

Open Enrollment

07/28/2025 - 08/11/2025



What's New in 2025

- Medical Plans Carrier – Cigna
- Voluntary Life and AD&D, and Disability Carrier – Lincoln Financial
- Critical Illness, Hospital Indemnity, and Cancer Carrier – CHUBB
- Telehealth Carrier – Recuro
- HSA and FSA 2025 Contribution Limits

Benefits at a Glance

Dental - Cigna

Dental insurance is coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment, and disease.

Dental			
Tier per Month	DPPO High	DPPO Low	DHMO
EE Only	\$29.01	\$19.70	\$12.54
EE + Spouse	\$57.93	\$39.27	\$24.98
EE + Child(ren)	\$60.13	\$42.51	\$27.05
EE + Family	\$98.24	\$68.83	\$43.79

Voluntary Long - Term Disability – Lincoln Financial

Voluntary LTD insurance pays a percentage of your monthly salary for a covered disability or injury that prevents you from working for more than 90 days. Benefits begin at the end of an elimination period and continue while you are disabled up to the maximum benefit period.

Long Term Disability	
Age	Rate per \$100 of Monthly Payroll
18-29	\$0.22
30-34	\$0.27
35-39	\$0.35
40-44	\$0.48
45-49	\$0.66
50-54	\$0.88
55-59	\$1.18
60-64	\$1.27
65-69	\$1.41
70+	\$2.28

Vision – Superior Vision

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

Vision		
Tier per Month	Gold Plan	Platinum Plan
EE Only	\$7.17	\$12.79
EE + Spouse	\$12.17	\$21.79
EE + Child(ren)	\$12.17	\$21.79
EE + Family	\$17.94	\$32.03

Voluntary Short - Term Disability – Lincoln Financial

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income if you become physically unable to work due to sickness or injury for an extended period.

Short Term Disability		
Monthly Rate per \$10 of Weekly Benefit	15 Days	31 Days
Elimination Period	\$0.62	\$0.38



Contact Us

Our expert team is here to provide clear guidance and personalized support.

Call: (833) 921-0951

Monday –Friday 7AM to 6PM CST

Email: crosbyisd@hps.Higginbotham.net

Benefits at a Glance



Flexible Spending Account and Dependent Care FSA - Higginbotham

- FSA allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount set aside from each paycheck each plan year.
 - The 2025 maximum contribution is \$3,300**
- The dependent Care FSA helps pay for expenses associated with caring for elder or child dependents. Reimbursement from your Dependent Care FSA is limited to the total amount deposited in your account at the time.
 - The 2025 maximum contribution is \$5,000 per household or \$2,500 if married and filing separately.**

Health Savings Account (HSA) – Gulf Coast Educators Federal Credit Union

- A Health Savings Account is a personal savings account where the money can only be used for eligible medical expenses. Unlike an FSA, the money rolls over from year to year. You can only enroll in an HSA if you are also enrolled in an HSA Health Care Plan.
 - The 2025 maximum contributions are \$4,300 for individuals and \$8,550 for families, with a \$1,000 “catch-up” for those age 55+.**



Benefits Website

www.mybenefitshub.com/crosbyisd

Scan the QR Code to access your benefits website.



Benefits App

Text BENEFITS to (214) 831-4248

Hospital Indemnity - CHUBB

The Hospital Indemnity plans help you with the high cost of medical care by paying you a cash benefit when you have an inpatient hospital stay.

Hospital Indemnity		
Tier per Month	Plan 1	Plan 2
EE Only	\$15.86	\$29.94
EE + Spouse	\$27.18	\$50.66
EE + Child(ren)	\$25.32	\$47.58
EE + Family	\$36.66	\$69.00

Telemedicine - Recuro

Although telemedicine does not replace your primary care physician, it is a convenient and cost-effective option when you need care for a non-emergency issue and considering an after-hours health care clinic.

Telemedicine	
Tier per Month	Plan
EE Only	\$12.00
EE + Family	\$12.00

Cancer - CHUBB

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.

Cancer		
Tier per Month	Plan 1	Plan 2
EE Only	\$14.80	\$30.00
EE + Spouse	\$29.96	\$61.86
EE + Child(ren)	\$21.08	\$42.56
EE + Family	\$36.40	\$74.04

Accident – The Hartford

Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

Accident		
Tier per Month	Low Plan	High Plan
EE Only	\$9.10	\$13.34
EE + Spouse	\$14.34	\$21.00
EE + Child(ren)	\$15.26	\$22.18
EE + Family	\$24.00	\$34.94

Benefits at a Glance

Critical Illness

Critical illness insurance helps pay the cost of non-medical expenses related to a covered critical illness or cancer.

Critical Illness		
Age	Employee Rate per \$10,000	Spouse Rate per \$10,000
18-24	\$1.56	\$3.12
25-29	\$2.40	\$4.80
30-34	\$2.76	\$5.52
35-39	\$4.66	\$9.32
40-44	\$7.26	\$14.52
45-49	\$10.86	\$21.72
50-54	\$16.46	\$32.92
55-59	\$21.26	\$42.52
60-64	\$26.26	\$52.52
65-69	\$33.26	\$66.52
70-74	\$47.66	\$95.32
75+	\$57.06	\$114.12

Basic Life and AD&D – Lincoln Financial

Provided by Crosby ISD, this is a cash benefit of \$10,000 to your loved ones in the event of your death, plus an additional cash benefit if you die in an accident.

Life and AD&D – Lincoln Financial

Group term life insurance is the most inexpensive way to purchase life insurance. You have the freedom to select the amount of coverage you need to help protect your family's well-being.

Voluntary Life	
Age	Employee/Spouse per \$10,000
Under 25	\$0.45
25-29	\$0.53
30-34	\$0.64
35-39	\$0.80
40-44	\$0.89
45-49	\$1.34
50-54	\$2.05
55-59	\$3.83
60-64	\$5.88
65-69	\$11.32
70-74	\$18.35
Children to age 26	\$2.00

Accidental Death and Dismemberment is life insurance coverage that pays a death benefit to the beneficiary based on the benefit level selected, as well as the severity of the dismemberment, should death occur due to an accident. Employee and spouse coverage options are in increments of \$10,000, with a maximum of \$500,000. Spouse coverage cannot exceed 100% of employee coverage.

Rates are \$0.28 per \$10,000

Individual Life Insurance – 5Star

Fully portable permanent life insurance for employees and their family. Rates are based on your current age, with no reduction in death benefit due to age. Employees do not have to enroll to obtain coverage for dependents.

Open Enrollment Guarantee Issue:

Employee	\$150,000
Spouse	\$30,000
Child(ren)	\$10,000

Legal and Identity Theft Support – LegalShield

Legal plans provide benefits that cover the most common legal needs you may encounter. Identity theft protection plans monitor your credit accounts, social security, and more.

Legal and Identity Theft			
Tier per month	Legal Shield	ID Shield	Legal Shield and ID Shield
EE Only	\$21.95	\$12.95	\$34.90
EE + Family	\$21.95	\$22.95	\$41.90

Emergency Transport Services - 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.

Emergency Transport Services	
Tier per month	MASA
EE Only	\$14.00
EE + Family	\$14.00

Medical - Cigna

Crosby ISD contributes \$323 per month, per employee, towards the cost of medical insurance. Plan summaries can be found on the following page.

Medical			
Tier per Month	Open Access Plus Buy Up Plan	Open Access Simple CoPay Plan	Open Access Plus HSA Plan
EE Only	\$296.68	\$271.94	\$194.04
EE + Spouse	\$1,375.48	\$1,307.16	\$1,093.70
EE + Child(ren)	\$836.17	\$789.56	\$643.86
EE + Family	\$1,889.97	\$1,800.98	\$1,522.85

Medical Plans Summary



Medical Plans Summary

	Open Access Plus Buy Up Plan	Open Access Simple CoPay Plan	Open Access Plus HSA Plan	
	In-Network	In-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$3,000	\$0	\$7,500	\$15,000
Family	\$6,000	\$0	\$15,000	\$30,000
Calendar Year Out-of-Pocket Maximum Includes deductible				
Individual	\$9,100	\$8,000	\$8,300	\$16,600
Family	\$18,200	\$16,000	\$16,600	\$33,200
	You Pay	You Pay	You Pay	You Pay
Preventative Care	0%, No Deductible	0%, No Deductible	0%, No Deductible	Same as PCP OV
Primary Care Physician	\$75	\$75 Tier 1 / \$200 Tier 2	30% after Deductible	50% after Deductible
Specialist	\$90	\$125 Tier 1 / \$350 Tier 2	30% after Deductible	50% after Deductible
Telemedicine	\$0	\$0	\$0 after Deductible	No out-of-network benefits
Simple Lab and X-Ray	30% after Deductible	OV Copay	30% after Deductible	50% after Deductible
Urgent Care	\$100	\$250	30% after Deductible	50% after Deductible
Emergency Room	\$500 then 30% after Deductible	\$1,000	30% after Deductible	50% after Deductible
Emergency Transportation	30% after Deductible	\$1,000	30% after Deductible	50% after Deductible
Hospital Admission	30% after Deductible	\$3,000	30% after Deductible	50% after Deductible
Outpatient Services	30% after Deductible	\$1,500	30% after Deductible	50% after Deductible
Prescription Drugs – Retail Up to 30-day supply				
Tier I	\$15	\$40	30% after Deductible	No out-of-network benefits
Tier II	\$100	\$70	30% after Deductible	No out-of-network benefits
Tier III	\$200	\$150	30% after Deductible	No out-of-network benefits
Tier IV	-	\$250	Yes	No out-of-network benefits
Prescription Drugs – Mail Order Up to a 90-day supply	2.5x	3x	30% after Deductible	No out-of-network benefits
Employee Only	\$254.88	\$229.94	\$152.04	
Employee + Spouse	\$1,333.48	\$1,265.16	\$1,051.70	
Employee + Child(ren)	\$794.17	\$747.56	\$601.86	
Employee + Family	\$1,847.97	\$1,758.98	\$1,480.85	

*The above is only a summary. It is not intended to be a complete listing of all plan details.