred: 25% (after deductible)	N/A
Employee Cost	\$150	\$60	\$0.00 - Must Enroll in an HSA	\$0.00
ECISD Wellness Center	Free Visits	Free Visits	\$25.00 Co-Pay	N/A
RCURO - Telehealth	Free Virtual Visits	Free Virtual Visits	Free Virtual Visits	N/A
Daily Allowance	N/A	N/A	N/A	\$300 A Day for Hospitalization Only (1 to 60 day) *This option is only for employees
Aetna (Network Type: Choice POS II)				

Day Supply	OPTION I – Rx Benefits				OPTION II – Rx Benefits				OPTION III – HAS – Rx Benefits			
	Tier 1 (Generic)	Tier 2 (Preferred Brand)	Tier 3 (Non-Preferred)	Specialty	Tier 1 (Generic)	Tier 2 (Preferred Brand)	Tier 3 (Non-Preferred)	Specialty	Tier 1 (Generic)	Tier 2 (Preferred Brand)	Tier 3 (Non-Preferred)	Specialty
30-Day Retail @ Preferred Network	\$0	\$100	\$175	N/A	\$0	25% (after-deductible)	25% (after-deductible)	N/A	25% (after-deductible)	25% (after-deductible)	25% (after-deductible)	N/A
30-Day Retail @ Non-Preferred Network	\$12	\$125	\$200	N/A	\$12	25% (after-deductible)	25% (after-deductible)	N/A	25% (after-deductible)	25% (after-deductible)	25% (after-deductible)	N/A
30-Day Mail - Amazon	\$0	N/A	N/A	N/A	\$0	N/A	N/A	N/A	25% (after-deductible)	N/A	N/A	N/A
90-Day Retail @ Preferred Network	\$0	\$300	\$525	N/A	\$0	25% (after-deductible)	25% (after-deductible)	N/A	25% (after-deductible)	25% (after-deductible)	25% (after-deductible)	N/A
90-Day Retail @ Non-Preferred Network	\$36	\$375	\$600	N/A	\$36	25% (after-deductible)	25% (after-deductible)	N/A	25% (after-deductible)	25% (after-deductible)	25% (after-deductible)	N/A
90-Day Mail - Amazon (2x Copay)	\$0	\$200	\$350	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mark Cuban Cost Plus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
30-Day Specialty	N/A	N/A	N/A	25% (Max \$2,000)	N/A	N/A	N/A	25% (Max \$2,000)	N/A	N/A	N/A	25% (Max \$2,000)
Maximum Out of Pocket (Individual/Family)	\$9,000 / \$18,000	\$9,000 / \$18,000	\$9,000 / \$18,000	\$9,000 / \$18,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000
Deductible	\$500 per person for Tier 1, 2, 3 brands & \$500 per person Specialty Tier 4 (brands or generics)				\$500 per person for Tier 1, 2, 3 brands & \$500 per person Specialty Tier 4 (brands or generics)				\$3,250 (EE Only) \$6,500 (Family Non- Embedded). Must meet plan deductible of \$3,250 for an individual and \$6,500 for a family, then the plan pays 75% of the cost of the prescription up to the maximum out of pocket.			

*Preferred Pharmacy Network includes HEB's in Odessa and Midland, TX., Monahans – Monahan, TX., Evans – Odessa, TX., Dorado – Odessa, TX And Town & Country – Odessa, TX.

Plan Definitions & Coverage Conditions

- Eligible Employee – full-time employee (spouse & dependent children up to the age of 26)
- District plans do not provide coverage to dependents of covered dependents.
- Waiting Period – coverage will be effective the first of the month following the date of hire, unless an employee is hired on the first working day of the month at which the effective date will be the first day of the month
- Medical premiums are paid in advance—for example., January pays for February, February pays for March and so on.....
- Open Enrollment Period – starts in the Fall – schedule will be emailed and posted on the benefits web page (open enrollment changes are effective in January of the proceeding year. New Hires of a given year must participate in Open Enrollment regardless of their start date.



ECISD Health & Wellness Center

- Monday – Friday 8:00am to 5:00pm
- All services provided are at no cost to employees on Option I or II (visits, lab work, shots, etc.)
- Employees on Option III with an HSA will have a \$25.00 co-pay
- Excluded: Employees on the Hospital Indemnity Plan

Available services at no cost to participants of Option I & II
Participants of Option III HSA pay a \$25.00 co-pay

Preventative Care

- Adult Immunizations
- Annual Physicals
- Health Screenings
- Lab Work/Tests
- Men's Health
- Well Women Exams

Urgent Care

- Colds/Flu/Congestion
- Diarrhea/Constipation
- Headaches/Migraines
- Muscle/Joint Pain
- Nausea/Vomiting
- Seasonal Allergies
- Sinus Infection
- Sore Throat
- Sprain/Strains
- Skin Cuts/Rashes
- Urinary Tract Infections

Chronic Condition Care

- Asthma/Emphysema
- Depression/Anxiety
- Diabetes Treatment
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Thyroid Conditions
- Weight Management

Mental & Behavioral Health

You have access to a mental Health professional!
Schedule with Eliana Brito, LPC
By calling the Health & Wellness Center.

Eliana's Hours

Tuesday/Wednesday
Friday

8:00-5:00pm

8:00am-12:00pm

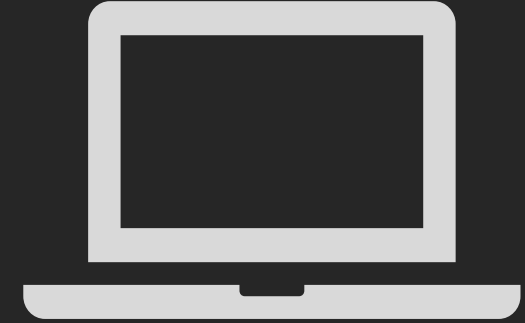
Three easy ways to schedule an appointment:

📞 432.272.6047 💻 www.careatc.com/patients 📱 CareATC app

RECURO Telehealth

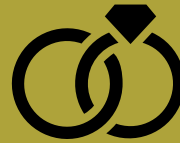
Members and covered dependents have access to care for non-emergency medical issues through RECURO. They will be able to request a consultation 24/7/365 by web, mobile app, or calling RECURO's Patient Care Center.

- 24/7 access to board-certified doctors for treatment of common medical concerns with ongoing communication with your doctor, free of charge.
- Comprehensive behavioral health care from therapy and counseling to psychiatry and medication management. Our Behavioral Health platform is always accessible at no additional cost to you. When you would like to setup a secure virtual session with one of our licensed counselors or psychiatrist, your cost is minimal.



Qualifying Events

You have the option to change your coverage outside of Open Enrollment if you experience a qualifying life event. Qualifying life events must be reported to the Benefits Department within 31 days of the life event, otherwise you must wait until the next Open Enrollment Period to make any changes.



Examples: Birth, Marriage/Divorce, Lost/Gained other coverage



Important Message: You have 31 days from the date of birth to add a new baby.

Family Medical Leave Act - FMLA

Leave Reason:

- Birth/Adoption
- Bond with child
- Care for the employee's spouse, child or parent who has a qualifying health condition
- Employee's own qualifying serious health condition

Eligibility Requirements:

- Have at least 1,250 hours of service in the 12 months before taking leave; and
- Work at a location where the employer has at least 50 employees within 75 miles of employees' worksite

MetLife Dental



Type	In-Network	Out-of-Network
Type A - Preventive	100%	100%
Type B - Basic	80%	80%
Type C - Major	50%	
Type D - Orthodontia	Dependent children to the age of 19 only Maximum \$1,000 per person	

Superior by MetLife Vision



Service	Frequency	High Plan	Low Plan
Exam	Once every 12 months	Covered in full	\$10 Co-pay
Frame	Once every 12 months	\$150 Allowance	\$125 Allowance
Corrective Lenses	Once every 12 months	Covered in full	\$20 Co-pay
Lens Enhancements	Once every 12 months	Covered in full	Covered in full

Optional Benefits

Accident
Insurance -
MetLife

Cancer -
American Fidelity

Cancer, Heart &
Stroke Insurance -
Allstate

Critical Illness -
MetLife

Disability - The
Standard

Hospital Indemnity
Insurance

HSA - Health
Saving Account -
First Financial

FSA - Flexible
Spending Account
- First Financial

Lock - Identity
Theft Shield

Legal Shield

Life Benefits -
Allstate - Group
Whole Life
Insurance

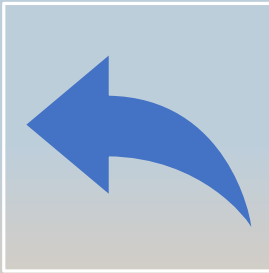
Life Benefits -
Standard Life

Life Benefits -
Texas Life

Long-Term-Care--
-Genworth

MASA - Medical
Transport

403(b) or 457(b) Contributions



As an employee of the district, you are eligible to contribute to a 403(b) or a 457(b)-retirement account.



The contributions are taken before federal income taxes



Contract First Financial:
800-523-8422

The Standard Life Basic Group Life

ECISD provides all full-time employees with \$10,000 Basic Life insurance through the Standard Life. Employees are automatically enrolled when they complete a medical plan enrollment. This \$10,000 Policy is at NO COST to you!

Completing Your Enrollment

After viewing this presentation, you must email the Benefits Department at Benefits@ectorcountyisd.org so that your record in the FFenroll Portal can be activated. Activation of your record gives you access to complete your enrollment. Instructions and the link to the FFenroll site will be emailed to you once your email is received.

Note: Include your full name and ID number in your email.

Benefits Office Number: 432-456-9789

Office Hours: 8:00 AM to 5:00 PM

