2026 - 2027 **BENEFITS HIGHLIGHTS** (Sept 1, 2026 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 $ 239.00 Employee + Sp $1283.00 Employee + Ch $ 669.00 Employee + Fam $1713.00	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 $ 253.00 Employee + Sp $1321.00 Employee + Ch $ 693.00 Employee + Fam $1761.00	In-Net Deductibles: $3,400 Individual/$6,800 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 $ 347.00 Employee + Sp $1503.00 Employee + Ch $ 853.00 Employee + Fam $2008.00	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, $0/12Telem Coinsurance: 20% after deductible Rx: $15 gen/$200 Brand Deduct: 25%pref brand/50% non pref brand/20% /$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: $20/40 Primary, $55/85 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 RecuroHealth.com 855.673.2876	Monthly Premium: Emp & Family $12.00 Unlimited Virtual Medical and Behavioral Health Consults	Recuro is extra telehealth coverage with no copay if you or family members need telemedicine or if you are on ActiveCare HD and want to avoid a copay. 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.
6 **CHUBB** Hospital Indemnity (Low Option $1500, High Option $3000 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, pre-existing conditions covered. Hospital Indemnity Plan provides cash benefits for Hospital INPATIENT Admission Benefit: $1,500 or $3000, $150 per day up to 30 days, up to 5 admissions per Calendar year. Newborn Care: $500/day (2 day limit) Observation Care: $500 / 2 per calendar year.
7 **Cigna** Dental Low / High PPO PLAN	Monthly Premium: Employee $41.74/ 48.06 Employee+Sp $92.24/ 106.18 Employee+Ch $83.58/ 96.20 Employee+Fam $138.88/159.82	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 $11.44 Employee + Spouse $24.28 Employee + Children $24.28 Employee + Family $33.20	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 **VSP** Vision Plan Paperless, download card at www.vsp.com	Monthly Premium: Employee $7.90 Employee + Spouse $15.80 Employee + Children $16.90 Employee + Family $27.02	Exam Copay : $10.00 (Ophthalmologist & Optometrist) per plan yr Materials Copay : $25.00 ($150 Retail Frame Allowance) per plan year Std. Contact Lens Fitting: $60.00 allow($150 Retail Allowance in lieu of glasses) Must stay in VSP Advantage Network to receive highest benefits

*Out of Network may be allowed for life threatening Emergency Room care. Out of State & Disabled Dependents over age 25 on approval.
This flyer is used for illustration purposes only. It is the responsibility of the employee to confirm all coverage details. This document was created by Carrollton-Farmers Branch ISD and is solely the work product of the school district. Any questions specific to this document should be directed to the Benefits Office at benefithelp@cfbisd.edu or 972-968-6120

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2026 - 2027 **BENEFITS HIGHLIGHTS** (Sept 1, 2026 effective date)

BENEFIT PLANS	MONTLY RATES	BENEFIT DESCRIPTION
10 **CHUBB** Disability Coverage 888-499-0425	50% Example Benefit 2500: Elim Period — Monthly Prem 14 day — $57.75 30 day — $51.25 90 day — $22.00	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 with limits. (Workers Comp injuries are not covered) Coordinates with other sources of income after 12 months.
11 **CHUBB** Cancer Coverage Low/High Plan with ICU 888-499-0425	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	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. $50/$70 wellness
12 **CHUBB** Accident Coverage Claims 888-499-0425	Monthly Premium: Employee $5.98 Employee + Spouse $8.90 Employee + Children $10.64 Employee + Family $14.46	Provides a CASH benefit when injured Off the job. Workers Comp not included. Emergency Care: $250 Treatment Care: $400 to $1600 Fractures, Specific Injuries, Treatments: $150 to $3,000, $75 wellness Benefits are paid based on itemized bills & medical records from providers.
13 **MASA** Medical Transportation 800-643-9023	Monthly Premium: Emergent Plus $14.00/family Platinum Plan $39.00/family	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)
14 **CHUBB** Term Life w/LTC	$100,000 Life & AD&D age 18-29 $ 5.40 age 30-39 $ 6.50 age 45-49 $13.10 age 55-59 $37.30 age 60-64 $47.20 age 65-69 $83.10	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 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.
15 **5 Star** Permanent Life 866-863-9753	Monthly Premium Employee (age rated) Spouse (age rated) Children (age rated)	Whole Life locks in your premium and you own the life policy. Guaranteed Death Benefit with Cash Value; coverage to age 121. Employee Guarantee Issue: $150,000 (age18-70) Emp Spouse Guarantee Issue: $50,000 (age18-70) Emp Child Guarantee issue: $10,000 (14days-age 23)
16 **Allstate** ID Theft Protection 800-789-2720	Pro + Cyber Plan Monthly Premium: Employee $ 9.96 Employee + Family $17.96 (& Parents, grandparents over 65)	Detection is the NEW PREVENTION Identity and Credit Monitoring, 100K Cyber bullying, 50K scams, social engagement $5 million Identity Theft Insurance Policy, data removal Family coverage includes anyone living within household or financially dependent Register and complete your profile for the most complete monitoring
17 Flexible Spending Account (www.nbsbenefits.com) 800-274-0503	Maximum Yearly Contribution Medical FSA $3,400 $283.33/m Dep/Day Care $7,500/$625m	The medical 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
18 Health Savings Account (www.HSABank.com) 800-357-6246	Maximum Yearly Contribution Individual: $4,400 $366.66 mon Family: $8,550 $725 mon Age 55+ : $1,000 catch up/year	Money not Front Loaded onto debit card. The HSA helps you pay 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. Tax free gains on investments thru HSA Bank
	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
Login Support Benefit Website	CFBISD Help Desk Log In Assistance only 972-968-4357 or helpdesk@cfbisd.edu	Open Enrollment July 20 to August 14, 2026 Website: **www.mybenefitshub.com/cfbisd** Easy sign in using personal info or Microsoft account Rev. 07/08/2026