

2025 - 2026 BENEFITS HIGHLIGHTS (Sept 1, 2025 effective date)

PLANS	MONTHLY RATES	BENEFIT DESCRIPTION
1 TRS ActiveCare Primary (Texas PCP Network) Out-of-network not covered, PCP with Specialist referral required	Monthly Premium Employee \$ 181.00 Employee + Sp \$1127.00 Employee + Ch \$ 571.00 Employee + Fam \$1516.00	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 \$ 195.00 Employee + Sp \$1164.00 Employee + Ch \$ 594.00 Employee + Fam \$1563.00	In-Net Deductibles: \$3,300 Individual/\$6,600 Family Out of Pocket Max: \$8,300 Individual/\$16,600 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 \$ 278.00 Employee + Sp \$1323.00 Employee + Ch \$ 736.00 Employee + Fam \$1780.00	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 Deduct: 25%pref brand/50% non pref brand/30%/\$0 SaveOn SP
4 TRS Medical ActiveCare 2 (National PPO Network) Not accepting new enrollees	Monthly Premium Employee \$ 638.00 Employee + Sp \$2027.00 Employee + Ch \$1132.00 Employee+Fam \$2466.00	In-Network Deductibles: \$1,000 Individual/\$3,000 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
5 Recuro Telehealth member.recurohealth.com 855.673.2876	Monthly Premium: Emp & Family \$12.00 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. Recuro 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.
6 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 Observation Care: \$500 per day up to 3 days / No pre-ex limitations apply.
7 Cigna Dental Low / High PPO PLAN	Monthly Premium: Employee \$38.66/44.52 Employee + Sp \$85.43/98.34 Employee + Ch \$77.41/89.10 Employee +Fam\$128.63/148.02	Plans Pay \$1,500 low/\$2,000 high Plan Year Max (per member) PDP+ Network Low Plan 80% for 3 Preventive Cleanings and 2 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
8 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
9 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

MONTHLY RATES

BENEFIT DESCRIPTION

<p>10 CHUBB Disability Coverage 888-499-0425</p>	<p>\$2,500 Example Benefit: Elim Period 30 day Monthly Prem \$57.75</p>	<p>Protect your Paycheck with 40%, 50% or 60% Disability Coverage, no health questions 14 day & 30 day - Elimination Period Waived upon Inpatient Hospital Confinement Pre-Existing Condition limit 8 weeks Benefit Maximum during first 12 months of Coverage. Plan pays up to 5 yrs Illness or Accident. (Workers Comp injuries are not covered) Coordinates with other sources of income after 12 months.</p>
<p>11 CHUBB Cancer Coverage Low/High Plan with ICU 888-499-0425</p>	<p>Monthly Premium: Employee 20.10/29.76 Employee + Spouse 38.04/56.68 Employee+Children 25.58/38.96 Employee + Family 44.84/68.14</p>	<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>
<p>12 CIGNA Accident Coverage Claims 800-362-4462</p>	<p>Monthly Premium: Employee \$10.32 Employee + Spouse \$15.36 Employee + Children \$18.60 Employee + Family \$25.36</p>	<p>Provides a CASH benefit when injured Off the job. Workers Comp not included. 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>
<p>13 MASA Medical Transportation 800-643-9023</p>	<p>Monthly Premium: Emergent Plus \$14.00/family Platinum Plan \$39.00/family</p>	<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>
<p>14 CHUBB Term Life w/LTC</p>	<p>\$100,000 Life & AD&D 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>	<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 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. 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>
<p>15 5 Star Permanent Life 866-863-9753</p>	<p>Monthly Premium Employee (age rated) Spouse (age rated) Children (age rated)</p>	<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>
<p>16 Allstate ID Theft Protection 800-789-2720</p>	<p>Monthly Premium: Employee \$ 9.96 Employee + Family \$17.96</p>	<p>Detection is the NEW PREVENTION Identity and Credit Monitoring Credit Scores and Reports \$1,000,000 Identity Theft Insurance Policy Register and complete your profile for the most complete monitoring</p>
<p>17 Flexible Spending Account (www.nbsbenefits.com) 800-274-0503</p>	<p>Maximum Yearly Contribution Medical FSA \$3,300 \$275/m Dep Care Flex 5,000 \$416.66/m</p>	<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>
<p>18 Health Savings Account (www.HSABank.com) 800-357-6246</p>	<p>Maximum Yearly Contribution Individual: \$4,300 \$358.33 mon Family: \$8,550 \$712.50 mon Age 55+ : \$1,000 catch up/year</p>	<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 A or B, or Tricare. Spouse or employee cannot have funds in a Medical FSA/Flex (including rollover or grace period). No monthly service fee.</p>



**Login Support
Benefit Website**

Higginbotham
Enrollment & questions
833-838-2846
Mon-Fri. 7:00 am –6:00 pm

CFBISD Benefit Dept. 972-968-6120/ benefithelp@cfbisd.edu

Contact Benefit Dept within 31 days of Life Event for midyear change

CFBISD Help Desk
Log In Assistance only
972-968-4357 or
helpdesk@cfbisd.edu

Open Enrollment (July 21 to August 15, 2025)

Rev. 09.26.25

Website: www.mybenefitshub.com/cfbisd

Easy sign in using personal info or Microsoft account