



Benefits At A Glance 2026—2027

PRICES LISTED BELOW ARE SEMI-MONTHLY (PER PAYCHECK)

BENEFITS AVAILABLE:

PLAN YEAR FROM 09/01/2026 - 08/31/2027

- Medical - TRS (Blue Cross Blue Shield):
- * ActiveCare HD—PPO
- * ActiveCare Primary—HMO
- * ActiveCare Primary+—HMO
- Dental PPO (Ameritas) - Low & High Plan Option
- Vision (MetLife) - Low & High Plan Option
- Group Term Life AD&D (Voya)
- Whole Life Insurance (Texas Life)
- Accident Plan (Manhattan Life)
- Critical Illness Plan (Aetna)
- Cancer Plan (American Public Life (APL))
- Short/Long Term Disability (American Fidelity)
- Flexible Spending (FFGA)
- Health Savings Account (FFGA)
- ◆ Hospital Indemnity Plan (Aetna)
- ◆ Telemedicine—Recurro (optional)
- Term Life (American Fidelity)
- Medical Transport (MASA)

Medical Rates (Rates below are per check after \$310 district contribution)

Tier	TRS-Active Care HD—High Deductible PPO	TRS-ActiveCare Primary HMO	TRS-ActiveCare Primary+ HMO
Employee Only	\$136.50	\$129.50	\$179.50
Employee + Spouse	\$632.50	\$613.50	\$715.00
Employee + Children	\$341.00	\$329.00	\$414.00
Family	\$836.50	\$812.50	\$949.00

Medical Plans—TRS—Blue Cross Blue Shield

Medical Details	TRS-Active Care HD—High Deductible PPO (In Network)	TRS-ActiveCare Primary HMO	TRS-ActiveCare Primary+ HMO
Deductible	\$3400 EE / \$6800 FAM	\$2500 EE / \$5000 FAM	\$1200 EE / \$2400 FAM
Primary Care Office Visit	30% after deductible	\$30 copay	\$15 copay
Preventative Services	Covered in full	Covered in full	Covered in full
Specialist Office Visit	30% after deductible	\$70 copay	\$70 copay
Retail Pharmacy	20% after deductible - Generic 25% after deductible - Preferred 50% after deductible - Non-preferred 20% after deductible - Specialty	\$15 - Generic 30% after deductible - Preferred 50% after deductible - Non-preferred 30% after deductible - Specialty	\$15 - Generic 25% after deductible - Preferred 50% after deductible - Non-preferred 20% after deductible - Specialty \$200 deductible (brand drugs only)
Urgent Care	30% after deductible	\$50 copay	\$50 copay
Emergency Care (ER)	30% after deductible	30% after deductible	20% after deductible

Dental Plans—Ameritas

Dental Details	Low Plan	High Plan (Larger Network)	Coverage Level	Low Plan	High Plan
Preventive Services	100%	100%	Employee Only	\$11.67	\$17.14
Basic Services	80%	80%	Employee + Spouse	\$22.22	\$32.78
Major Services	50%	50%	Employee + Children	\$28.53	\$42.08
Orthodontics	\$1,000	\$1,000	Family	\$33.22	\$48.99
Max Benefit	\$1,250	\$1,750	Plans cover 3 free basic dental cleanings per year.		

Vision Plans—MetLife

Vision Details	Low Plan Co-pay	High Plan Co-pay	Coverage Level	Low Plan	High Plan
Eye Examination	\$10	\$10	EE Only	\$4.36	\$6.80
Lenses	\$10	\$10	EE + Spouse	\$9.32	\$14.53
Frames	\$0 (\$180 Allowance)	\$0 (\$250 Allowance)	EE + Children	\$9.07	\$14.14
Contact Lens	\$0 (\$180 Allowance)	\$0 (\$250 Allowance)	Family	\$13.74	\$21.42

Group Term Life Insurance—Voya

Term Life Insurance	Coverage	Guaranteed Issue (No EOI)
Employee	Up to 7x salary or \$500,000	Up to 7x
Spouse	50% of employee benefits	50% of employee benefits
Children	Increments of \$2,000 up to \$10,000	\$10,000

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

Accident Plan—Manhattan Life

Medical Coverage	High Plan
Employee Only	\$2.78
Employee + Spouse	\$5.56
Employee + Children	\$6.66
Family	\$7.90

A D & D—per \$1000

Employee, Spouse, Child
\$0.015



Critical Illness—Aetna		Cancer Plan—American Public Life (APL)	
Amount	Coverage	Tier	High Plan
\$30K	Stroke, Coma, Heart Attack, Paralysis, MS, ALS, organ failure, Alzheimer’s, and other serious conditions.	Employee Only	\$8.91
\$30K or \$15K	Same coverage for spouse and 50% of employee amount for child(ren)	Employee + Spouse	\$17.35
		Employee + Children	\$11.39
		Employee + Family	\$19.83
Use benefits to help pay out-of-pocket medical costs or for everyday expenses.		Supplemental coverage for cancer diagnosis.	
Disability Plan—American Fidelity			
Long- Term Disability	Coverage—Short –Term Benefits	Payment Percentage	
Employee	7, 14, 30, 60, 90, 150 day elimination period	66.67% of gross monthly earnings (your before tax earnings) up to \$15,000 a month max	
Health Savings Account (eligible with High-deductible Plan) - FFGA		Flexible Spending Accounts—FFGA	
Individual	Family	Medical Flexible Spending	Dependent Flexible Spending
Medical reimbursement account that allows you to set aside money from your paycheck to use for medical, dental, vision, and pre-prescription cost for you. Maximum benefit amount per year is \$4400. <i>Account balance will rollover from year to year.</i>	Medical reimbursement account that allows you to set aside money from your paycheck to use for medical, dental, vision, and prescription cost for you. Maximum benefit amount per year is \$8750. <i>Account balance will rollover from year to year.</i>	Medical reimbursement account that allows you to set aside money from your paycheck to use for medical, dental, vision, and pre-prescription cost for you and your dependents. Maximum benefit amount per year is \$3400. <i>If funds are not used by 08/31/2027, you lose them.</i>	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. You may allocate up to \$7,500 per tax year for reimbursement of dependent care services. If you are married and file a separate tax return, the limit is \$3,750. <i>If funds are not used by 08/31/2027, you lose them.</i>
Hospital Indemnity Plan—Aetna		Telemedicine—RECURO	
Tier	High Plan	Plan	Acute care and Behavioral Health
Employee Only	\$11.81	Employee Only or Family	\$5.00
Employee + Spouse	\$23.24		
Employee + Children	\$13.62		
Employee + Family	\$26.95		
Offset out-of-pocket cost for hospitalization.		SECTION 125 Rules	
Optional Retirement Plans (Tax Shelter Annuities)		Plans include: Medical, Dental, Vision, Critical Illness, Cancer, Accident, Flexible Spending (Medical and Dependent Care).	
457 & 403(B) Accounts		You must make an election each plan year to continue your eligibility for cafeteria plan benefits.	
Allows you to set aside money, before taxes, to save towards retirement. For more information please contact TCG Administrators at (800) 943—9179.		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)	
Frequent Contact Numbers		• 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	
Contact	Phone Number		
Benefits Office	(281) 420-4800		
TRS—Blue Cross Blue Shield	(866) 355-5999		
First Financial (FFGA) Enrollment	(855) 523-8422		
Pharmacy—Express Scripts	(844) 367-6108		
Online Enrollment			
https://ffbenefits.ffga.com/goosecreekcisid			
Login: Your Employee ID or Social Security Number with no dashes.			
PIN (at first login only): Password will be the last four digits of your social followed by your full eight-digit birthdate in the format (MMDDYYYY) (12 digits total).			
New PIN: The first time you log in, you will be required to select a new PIN. Please make note of your new PIN because you will use that new PIN from that point forward.			
		SCAN ME ENROLLMENT SITE Employee ID or Social Security Number Personal Identification Number (PIN) By entering your user ID and Personal Identification Number, you are agreeing to the terms of the Consent to Enroll Electronically. Log in Forgot Pin? Security Information Privacy Policy	
Email questions to benefits@gccisd.net			