

Employee Benefits Guide

Benefits that support you as you support
our students, schools, and community.



2026-2027

Every Student.
Every Day.
Their Future.
Our Promise.

Welcome to the 2026–2027 Benefits Enrollment Guide

Whether you are joining Clear Creek ISD for the first time or returning for another great year, we are thrilled to have you as part of the CCISD family. We appreciate the important role you play in supporting our students, schools, and community.

This Benefits Enrollment Guide is designed to provide a convenient overview of the benefit plans available to eligible CCISD employees. Detailed plan information can be accessed through the Benefits HUB, by scanning the carrier QR codes throughout this guide, or by contacting the Benefits Department. A directory of participating carriers and contact information can be found on the next page.

CCISD is proud to offer a comprehensive and competitive benefits package with more than 15 benefit options to help support your health, financial security, and overall well-being. In addition, the District provides several valuable benefits at no cost to eligible employees, including:

- ✓ Basic Life Insurance with a \$25,000 benefit
- ✓ Long-Term Disability Insurance
- ✓ Employee Assistance Program (EAP)

CCISD also contributes toward the cost of medical and dental coverage, helping make essential healthcare benefits more affordable for employees and their families.

We encourage you to review your benefit options carefully and select the plans that best meet your needs. If you have questions or need assistance, our Benefits team is here to help.

Benefits Department

☎ 281-284-0230

✉ benefits@ccisd.net

Thank you for the dedication, talent, and commitment you bring to our students and colleagues each day. We are honored to support you with benefits designed to help you thrive both personally and professionally.

Wishing you a successful, rewarding, and inspiring 2026–2027 school year!

Warm regards,

Paige Fahey
Director of Business Services
Clear Creek Independent School District

This guide is intended to provide a general overview of the employee benefits offered. While every effort has been made to ensure the accuracy of information herein, the official plan documents and vendor provided materials govern the terms and conditions of each benefit. In the event of any discrepancy between this guide and the vendor's plan documents, the vendor's information will take precedence.

Table of Contents

Welcome	1
Important Contacts	2
Before You Enroll	3
Eligibility & Qualifying Events	4
How to Enroll	6
Medical Plans	7
How a Health Plan Works	11
Where to Go For Care	12
Prescription Drug Benefits	13
TRS Virtual Health	14
Mental Health Resources	15
HSA & FSA	16
Dental Plans	18
Vision Plan	19
Life and AD&D Insurance	20
Disability Insurance	21
Cancer Insurance	23
Critical Illness Insurance	24
Accident Insurance	25
Hospital Indemnity Insurance	26
Legal Plan	27
Employee Assistance Plan	28
Pet Insurance	29
Retirement Planning	30
Unused Leave	32
Information & Notices	33
QR Codes	35

CCISD Education Support Center

Business Services Department
2425 East Main Street
League City, Texas 77573

Office Hours

Monday – Friday
8:00am – 4:30pm

Our offices are closed Fridays in June & July

Important Contacts

Coverage	Access	Carrier	Contact Info	Website / Email
Medical/Update PCP		BCBS	866-355-5999	www.bcbstx.com/trsactivecare
24/7 Nurseline		BCBS	833-968-1770	NA
Virtual Care	Your BCBS Member ID	Teladoc	855-835-2362	www.teladoc.com/trsactivecare
	TRS ActiveCare	RediMD	855-942-4900	www.redimd.com/trsactivecare
Prescriptions		Express Scripts	844-367-6108	www.esrx.com/trsactivecare
Dental		CIGNA	800-244-6224	www.mycigna.com
Vision		EyeMed	866-800-5457	www.eyemed.com
Flexible Spending Accounts		Chard-Snyder	800-982-7715	www.chard-snyder.com
Health Savings Accounts		Gulf Coast Educators FCU	281-487-9333	www.gcefcu.org
Life and AD&D		Securian	800-392-7295	www.securian.com/ccisd-insurance
Short-Term Disability		Madison National	800-392-7295	Ochs@ochsinc.com
Long-Term Disability		Madison National	800-392-7295	Ochs@ochsinc.com
Legal Plan	18017ccs	ARAG	800-247-4184	www.araglegalcenter.com
Cancer Plan		Guardian	888-600-1600	www.guardiananytime.com
Accident Plan		Aetna	888-772-9682	www.myaetnasupplemental.com
Hospital Indemnity Plan		Aetna	888-772-9682	www.myaetnasupplemental.com
Critical Illness Plan		Aetna	888-772-9682	www.myaetnasupplemental.com
Employee Assistance Program	Login: NISEAP PW: EAP PW is case sensitive	Telus	855-506-3173	www.niseap.com
Teacher Retirement System		TRS	800-223-8778	www.trs.texas.gov
403(b)/457(b)		TCGServices	800-943-9179	www.tcgservices.com
Pet Discount Plan			888-343-2340	www.spotpet.link/ccisd

CCISD Benefits Staff			
General Benefits Questions	Benefits Department	281-284-0230	benefits@ccisd.net
Mayra Faucette	Lead Benefits Specialist Employees A-L	281-284-0233	mfaucette@ccisd.net
Gladys Ruiz	Benefits Specialist Employees M-Z	281-284-0232	gruiz@ccisd.net
Michelle Nowell	Asst. Director Human Resources and Business Services	281-284-0168	mnowell@ccisd.net
Lori Liebman	Leave Specialist	281-284-0235	lliebman@ccisd.net
Sharon McHenry	Workers Comp and Unemployment Specialist	281-284-0231	smchenry@ccisd.net
Paige Fahey	Director of Business Services	281-284-0229	sfahey@ccisd.net

Before You Enroll

What's New for 2026-2027?

District Benefits Updates

- ★ **NEW:** Life & AD&D Insurance now provided through Securian Financial.
- ★ **Lower rates:** Voluntary Life Insurance rates on employees decreasing by 25%!
- ★ **NEW EAP provider:** The Employee Assistance Program remains available at no cost and is now provided through TELUS Health.
- ★ **NEW:** Discounted Pet Insurance is now available.

TRS ActiveCare Updates

- ★ New tiered coinsurance structure for certain outpatient and inpatient services.
- ★ Enhanced Member Rewards Program with rewards of up to \$599 per year, now paid directly to members by check.



Important Reminders!

- ★ **Review Your First Payroll Check:** Please review your September 5, 2026 payroll check to ensure your benefit deductions are correct. If you notice any discrepancies, contact your Benefits Specialist as soon as possible so corrections can be made.
- ★ **Update Your Beneficiaries:** All employees receive Basic Life & AD&D Insurance at no cost. Be sure to review and update your beneficiary information in The Benefits HUB.
- ★ **Dependent Coverage:** Social Security numbers are required by TRS when enrolling dependents in a medical plan.
- ★ **Passive Enrollment:** Open Enrollment is passive. If you do not make changes during the enrollment period, your current benefit elections will automatically roll into the most comparable available plans for the new plan year.
- ★ **FSA & HSA Elections Do Not Roll Over:** If you wish to contribute to a Flexible Spending Account (FSA) or Health Savings Account (HSA) for the new plan year, you must re-enroll and elect your contribution amount during Open Enrollment.

QR

Many of our benefit providers offer mobile apps that make it easy to access ID cards, view coverage details, track claims, and manage your benefits. Look for QR codes throughout this guide for quick access.

Eligibility & Qualifying Events

Who Is Eligible for TRS-ActiveCare?

You may enroll in TRS-ActiveCare if you:

- ✓ Are employed in a position eligible for membership in the Teacher Retirement System (TRS), or
- ✓ Work for a participating district/entity at least 10 regularly scheduled hours per week in a position that is not TRS-eligible.

Employees covered through ERS, a Texas public university system health plan, or TRS-Care are not eligible for TRS-ActiveCare.

Who Can I Cover?

You may enroll the following eligible dependents:

- ✓ Your spouse (including a qualified common-law spouse)
- ✓ Your children up to age 26, including:
 - Natural children
 - Adopted children or children placed for adoption
 - Stepchildren
 - Foster children
 - Children under your legal guardianship
 - Certain grandchildren and other children who meet TRS eligibility requirements
 - Children age 26 or older who qualify due to a physical or mental disability and are claimed as dependents on your tax return.



When Do I Need to Enroll?

New Employees

New employees must enroll within 31 calendar days of their eligibility date (typically the date of hire).

For medical coverage, you may choose to begin coverage:

- ✓ On your date of hire, or
- ✓ On the first day of the month following your hire date

If you elect coverage on your hire date, you'll pay the full monthly premium, even for a partial month.

Newly Eligible Dependents

New spouses, newborn children, adopted children, and other newly eligible dependents must be enrolled within 31 calendar days of becoming eligible.

What If My Employment Status Changes?

Employees moving from eligible part-time to full-time status have 31 calendar days to enroll, even if coverage was previously waived.

How can I avoid delays in coverage?

We encourage you to complete your enrollment as soon as you become eligible. Enrolling early helps ensure your information is processed and your coverage is in place when you need it.

Eligibility & Qualifying Events

Can I Change My Benefits During the Year?

In most cases, benefit elections remain in effect for the entire plan year. However, you may make changes if you experience a **qualifying life event** and submit your request **within 31 calendar days** of the event.

What Is a Qualifying Life Event?

Common qualifying life events include changes to your family, employment, or other health coverage, such as:

- Marriage or divorce
- Birth, adoption, or placement of a child
- Death of a covered dependent
- Involuntary loss of coverage under another health plan
- Gain of coverage under another health plan
- Change in employment status affecting benefit eligibility
- Change in residence affecting coverage eligibility
- Change in a child's eligibility for coverage
- Receipt of a Qualified Medical Child Support Order (QMCSO)



What Do I Need to Do?

If you experience a qualifying life event, contact the Benefits Department **within 31 calendar days** and provide any required documentation.

Important: If you do not report the event within 31 calendar days, you may need to wait until the next Open Enrollment period to make changes to your benefits.



Need Help?

Contact a Benefits Specialist if you need assistance with:

- ✓ Completing Open Enrollment
- ✓ Reporting a qualifying life event
- ✓ Generating a benefits statement
- ✓ Adding eligible dependents
- ✓ Updating dependent information

📧 benefits@ccisd.net

☎ 281-284-0230

Having Trouble Logging In?

If you're experiencing issues with your CCISD network login, such as a password reset, please contact the CCISD Help Desk:

☎ 281-284-4357

How to Enroll

What Information Will I Need?

Before you begin, have the following information available for any dependents you plan to enroll:

- ✓ Full legal name
- ✓ Social Security number (required by TRS for medical coverage)
- ✓ Date of birth
- ✓ Address

How Do I Access The Benefits HUB?

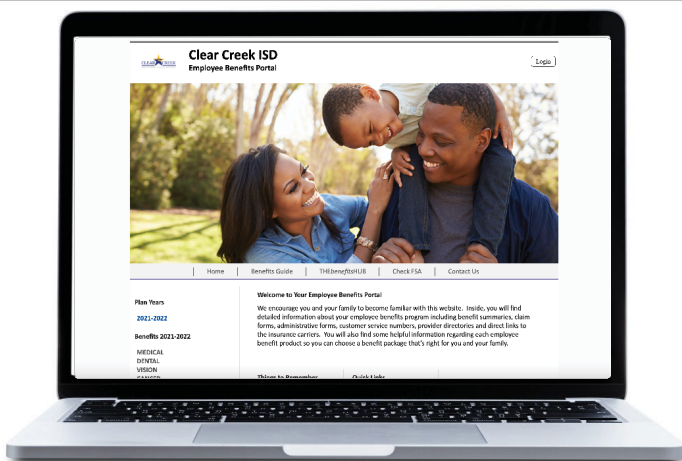
All employees must access The Benefits HUB through the CCISD Single Sign-On Portal.

- ✓ Select the Benefits HUB icon, or visit www.mybenefitshub.com/clearcreekisd
- ✓ Enter your CCISD User ID
- ✓ Enter your CCISD Password



What Steps Will I Complete During Enrollment?

1. Review your information and update any personal or dependent details as needed.
 - ✓ Required fields will be highlighted and must be completed before moving forward.
2. Make your benefit elections.
 - ✓ Each benefit is presented on a separate page.
 - ✓ Additional plan information, videos, and cost details are available throughout the enrollment process.
 - ✓ If you do not want a benefit, select "Waive" to continue.
3. Designate your beneficiaries.
 - ✓ **All TRS or benefits eligible employees** receive District-paid Life Insurance, so beneficiary information is **required**.
4. Review and submit your elections.
 - ✓ Select "Finished" to complete your enrollment.
 - ✓ You will be able to view and print a Consolidated Enrollment Form summarizing your elections.



Having Technical Problems Enrolling Online?

If you're experiencing technical issues while completing your enrollment online, please contact Highlander Financial for assistance.

 800-992-9642



Medical Plans



The district's medical plans are offered through TRS. From in-and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs, TRS-ActiveCare has been designed to flexibly meet the needs of nearly half a million public education employees.

BlueCross BlueShield of Texas | <https://www.bcbstx.com/trsactivecare/> | 866-355-5999

TRS-ActiveCare offers several medical plan options to help meet the needs of you and your family. All plans include prescription drug coverage through Express Scripts, and enrolled members will receive separate ID cards from Blue Cross and Blue Shield of Texas (BCBSTX) and Express Scripts.

TRS-ActiveCare Primary*

- ✓ Copays for doctor visits and generic prescriptions before meeting the deductible
- ✓ Statewide network
- ✓ Primary Care Provider (PCP) selection required
- ✓ Referrals required for specialist visits
- ✓ No non-emergency out-of-network coverage (HMO)

TRS-ActiveCare Primary+*

- ✓ Copays for doctor visits and generic prescriptions before meeting the deductible
- ✓ Statewide network
- ✓ Primary Care Provider (PCP) selection required
- ✓ Referrals required for specialist visits
- ✓ No non-emergency out-of-network coverage (HMO)

TRS-ActiveCare HD

- ✓ High-deductible health plan (HDHP)
- ✓ Must meet the deductible before the plan pays for most non-preventive services
- ✓ Deductible applies to both medical and prescription expenses
- ✓ In-network and out-of-network coverage available (PPO)
- ✓ Nationwide network
- ✓ No PCP selection or specialist referrals required
- ✓ Compatible with a Health Savings Account (HSA)

TRS-ActiveCare 2

Closed to New Enrollees

- ✓ Copays for doctor visits and generic prescriptions before meeting the deductible
- ✓ Nationwide network
- ✓ Includes out-of-network coverage (PPO)

**These plans differ in what you pay for premiums, coinsurance, deductibles and maximum out-of-pocket amounts.*



Need Help Understanding Your Health Plan?

As part of your plan, you have access to benefits specialists called Personal Health Guides to help you get the most from your health plan, at no additional cost to you.

- ☐ Questions about your health plan and prescription drug benefits
- ☐ Finding in-network providers
- ☐ Choosing a Primary Care Provider (PCP)
- ☐ Coordinating transition care

Contact a Personal Health Guide

 1-866-355-5999

 Chat in the BCBSTX App



Watch and learn more!

Medical Plans

	TRS-ACTIVECARE PRIMARY X REGION 4	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD		TRS-ACTIVECARE 2 NOTE: CLOSED PLAN; NO NEW ENROLLMENTS.	
PLAN FEATURES						
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Individual and Family Deductible	\$2,500/ \$5,000	\$1,200/ \$2,400	\$3,400/ \$6,800	\$6,800/ \$13,600	\$1,000/ \$3,000	\$2,000/ \$6,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual and Family Maximum Out-of-Pocket	\$8,050/ \$16,100	\$6,900/ \$13,800	\$8,300/ \$16,600	\$20,500/ \$41,000	\$7,900/ \$15,800	\$23,700/ \$47,400
Network	Statewide	Statewide	Nationwide		Nationwide	
PCP Required	Yes	Yes	No		No	
DOCTOR VISITS						
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1: \$20 copay Tier 2: \$40 copay	You pay 40% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1: \$55 copay Tier 2: \$85 copay	You pay 40% after deductible
Mental Health	\$30 copay	\$15 copay	You pay 30% after deductible		\$20 copay	
TRS Virtual Health Teladoc - Medical	\$12	\$12	\$42		\$12	
Teladoc - Mental Health	Psychiatrist (<i>initial visit</i>) \$0 (<i>ongoing visit</i>) \$0 Psychologist, Licensed Clinical Social Worker \$0	Psychiatrist (<i>initial visit</i>) \$0 (<i>ongoing visit</i>) \$0 Psychologist, Licensed Clinical Social Worker \$0	Psychiatrist (<i>initial visit</i>) You pay 30% after deductible (<i>ongoing visit</i>) You pay 30% after deductible Psychologist, Licensed Clinical Social Worker—You pay 30% after deductible		Psychiatrist (<i>initial visit</i>) \$0 (<i>ongoing visit</i>) \$0 Psychologist, Licensed Clinical Social Worker \$0	
RediMD - Medical	\$0	\$0	\$30		\$0	
IMMEDIATE CARE						
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible		You pay a \$250 copay + 20% after deductible	
Freestanding Emergency Room	You pay a \$500 copay + 30% after deductible	You pay a \$500 copay + 20% after deductible	You pay \$500 +30% after deductible	You pay \$500 + 50% after deductible	You pay a \$500 copay + 20% after deductible	You pay a \$500 copay + 40% after deductible
OTHER SERVICES						
Diagnostic labs	Office/Independent lab: You pay \$0	Office/Independent lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Imaging	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 per procedure copay	You pay 40% after deductible + \$100 per procedure copay
Outpatient costs (<i>Professional and facility</i>)	Tier 1: 30% coinsurance after deductible Tier 2: 40% coinsurance after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient costs (<i>Professional and facility</i>)	Tier 1: 30% coinsurance after deductible Tier 2: 40% coinsurance after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)

Medical Plans

	TRS-ACTIVECARE PRIMARY X REGION 4	TRS- ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2 NOTE: CLOSED PLAN; NO NEW ENROLLMENTS		
OTHER SERVICES (CONTINUED)						
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Bariatric Surgery	Facility – You pay 30% after deductible Professional – You pay \$5,000 copay + 30% after deductible (Only covered at select BDC+ facilities with an in-network physician)*	Facility – You pay 20% after deductible Professional – You pay \$5,000 copay + 20% after deductible (Only covered at select BDC+ facilities with an in-network physician)*	Not Covered	Not Covered	Facility – You pay \$150 facility copay per day + 20% after deductible Professional – You pay \$5,000 copay + 20% after deductible (Only covered at select BDC+ facilities with an in-network physician)*	Not Covered
Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist)	Specialist \$70 copay	Specialist \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Specialist Tier 1: \$55 copay Tier 2: \$85 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	PCP \$30 copay Specialist \$70 copay	PCP \$15 copay Specialist \$70 copay	You pay 30% after deductible	You pay 50% after deductible	PCP Tier 1: \$20 copay Tier 2: \$40 copay Specialist Tier 1: \$55 copay Tier 2: \$85 copay	You pay 40% after deductible

TRS-ActiveCare Employee Medical Premiums

Per Paycheck Rates - Multiply by 2 for Monthly Total

TRS-ACTIVECARE PLAN RATES	Primary	Primary+	HD	AC2
Employee	\$107.00	\$167.00	\$124.00	\$339.00
Employee + Spouse	\$571.00	\$672.50	\$590.00	\$1,003.50
Employee + Child(ren)	\$299.00	\$384.00	\$311.00	\$568.50
Family	\$757.50	\$894.00	\$781.50	\$1,210.50

Medical Plans

Preventive Care

Stay Healthy and Save Money

Preventive care helps detect health concerns early and supports your overall well-being. All TRS-ActiveCare medical plans cover many preventive services at no cost to you when you visit an in-network provider.*

Covered preventive services include:

- ✓ Annual wellness exam
- ✓ Well-woman exam
- ✓ Mammogram (age 40+)
- ✓ Colonoscopy screening (age 50+)
- ✓ Prostate exam (age 55+)
- ✓ Mental health screenings



Member Rewards

Save Money & Earn Cash

With BCBSTX Member Rewards, you can save on healthcare costs and earn up to \$599 per year by choosing lower-cost, quality providers for eligible services.

Eligible services include:

- ✓ Doctor visits
- ✓ Heart services
- ✓ Women's health and pregnancy care
- ✓ Imaging and diagnostic tests (MRI, CT, X-ray, PET scan, etc.)
- ✓ Surgeries and procedures

 Rewards are paid directly to you by check.

Need help?

A Personal Health Guide can answer questions and help you find reward-eligible providers.

 1-866-355-5999

 Chat through the BCBSTX App

Airrosti Remote Recovery

Move Better, Feel Better, Live Better

Struggling with muscle or joint pain? Airrosti Remote Recovery offers convenient virtual care to help relieve acute and chronic pain from the comfort of home.

Your treatment plan includes personalized care, guided recovery exercises, and a free Remote Recovery Kit with at-home recovery tools and expert support.

Cost: Available at no cost for participants enrolled in TRS-ActiveCare Primary, Primary+, and ActiveCare 2. For TRS-ActiveCare HD participants, services are available at no cost after the deductible is met.

 1-800-404-6050

 www.airrosti.com/trs

24/7 Nurseline

Health happens 24 hours a day, 7 days a week.

Registered nurses are waiting to talk to you whenever you call the 24/7 Nurseline.

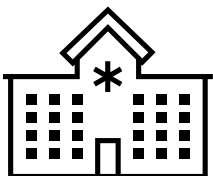
Nurses can answer your health questions and try to help you decide whether you should go to an emergency room, urgent care center or make an appointment with your doctor.



1-833-968-1770

How a Health Plan Works

Health insurance can be complex, but it doesn't have to be confusing. Understanding a few key concepts can help you make informed healthcare decisions, estimate your out-of-pocket costs, and choose the plan that's right for you and your family. The definitions below explain common health plan terms and provide a helpful foundation for understanding how your benefits work throughout the year.



DEDUCTIBLE

A **deductible** is the amount you pay for covered healthcare services each year before your health plan begins paying benefits. For example, if your deductible is \$2,500, you will pay the first \$2,500 in eligible healthcare expenses before the plan starts sharing the cost of covered services. Copays do not count toward your deductible.

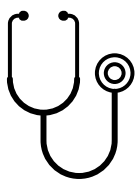
With an **embedded deductible**, each covered family member has their own deductible, as well as a family deductible. If one family member meets their individual deductible, the plan will begin paying benefits for that person - even if the family deductible hasn't been met yet. Other family members must meet their own deductible or the family deductible before benefits begin for them.

- ★ Preventive care services are covered before you meet your deductible when you use an in-network provider.
- ★ Not all healthcare expenses count toward your deductible, so be sure to review your plan details.

COINSURANCE

Coinsurance is your share of the cost of covered healthcare services after you've met your deductible. Once your deductible is met, you and the health plan split the cost of care until you reach your out-of-pocket maximum. For example, if a service costs \$100 and your coinsurance is 30%, you would pay \$30 and the health plan would pay \$70.

- ★ Once you reach your out-of-pocket maximum, the plan pays 100% of covered in-network services for the rest of the plan year.



COPAYMENT

A **copayment**, or **copay**, is a fixed amount you pay for certain covered healthcare services, usually at the time you receive care. For example, if your office visit copay is \$30, you'll pay \$30 at the appointment, and the health plan will cover the remaining eligible cost.

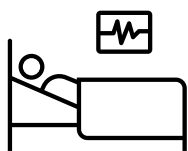
- ★ Copays do not count toward your deductible, but they do count toward your out-of-pocket maximum.



OUT-OF-POCKET MAXIMUM

Your **out-of-pocket maximum** is the most you'll pay for covered healthcare services during the plan year. Once you've reached that amount, the plan pays 100% of covered in-network services for the rest of the year.

- ★ Your deductible, coinsurance, and copays all count toward your out-of-pocket maximum.
- ★ Monthly premiums and services not covered by your plan do not count toward your out-of-pocket maximum.



PROVIDER

A **provider** is a healthcare professional or facility that delivers medical care, such as a doctor, specialist, hospital, clinic, or urgent care center.

In-network providers have contracted with your health plan to offer services at discounted rates. Using in-network providers typically results in lower out-of-pocket costs and helps you get the most value from your benefits.

Out-of-network providers do not have a contract with your health plan. If your plan includes out-of-network benefits, you'll usually pay more for services. Some plans do not provide coverage for out-of-network care except in emergencies.



Where to go for Care?

Whether you have a minor, urgent or life-threatening issue, going to the right place helps you get the care you need and save money. Just because a provider accepts Blue Cross and Blue Shield of Texas doesn't always mean they're in network for your plan. Make sure to ask if the facility is in network and if they're an urgent care center or a freestanding emergency room.

MINOR CONDITIONS



TRS Virtual Health

Get convenient, quality health care from wherever you are with TRS Virtual Health powered by Teladoc® and RediMD™, 24/7 from your computer or phone. Find care for things like:

- ✓ allergies
- ✓ blood pressure
- ✓ asthma
- ✓ fever, cold or flu

Total Cost: 



Your Primary Care Provider

Schedule an appointment with your PCP for:

- ✓ annual wellness exams (no added cost)
- ✓ injuries or illness
- ✓ routine screenings (no added cost)

Your PCP will refer you to a specialist when needed.

Total Cost: 



Retail Clinic

Retail clinics are in stores and pharmacies and are an excellent low-cost option for minor, non-emergency health issues when you can't see your provider. Visit a retail clinic for things like:

- ✓ fever, cold or flu
- ✓ migraines
- ✓ infections
- ✓ sore or strep throat

Total Cost:  

URGENT CONDITIONS



Urgent Care

Go to an urgent care clinic when it's not an emergency, but you still need immediate attention. They're convenient and more affordable than hospital emergency rooms, with evening, weekend and holiday hours for things like:

- ✓ cuts that need stitches
- ✓ minor burns
- ✓ sprains

Total Cost:   

POTENTIALLY LIFE-THREATENING CONDITIONS



TRS Virtual Health

For emergencies, call 911, or go to your nearest ER. Symptoms that need a visit to the ER may include:

- ✓ chest pain
- ✓ heart attack
- ✓ heavy bleeding
- ✓ stroke
- ✓ sudden or severe pain
- ✓ trouble breathing

Total Cost:    

Avoid Freestanding ERs

Freestanding ERs are common across our community, but what you don't know about them could impact your wallet and your wellbeing.



Top 3 reasons to beware of freestanding ERs:

1. High costs! Many freestanding ERs are out of network and have misleading prices. You may end up with a surprisingly high bill for unnecessary care.
2. Limited care options! Because freestanding ERs are not attached to hospitals, they may not be able to give you the care you need.
3. Delayed care! If you need emergency surgery or hospital admission, transferring to a hospital will cost you precious time and money.

Here's how to spot a freestanding ER:

- ✓ They look like urgent care centers but include "EMERGENCY" in the name.
- ✓ They're usually open 24 hours a day, seven days a week. Urgent care centers typically close at night.
- ✓ They're not connected to a hospital.

Prescription Drug Benefits

All TRS-ActiveCare medical plans include prescription drug coverage through Express Scripts by Evernorth, giving you access to a large national network of pharmacies and tools to help you manage your medications.

BENEFIT	TRS-ACTIVECARE Primary*	TRS-ACTIVECARE Primary+	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2
Drug Deductible (per person, per plan year)	Integrated with medical	\$200 per participant (brand drugs only)	Integrated with medical	\$200 per participant (brand drugs only)
Maximum Out-of-Pocket	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical
Short-term Supply at a Retail Location (up to 31-day supply)				
Generic	\$15 copay, \$0 for certain generics	\$15 copay	20% coinsurance after deductible, \$0 for certain generics before the deductible	\$20 copay
Preferred Brand	30% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible (\$40 min/\$80 max)
Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible (\$100 min/\$200 max)
Insulin Out-of-Pocket Cost	\$25 copay	\$25 copay	25% coinsurance after deductible	\$25 copay
Long-term Supply through Mail Order or a Smart90 Pharmacy Location (61 to 90-day supply)				
Generic	\$45 copay \$0 for certain generics	\$45 copay	20% coinsurance after deductible, \$0 for certain generics before the deductible	\$45 copay
Preferred Brand	30% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible (\$105 min/\$210 max)
Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible (\$215 min/\$430 max)
Insulin Out-of-Pocket Cost	\$75 copay	\$75 copay	25% coinsurance after deductible	\$75 copay
Specialty Medications through Accredo (up to 31-day supply)				
Specialty Medications (31-day max supply)	30% coinsurance after deductible	20% coinsurance after deductible (\$500 max)	20% coinsurance after deductible	30% coinsurance after deductible (\$200 min/\$900 max)
Specialty Medications through SaveOnSP copay assistance program				
Specialty Medications on the SaveOnSP Drug List	\$0 copay	\$0 copay	N/A	\$0 copay

Express Scripts | <https://www.express-scripts.com/trsactivecare> | 844-367-6108

DIABETES SUPPLIES: If you have diabetes, you may qualify for a preferred-brand blood glucose meter at no added cost to you. Participants can also get other diabetic supplies at no cost.

BENEFIT	Primary Plan	Primary+ Plan	High-Deductible Plan	TRS-ActiveCare 2 Plan
Preferred-Brand Blood Glucose Meter	\$0	\$0	\$0	\$0
Short-Term Retail Supplies	Copays waived for select needles and syringes if bought the same day as the insulin			
90-Day Supply at Express Scripts or Mail Order Service	Copays waived for all needles, lancets and syringes, regardless of brand. To get test strips at no added cost, you must use the preferred brand			

TRS Virtual Health

Need care but don't want to leave home? Virtual care gives you convenient access to healthcare providers by phone or video, making it easy to get treatment, ask questions, and manage your health from anywhere.



Teladoc provides medical care for a variety of acute, non-urgent conditions. Confidential mental health services for participants 13 and older from a licensed therapist, psychologist, psychiatrist or certified drug and alcohol abuse counselor are also available. Your provider can even send your prescriptions to your pharmacy if needed.

Teladoc is available 24/7 for medical treatment and 7 a.m. to 9 p.m. daily for mental health treatment.

General medical conditions treated include:

- ✓ allergies
- ✓ bronchitis
- ✓ Cold and flu symptoms
- ✓ respiratory infections
- ✓ sinus problems
- ✓ skin problems
- ✓ stomach upset

Mental health conditions treated include:

- ✓ alcoholism, addiction and substance-related disorders
- ✓ attention disorders
- ✓ bipolar, schizophrenia and psychotic disorders
- ✓ depressive and anxiety disorders
- ✓ eating disorders
- ✓ neurocognitive disorders and dementia
- ✓ obsessive compulsive and related disorders
- ✓ personality disorders

TRS-ACTIVECARE PLANS	MEDICAL VISITS	MENTAL HEALTH VISITS
TRS-ActiveCare Primary*, TRS-ActiveCare Primary+, TRS-ActiveCare 2	\$12 copay	\$0 Copay • psychiatrist (initial visit), psychiatrist (ongoing visits), psychologist, licensed clinical social worker
TRS-ActiveCare HD	\$42 consultation fee	30% coinsurance after deductible • psychiatrist (initial visit), psychiatrist (ongoing visits), psychologist, licensed clinical social worker

www.member.teladoc.com/trsactivecare | 855-Teladoc (855-835-2362)

You can also download the Teladoc mobile app from the Apple App Store or Google Play Store



RediMD provides quality primary care medical service with live diagnoses and treatments, online or by phone. Your provider can even send prescriptions to your pharmacy if needed.

Medical services are available 24 hours a day, seven days a week.

Conditions treated by RediMD include:

- ✓ Allergies
- ✓ Ankle injuries
- ✓ Asthma
- ✓ Back and shoulder strains
- ✓ Chemical exposure
- ✓ Contusions and bruises
- ✓ Infections
- ✓ Pulled muscles
- ✓ Shortness of breath

TRS-ACTIVECARE PLANS	MEDICAL VISITS
TRS-ActiveCare Primary*, TRS-ActiveCare Primary+, TRS-ActiveCare 2	\$0 copay
TRS-ActiveCare HD	\$30 consultation fee

www.redimd.com/trsactivecare | 855-942-4900
Registration Code: trsactivecare



Mental Health Resources

Taking care of your mental and emotional health is just as important as taking care of your physical health. That's why we offer access to a variety of resources designed to support you through life's everyday challenges as well as more serious mental health concerns. Whether you need immediate guidance, short-term counseling, virtual care, or ongoing treatment, help is available when you need it.



**Free, Confidential Counseling
and Life Support Services**

866-451-5464

www.niseap.com

LOGIN: NISEAP | PASSWORD: EAP

(Password is case sensitive)

AVAILABLE TO: All employees and eligible dependents,
regardless of medical plan enrollment

COST: FREE

The EAP offers confidential support for everyday challenges, emotional well-being, and life events at no cost to you.

Services include:

- ✓ Up to 3 free assessment and counseling sessions (in person, by phone, or virtual)
- ✓ Support for stress, anxiety, depression, relationship concerns, grief, and other personal challenges
- ✓ Legal and financial consultation resources
- ✓ Childcare and eldercare referrals
- ✓ 24/7 access to counselors and online resources

A great place to start if you're not sure what type of support you need.



**BlueCross BlueShield
of Texas**

Outpatient or Inpatient Mental Health Support

866-355-5999

www.bcbstx.com

AVAILABLE TO: Employees enrolled in district medical insurance

COST: Based on your medical plan and provider's fees

How BCBS can help:

- ✓ Find in-network mental health providers through your BCBS member account
- ✓ Access outpatient or inpatient treatment options
- ✓ Speak with a Personal Health Guide trained in mental health who can help you find the right provider or treatment facility
- ✓ Choose virtual or in-person care based on your preferences and provider availability



Virtual Counseling & Psychiatric Services

855-835-2362

www.teladoc.com/trsactivecare

PASSCODE: TRSActiveCare

AVAILABLE TO: Employees enrolled in district medical insurance

COST: Based on your medical plan:

- TRS ActiveCare Primary & Primary+: \$0
- TRS ActiveCare HD: 30% coinsurance after deductible

**Connect with licensed mental health professionals from
the privacy and convenience of home.**

Services include:

- ✓ Virtual appointments for members age 13 and older
- ✓ Access to licensed therapists, psychologists, psychiatrists, and substance abuse counselors
- ✓ Treatment for anxiety, depression, stress, ADHD, OCD, substance use concerns, eating disorders, bipolar disorder, and more
- ✓ Prescription services when appropriate
- ✓ Easy scheduling through the Teladoc app or website

HSA & FSA

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged account that helps you save and pay for eligible healthcare expenses, both now and in the future.



You can use HSA funds to pay for qualified medical, dental, and vision expenses. Any unused money remains in your account year after year, making an HSA more than just a spending account - it's also a powerful savings tool. As your balance grows, you may have the opportunity to invest your HSA funds, allowing your savings to grow over time and helping you prepare for future healthcare expenses, including those in retirement.

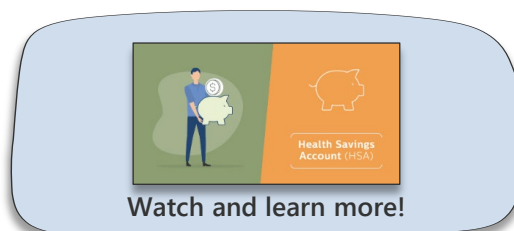
To participate, you must:

- Be enrolled in a qualified HDHP
- Not be covered by any other non-HSA qualified health plan
- Not be enrolled in Medicare
- Not be eligible to be claimed as someone else's tax dependent
- Not be enrolled in a Health Care FSA while contributing to an HSA
- Re-enrollment is required each year during Open Enrollment.

How It Works

- Unused balances roll over
- Funds can be invested
- Withdrawals, including interest earnings and capital gains, are never taxed if used for qualified medical expenses
- You can increase or decrease your contributions throughout the year
- Re-enrollment is required each year

HSA Contribution Limits	2026	2027
Individual	\$4,400	\$4,500
Family	\$8,750	\$9,000
Age 55 catch-up	\$1,000	\$1,000



Gulf Coast Educator's FCU: www.gcefcu.org/hsa/ | 800-683-3863

Health Care Flexible Spending Account (FSA)

A Health Care Flexible Spending Account (FSA) helps you save money on eligible healthcare expenses by allowing you to set aside pre-tax dollars from your paycheck.



You can use your FSA funds for qualified medical, dental, hearing, and vision expenses for yourself and your eligible dependents. Because contributions are made before taxes, you lower your taxable income and stretch your healthcare dollars further. You can even purchase over-the-counter medicines and supplies.

How it Works

- Choose an annual contribution amount up to **\$3,400 for 2026-2027**.
- Contributions are deducted from your paychecks on a pre-tax basis throughout the year.
- Your full annual election is available to use at the beginning of the plan year.
- Elections can only be changed during the year if you experience a qualifying life event.
- Re-enrollment is required each year during Open Enrollment.
- You cannot contribute to an HSA at the same time you are covered by a Health Care FSA.

Important!

The IRS carryover limit allows you to roll over **up to \$680** of unused Health Care FSA funds into the next plan year.

Any amount above the IRS carryover limit is forfeited, so plan your contributions carefully.

\$100
Minimum
Annual
Contribution

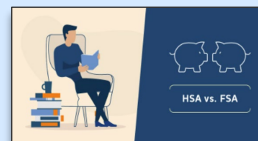
Visit www.irs.gov/forms-pubs/about-publication-502 to see a complete list of IRS-qualified healthcare expenses.

Chard Snyder: www.chard-snyder.com | 800-982-7715

HSA & FSA

HSA vs. Health Care FSA: What's the Difference?

Both Health Savings Accounts (HSAs) and Health Care Flexible Spending Accounts (FSAs) help you save money on eligible healthcare expenses by using pre-tax dollars. While they share that goal, there are important differences in eligibility, account ownership, fund availability, and how unused money is handled.



Watch and learn more!

	Health Flexible Spending Account (FSA)	Health Savings Account (HSA)
Contributions	Pre-Tax	Pre-Tax
Eligible Expenses	Medical, Dental, Vision, OTC	Medical, Dental, Vision, OTC
Maximum Annual Contribution	2026-2027 Plan Year \$3,400	Individual: \$4,400 (2026) \$4,500 (2027) Ind. + Deps: \$8,750 (2026) \$9,000 (2027) Age 55+ Catchup: \$1,000/year
Unused Balances at Year End	Up to \$680 from 2026-2027 Plan Year can carryover to the 2027-2028 Plan Year	Unused balances accumulate with no limit
Long Term Accumulation	N/A	Balances above \$2,000 can be invested in mutual funds
Portability	Lose unused funds if leaving employer	Funds are 100% portable
Type of Health Plan Required for Eligibility	Any or None	High-Deductible Health Plan
Covered Family Members' Expenses	Any family member - regardless of type of health plan or where coverage obtained	Only family members enrolled in the HDHP
Goal	Try to use up funds each year	Try NOT to use funds Use as "rainy day" fund to take advantage of unlimited rollover and ability invest and accumulate towards retirement tax-free

Dependent Care Flexible Spending Account (FSA)

A Dependent Care FSA helps you save money on eligible childcare and eldercare expenses by allowing you to pay for them with pre-tax dollars.

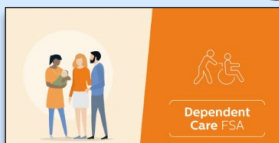
What Can I Use It For?

Eligible expenses include:

- Daycare, preschool, and summer day camps
- Before- and after-school care
- Babysitters and nanny services
- Care for a spouse or dependent who is unable to care for themselves and lives in your home

How Does It Work?

- Choose an annual contribution amount during Open Enrollment or when first eligible.
- Contributions are deducted from your paycheck on a pre-tax basis.
- Use your FSA debit card or submit claims through the administrator's website or mobile app for reimbursement.



Watch and learn more!

Unused funds do not roll over. Any balance remaining after the 75-day grace period is forfeited, so be sure to plan your contributions carefully!

How Much Can I Contribute?

For the 2026–2027 plan year, you may contribute up to:

- ★ \$7,500 per family if single or married filing jointly
- ★ \$3,750 if married filing separately
- ★ \$500 minimum annual contribution



Dental Plans

A healthy smile is an important part of your overall health. CCISD offers two dental plan options through Cigna, both designed to help you maintain good oral health and manage the cost of dental care.

Both plans cover a wide range of services, but they work differently when it comes to choosing providers and accessing care. Taking a few minutes to understand the differences can help you select the plan that's the best fit for you and your family.

Both plans include coverage for:

- Preventive care – exams, cleanings, fluoride treatments, sealants, and X-rays
- Basic services – fillings, extractions, and certain oral surgeries
- Major services – crowns, bridges, dentures, root canals, and certain oral surgeries
- Orthodontia – braces and related treatment

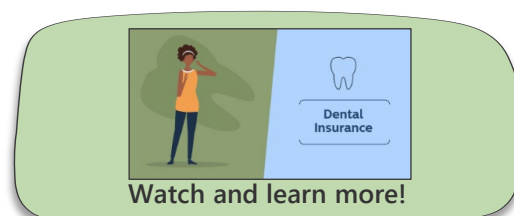


FEATURES	TOTAL CIGNA DPPO	CIGNA ACCESS PLUS - DHMO
Choice of Dentists	Plan members can choose to use ANY dentist. When using "Total CIGNA DPPO" dentists plan members benefit from negotiated discounts.	-You must choose a Primary Care Dentist (PCD) from the CIGNA Access Plus network (DHMO) and are only covered for treatment received from your PCD or from specialists to whom you were referred by your PCD.
Coverage	Preventive: 100% Basic*: 80% Major*: 50% Orthodontia: 50% *subject to individual deductible of \$50	-The DHMO has a list of covered charges called a <i>Schedule of Benefits</i> . -Each of the covered charges has a copay. -Most preventive service copays are \$0. -Copays vary for Basic, Major and Orthodontia. -See DHMO Summary in TheBenefitsHUB
Maximum Benefit	-Preventive/Basic/Major: \$1,500 per person per plan year. -Orthodontia: \$1,500/person - lifetime	There are no maximum annual or lifetime payouts for any benefits
ID Cards	CIGNA will send ID cards.	-CIGNA will send ID cards. -Your PCD will appear on your ID card.
Filing a Claim	-If you use a Total CIGNA DPPO dentist, the dentist must file the claim with CIGNA. -If you use a Non-Network Dentist, you may have to submit the claim to CIGNA yourself.	There are no claims to file as long as you are using your PCD or a specialist to whom your PCD referred you.
Non-Network Charges	-Non-Network claims can be submitted for reimbursement and are subject to Usual and Customary allowance by CIGNA. -If the allowable amount by CIGNA is less than the amount charged by your dentist, you must pay the difference. For example: Assume you obtain a routine cleaning from a non-network provider who charges \$100. If CIGNA allows \$95 for the charge, CIGNA pays \$95 (100% of the allowable amount) and you pay the \$5 difference between the actual charge and the allowable amount.	Non-Network Charges are not covered except in certain emergencies.
Late Enrollees	If you or your eligible dependent do not elect coverage under the Total CIGNA DPPO when you are initially eligible and later enroll, you (your dependent) must wait 12 months before being eligible for Basic and Major charges, and 24 months before being eligible for orthodontia benefits.	There is no Late Enrollment penalty.

Dental Plan Premiums (per paycheck rates - multiply by 2 for monthly total)

TIER	TOTAL CIGNA DPPO	CIGNA ACCESS PLUS DHMO
Employee	\$11.00	\$0
Employee + Spouse	\$28.00	\$9.17
Employee + Child(ren)	\$34.00	\$10.05
Family	\$48.00	\$20.58

800-244-6224
www.myCigna.com



Vision Plan

Your eyes do a lot for you - helping you work, learn, drive, and enjoy everyday life. Routine eye exams can help keep your vision healthy and may even detect other health concerns early.

Vision coverage through EyeMed helps make eye care more affordable by providing benefits for exams, lenses, frames, and contact lenses. To receive the highest level of benefits, be sure to use an in-network provider.

Managing your vision benefits is easy with EyeMed's website and mobile app. You can:

- Find in-network providers
- Schedule appointments
- View your member ID card
- Access benefit information on the go

EyeMed members also enjoy additional savings and discounts, including:

- 40% off an additional pair of glasses
- 20% off non-prescription sunglasses
- Up to \$800 toward LASIK services at LASIKPlus Vision Centers
- Discounts on **hearing exams and hearing aids**
- Additional member offers available through EyeMed



866-800-5457

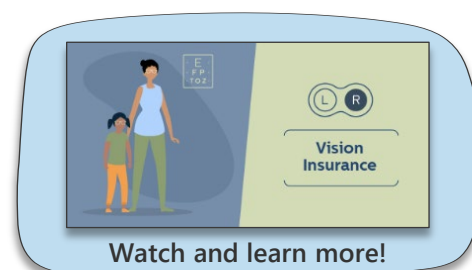
www.eyemed.com

Service	In-Network (Copay)	Non-Network (Max Reimbursement)	Frequency
Eye Exam	\$10	\$42	once every 12 months
Lenses/Frames			
Single	\$25	\$32	once every 12 months
Bifocal		\$50	
Trifocal		\$70	
Standard		\$50	
Progressive		\$70	
Lenticular		\$5	
Polycarbonate			
Frames	\$0; 20% off balance over \$200 allowance	\$140	once every 24 months
Contact Lenses: You can choose to use your annual lens benefit on contacts instead of eyewear.			
Elective*	Conventional: \$0; 15% off balance over \$200 allowance Disposable: \$0; 100% of balance over \$200 allowance	\$140	once every 12 months
Medically Necessary	\$0	\$210	
Fitting Exam	Standard: \$25 Premium: \$0; 10% off retail price, then apply \$40 allowance	\$40	once every 12 months

Vision Plan Premiums

Per paycheck rates - multiply by 2 for monthly total)

Plan	Premium
Employee	\$5.82
Employee + Spouse	\$11.48
Employee + Child(ren)	\$11.28
Family	\$17.10



INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL

Life Insurance and AD&D

Life can be unpredictable, but having the right protection in place can help provide peace of mind. Life Insurance helps provide financial support to your loved ones if you're no longer there to care for them, while Accidental Death & Dismemberment (AD&D) coverage provides additional protection in the event of a covered accident. Together, these benefits can help protect your family's financial future when it matters most.



800-392-7295

www.securian.com/ccisd-insurance

**FREE
BENEFIT!**

Basic Life Insurance and AD&D

Clear Creek ISD provides all benefit-eligible employees with \$25,000 of Basic Term Life Insurance at no cost. This coverage helps provide financial protection for your loved ones in the event of your death.

In addition, the District provides \$25,000 of Accidental Death & Dismemberment coverage, which pays an additional benefit if death results from a covered accident. Benefits begin to reduce at age 65.

Optional Dependent Life Insurance

For just **\$1.46 per month**, you can add coverage for your eligible dependents:

- \$10,000 for your spouse (if legally married, coverage ends at age 70 years)
- \$5,000 for each eligible child up to age 26

One low monthly premium covers all eligible dependents, regardless of the number of children enrolled.

Guarantee Issue:

New Hires applying for coverage within 31 days of their date of eligibility can elect up to \$300,000 (not to exceed 5x your salary) in coverage on yourself, \$50,000 on your spouse and \$10,000 on all eligible dependents without providing Evidence of Insurability.

Voluntary Life Insurance

In addition to the life insurance provided by Clear Creek ISD, you may purchase additional coverage for yourself and your eligible dependents. Spouse coverage drops at age 70.

Employee/Spouse Supplemental Life

Rates/\$1,000/month

AGE	EMPLOYEE	SPOUSE
Under 30	\$0.026	\$0.037
30-34	\$0.030	\$0.044
35-39	\$0.045	\$0.065
40-44	\$0.065	\$0.095
45-49	\$0.097	\$0.140
50-54	\$0.152	\$0.220
55-59	\$0.246	\$0.356
60-64	\$0.373	\$0.540
65-69	\$0.708	\$1.026
70-74	\$1.180	N/A
75 and over	\$1.545	N/A

Child Supplemental Life

One premium provides coverage for all eligible children.

\$10,000

\$1.00/month

Voluntary AD&D

Rates/\$1,000/month

Employee Only

\$0.025

Employee & Family

\$0.040

Employee Supplemental Life	\$10,000 increments	Maximum: The lesser of 7x your annual earnings or \$550,000
Spouse Supplemental Life	\$5,000 increments	Maximum \$250,000 Coverage may not exceed 100% of the employee's supplemental life amount. Max. age 70 years.
Child Supplemental Life	\$10,000	Children are eligible from live birth to age 26.
Dependent Life Package	Spouse \$10,000 Child \$5,000	• Employee supplemental life is not required to elect dependent life. • Children are eligible from live birth to age 26.
Voluntary AD&D	Employee Plan \$10,000 Increments	Employee AD&D Maximum The lesser of 7x your annual earnings or \$550,000
Employee & Family Voluntary AD&D	Family plan: Spouse and child coverage is a percentage of the employee's voluntary AD&D amount Spouse (with children) 50% Spouse (no children) 60% Each child (with spouse) 10% Each child (no spouse) 10%	Spouse & Child(ren) AD&D Maximum \$275,000 Spouse AD&D Maximum \$330,000 Child(ren) AD&D Maximum \$55,000

Disability Insurance

Your ability to earn an income is one of your most valuable assets. If an injury, illness, or pregnancy keeps you from working, disability insurance can help provide financial support while you focus on your recovery. That's why CCISD partners with Madison National Insurance Company to offer disability income protection designed to help replace a portion of your income when you're unable to work due to a covered condition.



**Madison
National Life**

a Horace Mann company

800-356-9601

www.MadisonLife.com

Why consider disability coverage?

- ✓ Helps replace a portion of your income during a covered disability
- ✓ Benefits are paid year-round, whether or not school is in session
- ✓ Maternity is covered the same as illness
- ✓ Available at affordable group rates
- ✓ Premiums are conveniently payroll deducted

Short-Term Disability (STD)

Short-Term Disability coverage provides income protection during temporary disabilities resulting from a covered illness or injury.

Benefit Amount

- Choose a monthly benefit in \$200 increments
- Minimum benefit: \$200 per month
- Maximum benefit: \$4,000 per month
- Benefits up to 66⅔% of your monthly earnings
- Madison National determines the final eligible benefit amount
- Benefits are paid bi-weekly for up to 90-calendar days

Benefit Waiting Period

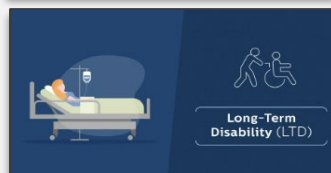
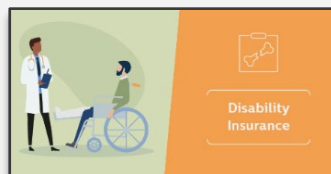
The waiting period is the amount of time you must be continuously disabled before benefits begin.

Choose from two plan options:

- 0-day accident / 3-day sickness waiting period
- 14-day waiting period for both accident and sickness

Premium Estimates per Paycheck (multiply by 2 for monthly total)

Base Annual Salary	Maximum Monthly Benefit	0 Day Accident 3 Day Illness	14 Day Accident 14 Day Illness
\$15,000	\$800	\$6.24	\$4.12
\$30,000	\$1,600	\$12.48	\$8.24
\$45,000	\$2,400	\$18.72	\$12.36
\$60,000	\$3,200	\$24.96	\$16.48



Watch and learn more!

Long-Term Disability (LTD)

Long-Term Disability provides ongoing income support if you're unable to return to work after your Short-Term Disability benefits end.

How does LTD work?

Income Replacement Benefit The percentage of your monthly income the plan may replace if you're unable to work due to a covered disability.	60%
Maximum Period Payable The age at which LTD benefits end. The maximum payable to age 65 applies to disabilities starting before age 60. Disabilities at 60+ years, refer to certificate.	To age 65
Minimum Monthly Benefit	\$100 or 10%
Maximum Monthly Benefit	\$7,500
Elimination Period The number of days you must be disabled before benefits begin.	90 days

**LTD
is paid in full
by CCISD for all
benefit-eligible
employees!**

Disability Insurance

When Life Interrupts Work, Disability Insurance Can Help

What Is Disability Insurance?

Think of disability insurance as insurance for your paycheck. If you're unable to work because of a covered illness, injury, or medical condition, disability benefits can help replace a portion of your income while you recover.

Disability benefits can help you cover everyday expenses such as:

- ✓ Rent or mortgage payments
- ✓ Utilities
- ✓ Groceries
- ✓ Childcare expenses
- ✓ Medical bills



Scenario 1: Pregnancy & Maternity Leave

Meet Maria, a teacher at CCISD.

Maria enrolls in Disability Insurance during Open Enrollment in August for the upcoming plan year. In July of the next year, she begins her maternity leave.

Maria's Disability Insurance Helps By:

- ✓ Paying up to 66 2/3% of her weekly salary for up to 6-8 weeks during her recovery, depending on type of delivery.
- ✓ Helping cover expenses like diapers, groceries, and utility bills
- ✓ Reducing financial stress so she can focus on her recovery and time with her new baby

Scenario 2: Illness or Surgery

Meet Nathan, a campus maintenance employee at CCISD.

Nathan is hospitalized with pneumonia and misses four weeks of work. He has already used all of his available vacation time.

Nathan's Disability Insurance Helps By:

- ✓ Providing a portion of his income while he's unable to work
- ✓ Helping him stay on top of rent, prescriptions, and other everyday expenses
- ✓ Giving him one less thing to worry about so he can focus on recovering



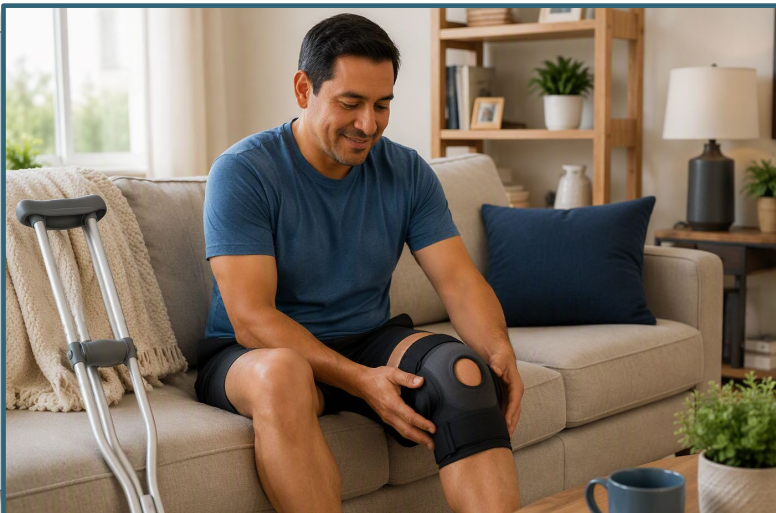
Scenario 3: Recovery After Surgery

Meet David, a school bus driver at CCISD.

David undergoes knee surgery and is unable to work while he recovers. His recovery will keep him away from work for 90 days, but he has enough accumulated leave to continue receiving his CCISD paycheck during that time.

David's Disability Insurance Helps By:

- ✓ Providing his full monthly disability benefit—even while continuing to receive a paycheck from the district.
- ✓ Helping him keep up with his mortgage, bills, and other financial obligations
- ✓ Adding an extra layer of financial protection, allowing him to focus on healing and getting back to work



Cancer Insurance

A cancer diagnosis can affect more than your health - it can also create unexpected financial challenges. Costs associated with treatment, hospital stays, transportation, and time away from work can add up quickly. Guardian Cancer Insurance provides cash benefits that can help offset expenses not fully covered by your medical plan, so you can focus less on financial worries and more on getting well.



Plan Benefits

Benefit	Low Option	Medium Option	High Option
Hospital Confinement	\$300/day	\$300/day	\$400/day
Radiation/Chemotherapy	Up to \$5,000 every 12 months	Up to \$15,000 every 12 months	Up to \$30,000 every 12 months
Surgery & Related Benefits	Up to \$2,750	Up to \$4,125	Up to \$5,500
Wellness	\$125	\$125	\$125
Initial Diagnosis	\$5,000	\$7,500	\$10,000
Intensive Care	\$400/day	\$400/day	\$600/day

Guardian®
888-600-1600
www.guardiananytime.com

Pre-Existing Condition Limitations

- Cancer diagnosed before your Guardian coverage becomes effective is not covered under the plan.
- The plan also does not cover conditions for which you consulted a physician, received treatment, or took prescribed medication during the 3 months before your coverage began.

Coverage may become available if you:

- Remain treatment-free for 6 consecutive months after your coverage effective date, or
- Have been covered under the plan for 12 consecutive months.

Get Rewarded for Staying Healthy!

Receive up to **\$125 per year per covered participant** for completing an eligible cancer screening, such as a mammogram, Pap test, PSA test, or other covered screening.

Plan Premiums (per paycheck rates - multiply by 2 for monthly total)

Tier	Low Option	Medium Option	High Option
Employee Only	\$8.14	\$14.71	\$27.19
Employee & Spouse	\$13.06	\$22.99	\$41.91
Employee & Child(ren)	\$11.40	\$20.87	\$38.84
Employee & Family	\$16.32	\$29.15	\$53.56

Critical Illness Insurance

A serious health event can impact more than your health—it can also create unexpected expenses. Aetna Critical Illness Insurance provides a lump-sum cash benefit of \$10,000, \$20,000, or \$30,000 (based on the coverage amount you elect) if you're diagnosed with a covered condition, such as a heart attack, stroke, end-stage renal failure, or major organ failure, helping you focus on recovery instead of financial stress.



888-772-9682

www.myaetnasupplemental.com

You may also elect coverage for your spouse and dependent children. Covered dependents are eligible for benefits up to 50% of your elected benefit amount.

Good to Know

- ✓ No pre-existing condition limitations apply to this coverage.
- ✓ Benefits are paid directly to you, giving you the flexibility to use the funds wherever they're needed most.
- ✓ If a covered condition recurs, you may qualify for an additional lump-sum benefit, provided the recurrence occurs more than 90 days after the previous covered diagnosis.

Invest in Your Health, Get Rewarded!

Receive up to **\$100 per year per covered participant** for completing an eligible wellness exam.

Non-Tobacco Plan Premiums (per paycheck rates - multiply by 2 for monthly total)

	\$10,000		\$20,000		\$30,000	
Age	Employee & Employee Child	Employee/Spouse & Employee Child	Employee & Employee Child	Employee/Spouse & Employee Child	Employee & Employee Child	Employee/Spouse & Employee Child
<25	\$1.54	\$3.21	\$1.68	\$3.45	\$1.81	\$3.69
25-29	\$1.70	\$3.48	\$1.99	\$4.00	\$2.27	\$4.51
30-34	\$1.85	\$3.75	\$2.29	\$4.54	\$2.73	\$5.32
35-39	\$2.10	\$4.19	\$2.78	\$5.41	\$3.46	\$6.63
40-44	\$2.47	\$4.90	\$3.53	\$6.82	\$4.59	\$8.75
45-49	\$3.08	\$6.03	\$4.75	\$9.09	\$6.42	\$12.14
50-54	\$4.03	\$7.77	\$6.64	\$12.58	\$9.26	\$17.38
55-59	\$5.52	\$10.37	\$9.63	\$17.77	\$13.73	\$25.17
60-64	\$7.88	\$14.06	\$14.34	\$25.15	\$20.81	\$36.25
65-69	\$11.27	\$18.87	\$21.12	\$34.77	\$30.98	\$50.67
70+	\$15.28	\$24.38	\$29.14	\$45.79	\$43.01	\$67.20

Rates for tobacco users can be obtained by contacting your Benefits Specialist or downloading the AETNA Critical Illness Flier from The Benefits HUB.



Accident Insurance

Accidents can happen when you least expect them, and the costs can add up quickly. Aetna Accident Insurance provides cash benefits for covered injuries, treatments, and related services, helping you manage out-of-pocket expenses after an accident.

Choose from two plan options, with benefits paid directly to you in addition to any other insurance benefits you may receive.



888-772-9682

www.myaetnasupplemental.com

Plan Benefits

Benefit Type <i>(Not a complete list)</i>	Option 1: Low Plan Aetna Accident Insurance Pays YOU	Option 2: High Plan Aetna Accident Insurance Pays YOU
Injuries		
Fractures	\$375 - \$13,750	\$450-\$16,500
Dislocations	\$100 - \$4000	\$150 - \$6,000
Second and Third Degree Burns	\$500 - \$9,000	\$1000 - \$18,000
Concussions	\$100	\$150
Cuts/Lacerations	\$25 - \$600	\$25 - \$600
Eye Injuries: Surgical Repair/Removal of Object	\$200/\$100	\$300/\$150
Medical Services & Treatment		
Ground/Air Ambulance	\$300/\$1,500	\$300/\$1,500
Initial treatment: ER/Urgent Care/Doctor	\$150/\$150/\$150	\$200/ \$200 \$200
Physician Follow-Up	\$75	\$100
Therapy Services (including physical therapy)	\$15 (10 visits)	\$25 (10 visits)
Medical Testing Benefit X-ray/Imaging	\$25/\$100	\$50/\$150
Medical Appliances	\$50 - \$1,000	\$100 - \$1,500
Inpatient Surgery	\$500 - \$1,000	\$1,000 - \$2,000
Hospital Coverage (Accident)		
Initial Admission Benefit (Non ICU/ICU)	\$1,000/\$2,000	\$1,500/\$3,000
Confinement	\$100 (non-ICU)	\$200 (non-ICU)
Non-ICU confinement paid for up to 365 days	Non-ICU/ICU \$200/\$400 (ICU)	Non-ICU/ICU \$250/\$500 (ICU)
ICU confinement paid for 30 days	Begins on day 2 of stay	Begins on day 2 of stay
Inpatient Rehab	\$50/day	\$100/day
Paid per accident	Maximum 1 stay/accident - Maximum 30 days	Maximum 1 stay/accident - Maximum 30 days
Surgical Care		
Ruptured Disc/Torn Knee Cartilage	\$500	\$750
Tendon/Ligament/Rotator Cuff	Single: \$500; Multiple: \$1,000	Single: \$750; Multiple: \$1,500
Surgery (with repair)		
Cranial, Open Abdominal and Thoracic	\$1,000	\$2,000
Hernia	\$200	\$250
Surgery (no repair) - Exploratory or Arthroscopic	\$100	\$200
Accidental Death		
Employee receives 100% of amount shown	\$25,000	\$50,000
Spouse and children receive 50% of amount shown	\$75,000 for common carrier	\$150,000 for common carrier
Dismemberment, Loss & Paralysis		
Dismemberment, Loss & Paralysis	\$250 - \$5,000 per injury	\$500 - \$10,000 per injury
Other Benefits		
Lodging	\$200/night	\$200/night
Pays lodging for companion up to 30 nights/calendar year	up to 30 nights	up to 30 nights

Note: This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable.

Plan Premiums (per paycheck rate - multiply by 2 for monthly total)

	Low Plan	High Plan
Employee	\$3.36	\$6.32
Employee + Spouse	\$4.99	\$9.48
Employee + Child(ren)	\$6.35	\$12.06
Family	\$8.18	\$15.25



Hospital Indemnity Insurance

A hospital stay can bring unexpected costs, even when you have medical insurance. Aetna Hospital Indemnity Insurance provides cash benefits when a covered accident or illness results in a hospital stay, helping you manage expenses and focus on your recovery.

Choose from two plan options, with benefits paid directly to you in addition to any other insurance benefits you may receive. You can use these funds however you need - whether it's for deductibles, coinsurance, travel, childcare, household expenses, or time away from work.



Plan Benefits

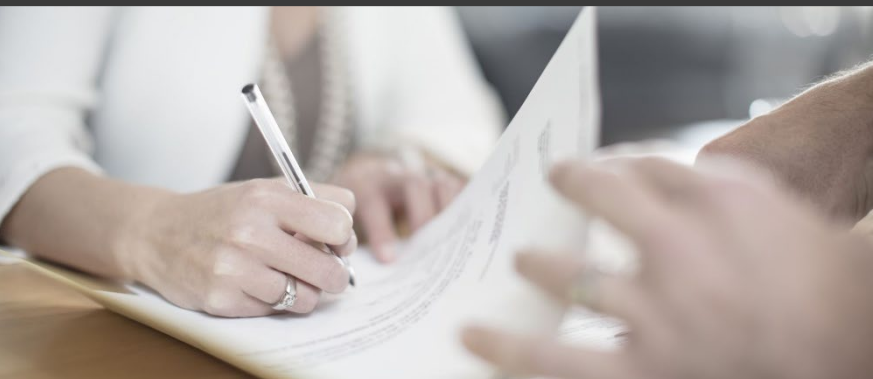
Benefit Type	Low Plan Aetna Hospital Indemnity Insurance Pays YOU	High Plan Aetna Hospital Indemnity Insurance Pays YOU
Hospital Coverage		
Admission		
- Non-ICU	\$500	\$1,000
- ICU (No max stays per plan year if separated by 30 days)	\$1,000	\$2,000
Confinement (beginning day 1)		
- Non-ICU	\$100/day, up to 365 days	\$200/day, up to 365 days
- ICU	\$200/day, up to 365 days	\$400/day up to 365 days
- Mental disorder/ substance abuse	\$100/day, up to 365 days	\$100/day, up to 365 days
- Rehabilitation unit stay	\$100/day, up to 365 days	\$100/day, up to 365 days
Newborn Routine Care	\$100	\$100
Inpatient Rehab Stay must occur immediately following hospital confinement and occur within 365 days of accident	\$100/day up to 15 days/accident 30 days/calendar year	\$200 a day up to 15 days/accident and 30 days/calendar year
Pre-existing Condition Limit	None	None
Other Benefits		
Lodging (accident only) Benefit provided for a companion accompanying a covered insured while hospitalized	\$100/day up to 10 days per plan year lodging facility must be located at least 50 miles from covered person's primary residence	\$100/day up to 10 days/plan year lodging facility must be located at least 50 miles from covered person's primary residence
Observation Unit (max 1 day/year)	\$100	\$200
<i>Does not cover hospital stays resulting from care from cosmetic care, custodial, or various other activities. Please refer to the Aetna policies for details.</i>		

Plan Premiums (per paycheck rates- multiply by 2 for monthly total)

Tier	Low Plan	High Plan
Employee	\$7.93	\$15.93
Employee + Spouse	\$12.11	\$24.10
Employee + Child(ren)	\$15.86	\$31.55
Family	\$20.29	\$40.38



Legal Plan



Legal issues can arise at any stage of life, from preparing a will and buying a home to handling family, consumer, or financial matters. The ARAG Legal Plan provides access to experienced attorneys and valuable legal resources, helping you address everyday legal needs with confidence and predictable costs.

Plan Benefits

Ultimate Advisor Summary of Benefits		
Family Law Adoptions, Conservatorship, Domestic Violence, Guardianship, Name Change, Uncontested Divorce, Contested Divorce (up to 10 hrs), Elder law, Parentage, etc.	Wills and Estate Planning Codicil, Complex/Living/Standard Will, Durable/ Financial/Health Care Power of Attorney, Estate Administration (up to 9 hrs)	Traffic Matters DL Suspension/Revocation/ Restoration, Minor Traffic Ticket
Debt-Related Matters Collection, Garnishment, Bankruptcy, Student Loan Debt Consolidation, etc.	Defense of Civil Damage Claims Defense against claims, pet-related, etc.	Consumer Protection Matters Contract Disputes, Consumer Fraud, insurance disputes, etc.
Criminal Matters Habeas Corpus, Juvenile Court Proceedings, Parental Responsibilities, etc.	Real Estate Matters Building Codes/Deeds/Mortgages/ Easements/Neighbor Disputes/Refinance/ Zoning, etc.	Tax Matters Audit Protection/Collection Defense
Government Matters Medicare/Medicaid/Social Security/VA Disputes	Landlord/Tenant Matters Contracts/Leases/Evictions/Security Deposits, etc.	General Matters Document Preparation/Review, Personal Property Disputes, HIPAA Authorization, etc.

Ultimate Advisor Expanded Summary of Benefits (includes all of the above)		
Child Support Enforcement Up to 8 hours	Post Decree Enforcement Up to 8 hours	Post Decree Enforcement Defense Up to 8 hours
Contested Divorce Additional 5 hours	Caregiving Services Annual Check-up with attorney, Consult/ referral service for care facilities, Negotiated Discounts for Care facilities, etc.	ID Theft Services Credit monitoring/notification, \$1 million ID theft insurance, Online personal info monitoring, Lost wallet services, Prevention resources, Restoration services, etc.
Financial Wellness Hotline	Minor Traffic Tickets No limit	Criminal Misdemeanor

Plan Premiums (per paycheck rates- multiply by 2 for monthly total)

Ultimate Advisor	\$8.00
Ultimate Advisor Extended	\$10.87

Good to Know

- ✓ Most consultations and legal services are covered at no additional cost when you use an in-network attorney, including the preparation and review of common legal documents such as wills, affidavits, and promissory notes.
- ✓ The plan does not cover legal matters that began before your coverage effective date.

Did You Know?

All employees receive **free access** to the ARAG Education Center—even if you don't enroll in the Legal Plan.

 www.araglegalcenter.com
 Access Code: 18017ccs

ARAG Legal Insurance
 800-247-4184
www.araglegalcenter.com



Employee Assistance Plan (EAP)

Life can be challenging at times, and it's normal to need support. Our Employee Assistance Program (EAP), provided by TELUS Health, offers confidential, professional assistance to help you navigate personal, family, financial, legal, and emotional concerns. Whether you're dealing with everyday stress or a more difficult situation, help is available when you need it.

How the EAP Can Help

The EAP provides no-cost, confidential support for a wide range of concerns, including:

- ✓ Stress, anxiety, and depression
- ✓ Relationship, family, and parenting challenges
- ✓ Marital difficulties and family conflict
- ✓ Alcohol or substance use concerns
- ✓ Gambling problem
- ✓ Financial and legal questions
- ✓ Childcare and eldercare needs
- ✓ Eating disorders and other personal challenges

When you contact the EAP, a counselor will listen, help assess your needs, and connect you with appropriate resources and support. Depending on your situation, services may include referrals to community resources, financial or legal consultations, or up to three in-person counseling sessions with a mental health professional.



866-451-5464

www.niseap.com

Login: NISEAP | Password: EAP
(password is case sensitive)



Additional Resources

The program also includes:

- ✓ 24/7 access to master's-level counselors
- ✓ Childcare and eldercare resource referrals
- ✓ Financial consultations on budgeting, taxes, and debt management
- ✓ Legal consultations and referrals
- ✓ Virtual fitness and wellness resources through the LIFT fitness platform
- ✓ Memorial planning assistance for eligible life insurance beneficiaries

These resources are designed to support your overall well-being - emotionally, physically, and financially.

The EAP
is FREE to all
TRS-Eligible
employees and
their
dependents!

Confidential and Easy to Access

Your privacy is important. All EAP services are confidential and handled in accordance with applicable federal and state laws. Support is available 24 hours a day by phone or online.

Claimant Assist

Claimant Assist is a no-cost support service for employees receiving Long-Term Disability benefits and for Life Insurance beneficiaries. Claimant Assist provides guidance, counseling, and resources to help individuals and their families navigate challenging life events, including disability-related transitions and coping with the loss of a loved one.

Support is confidential and available by phone at **866-472-2734**.

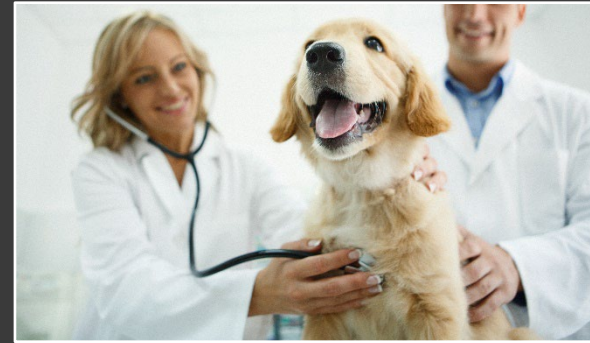
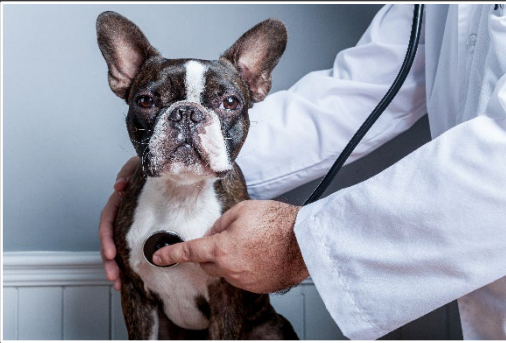
Pet Insurance

Pets are family—and sometimes they have a knack for finding trouble at the most inconvenient (and expensive) times. Whether it's a curious cat or an adventurous dog, veterinary care can quickly add up. Through Spot Pet Insurance, CCISD employees can receive exclusive discounts to help make pet care more affordable:

- ★ 10% off your first pet
- ★ 20% off additional pets



<https://spotpet.link/ccisd>



Program Highlights

Spot Pet Insurance helps make it easier to manage the cost of unexpected veterinary expenses while giving you the flexibility to choose the care that's right for your pet.

- ♥ Coverage is available for dogs and cats
- ♥ Visit any veterinarian, anywhere in the U.S.
- ♥ Free 24/7 Veterinary Telehealth HelpLine
- ♥ Submit claims online through the Spot website or mobile app
- ♥ Access discounts on pet products and services
- ♥ Receive reimbursements by direct deposit in as little as 2–3 business days
- ♥ Manage your account online from your computer or mobile device

Coverage Options

Choose the level of protection that best fits your pet's needs and your budget.

Accident & Illness

- ♥ Cancer & growths
- ♥ Dental illness
- ♥ Vet exam fees & lab tests
- ♥ MRIs, CT scans & X-rays
- ♥ Hereditary conditions
- ♥ Skin, eye, & ear infection
- ♥ Surgery & Hospitalization
- ♥ And much more...

ADD
ON

Preventative Care Gold or Platinum

- ♥ Spay & neuter
- ♥ Dental cleaning
- ♥ Vaccinations
- ♥ And much more...

Customize Your Plan

- Annual deductibles from \$100 to \$1,000
- Reimbursement levels of 70%, 80%, or 90%
- Annual benefit maximums from \$2,500 to Unlimited

Pre-Existing Conditions

- Certain curable pre-existing conditions may become eligible for coverage after your pet has been symptom-free and treatment-free for at least 180 days following the policy effective date.
- Pre-existing knee and ligament conditions are not covered

How to Enroll

1. Visit <https://spotpet.link/ccisd> or call 888-343-2340
2. Be sure to mention our Partner ID: **EB_CCISD** when calling to receive the discounted rate
3. Have the following information ready:
 - Name and address
 - Phone number and email address
 - Pet name(s), age(s), and species
 - Payment method

There is no underwriting, and coverage begins two weeks after your application is submitted.

Important: Premiums are paid directly to Spot and are not payroll deducted. When you enroll, you'll need to provide a valid credit or debit card for payment.

Retirement Planning

The impact
you make in
education
lasts a
lifetime...

and your
retirement
benefits are
designed to
as well.



800-223-8778

www.TRS.Texas.gov

TRS Pension

As a Clear Creek ISD employee, your retirement benefits are provided through the Teacher Retirement System of Texas (TRS), the statewide pension program for eligible public education employees. TRS provides a defined benefit retirement plan designed to help members achieve long-term financial security, while also offering disability and survivor protections for eligible members and their families.

TRS membership begins automatically when you enter an eligible position with Clear Creek ISD. As a member, you earn service credit through eligible employment, and both you and the state contribute to the retirement system. Employee contribution rates are established by the Texas Legislature and are deducted from your paycheck on a pre-tax basis. Participation in TRS is required for eligible employees and cannot be waived. Service credit plays an important role in determining eligibility for retirement, disability, and certain beneficiary benefits.

TRS also provides protection throughout your career. Eligible members may qualify for disability retirement benefits if a qualifying medical condition prevents them from working, and beneficiary benefits may be payable in the event of a member's death before or after retirement. In addition, TRS offers educational resources, retirement planning tools, and counseling services to help members prepare for retirement.

After joining TRS, you will receive information about your membership, including instructions for naming beneficiaries and establishing access to your online account through MyTRS.

Through MyTRS, you can:

- Review your account information
- Monitor your service credit and membership records
- Update beneficiary designations
- Access retirement planning tools and estimates
- Apply for certain benefits and complete select transactions online
- Track your progress toward retirement goals

Important: TRS retirement benefits are administered directly by the Teacher Retirement System of Texas, not by the Clear Creek ISD Benefits Department.

For questions about your retirement account, service credit, beneficiaries, or retirement eligibility, contact TRS directly at www.trs.texas.gov or 1-800-223-8778.

Retirement Planning

Voluntary Retirement Savings Plans

Build on Your TRS Pension

Your TRS pension provides a foundation for retirement. Voluntary retirement savings plans, such as a 403(b) or 457(b), can help you save even more for the future and may provide additional financial flexibility in retirement.

Clear Creek ISD offers both Traditional and Roth contribution options through its 403(b) and 457(b) plans.

Understanding 457(b) and 403(b) Plans

A 403(b) and a 457(b) are employer-sponsored retirement savings plans that allow you to contribute money directly from your paycheck. Both plans offer tax advantages and can help you build additional retirement savings beyond your TRS pension.

457(b) Savings Plan

- Employer-sponsored plan with fiduciary oversight by HUB Investment Partners (formerly TCG Advisors) and a committee of Superintendents and CFO's.
- High-quality, low fee investment options.
- No 10% federal early withdrawal penalty generally applies to distributions, although ordinary income taxes may apply.
- Choose between target date funds, risk-based portfolios, or self-directed mutual funds.

403(b) Savings Plan

- Multi-vendor plan. You must research from a list of 50+ vendors and decide the best fit for you.
- Fees and investments vary per vendor.
- Commissions vary per vendor.
- 10% early withdrawal penalty (goes away at age 59 1/2 or age 55 if retired).
- Investment options vary by vendor, including fixed/variable annuities and mutual funds.

Did You Know?

You can contribute to both a 403(b) and a 457(b), allowing you to save even more for retirement.

Traditional vs. Roth Contributions

Both 403(b) and 457(b) plans allow you to choose between Traditional and Roth contributions.

Traditional - Pay Taxes Later

- Contributions are made before taxes are deducted from your paycheck.
- Lowers your taxable income today.
- Earnings grow tax-deferred.
- Taxes are paid when money is withdrawn in retirement.

Roth - Pay Taxes Now

- Contributions are made after taxes are deducted from your paycheck.
- No immediate tax savings.
- Earnings grow tax-free.
- Qualified withdrawals in retirement are generally tax-free.



2026 Contribution Limits

The IRS allows separate contribution limits for 403(b) and 457(b) plans. This means eligible employees may contribute the maximum to both plans in the same calendar year.

Annual Employee Contribution Limits

- 403(b) Savings Plan: \$24,500
- 457(b): \$24,500

Catch-Up Contributions

- Age 50 and older: Additional \$8,000/plan
- Ages 60–63: Additional \$11,250/plan (if eligible)

Get Started at www.region10rams.org

Enrollment assistance is available at:

 www.region10rams.org/telewealth
 512-600-5204

Have Retirement Questions?

Schedule a 1:1 meeting with:

Lisa McMillan
Retirement Plan Specialist
HUB Investment Partners

 <https://tcgservices.com/lmcmillan/>
 512-600-5204

Important: If you contribute to both Traditional and Roth accounts within the same plan, your combined contributions cannot exceed the annual limit for that plan. For example, a combination of Traditional and Roth contributions to your 403(b) cannot exceed the 403(b) annual limit.

**All investing involves risk, including potential loss of principal, and returns are not guaranteed.*

Unused Leave Policy

Reimbursement of Unused Leave

Clear Creek ISD employees may accrue unused leave in accordance with the terms provided in the Clear Creek ISD Employee Handbook. Employees may be eligible for a payout of unused leave if certain criteria are met (see table below). For employees hired on or after May 1, 2001, eligible leave shall be paid in accordance with the table. Eligible employees hired prior to May 1, 2001, will receive their accrued leave as part of their final paycheck if they opted out of the 401(a) Sick Leave Payout Plan.

PUBLIC
AGENCY
RETIREMENT
SERVICES

PARS

TRUSTED SOLUTIONS. LASTING RESULTS.

800-540-6369

www.pars.org

Payout of Unused Leave	
Professional Employees	
Event	Resign from District with at least 5 years of service at Clear Creek ISD
Payout Formula	Sum of unused local sick leave days times certified substitute teacher rate
Event	Retire from District with at least 5 years of service
Payout Formula	Sum of unused local, plus unused state and personal days times certified substitute teacher rate
Paraprofessional Employees and Auxiliary Employees:	
Event	Retire from District with at least 5 years of service at Clear Creek ISD
Payout Formula	Sum of unused local sick leave, plus unused state sick leave, plus unused personal leave times 50% of daily rate not to exceed the non-certified substitute teacher daily rate of pay

Method of Distribution for All Employees*

Upon any of these events eligible employees shall receive a notice from PARS, the administrator of this plan, advising them they may obtain a distribution of their accrued sick leave as one of three options:

1. Lump sum cash distribution
2. Rollover to IRA or other qualified plan
3. Rollover to annuity product selected by PARS

Important Information

Federal Programs- Health Insurance Exchange - Introduced by the Affordable Care Act (ACA), these are Individual health policies that can be purchased via an on-line marketplace called the Exchange at www.healthcare.gov. Most coverages purchased on the Exchange in Texas have limited physician and hospital networks. According to IRS guidelines, the District's health plan is deemed "affordable" under the ACA; therefore, you and your household would not qualify for premium tax credits if purchasing coverage on the Exchange. For more information about Exchange coverage call 800-318-2596 or go to www.healthcare.gov.

State of Texas Programs - The information about the Texas State programs below, was obtained from various sections of hhs.texas.gov on 7/20/26 and is subject to change. There may be additional programs available that are not shown here.

Assistance for Employees	
Medicaid	-Healthcare program for low-income people; if you care for a child already getting Medicaid you might be able to get Medicaid for yourself -Due to income requirements this coverage is likely not available for full-time employees of CCISD. -Maximum monthly income guidelines for families from 1-4 range from \$103/mo. to \$277/mo.

Medicaid for Pregnant Women and CHIP Perinatal:	-Provides free health coverage to pregnant women during their pregnancy and up to 12 months postpartum -CHIP Perinatal provides limited coverage during pregnancy and two postpartum visits within 60 days of the end of the pregnancy for women who cannot get Medicaid and don't have health insurance.							
	<i>See number of Family Members (including employee) in blue boxes below</i>							
	Max Monthly Earnings	Medicaid for Pregnant Women	1	2	3	4	5	ea. add'l
		CHIP Perinatal	\$2,634	\$3,571	\$4,508	\$5,445	\$6,383	\$938
			\$2,687	\$3,643	\$4,599	\$5,555	\$6,512	\$957

Assistance for Children	
Children's Medicaid	-Program for children in low-income families -Must be age 18 or younger -Cost: Free
CHIP	-CHIP is a health care program for children without health insurance whose families earn too much to get Medicaid but cannot afford health insurance. -Must be age 18 and younger (in some cases children with disabilities age 19 and 20 can get Medicaid). -Must also be a Texas resident and a U.S. citizen or qualified non-citizen.

	1	2	3	4	5	6	7	8	ea. add'l
CHIP	\$2,622	\$3,543	\$4,464	\$5,386	\$6,307	\$7,228	\$8,149	-	\$922
Children's Medicaid	\$1,735	\$2,345	\$2,954	\$3,564	\$4,173	\$4,783	\$5,393	\$6,002	\$610

Health Insurance Premium Payment (HIPP) Program - CCISD employees who are eligible for the District's health insurance and who have at least 1 family member who gets Medicaid may qualify for state assistance in paying for employer sponsored health coverage if it costs Medicaid less to cover you or your family through the District than it does to cover those who have Medicaid. By covering your family members through the District they may have access to a broader network of physicians than their Medicaid plan would provide. Additionally, by enrolling in HIPP you do not lose your Medicaid benefits. However, you cannot enroll in HIPP if you are also enrolled in CHIP or STAR. For more information see QR code on page 32 or call 800-440-0493.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) - If you are eligible for the District's health insurance and you or your children are eligible for Medicaid in another state, that state may have a similar premium assistance program to the Texas HIPP program (see above) under CHIP. To obtain contact information for other states' programs download the CHIP Notice from the CCISD employee portal, or go to <https://www.medicaid.gov/chip/index.html>.

Required Notices

Availability of Summary of Benefits and Employer Notices regarding your plans:

The Clear Creek ISD medical plan provides three health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, Clear Creek ISD has made available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format to allow for easy comparison across options. The SBCs and all other plan notices are available online in the Employer Notices section of the CCISD benefits portal. Go to www.mybenefitshub.com/clearcreekisd to view these documents or visit your Benefits representative. The documents/notices available for viewing include the following:

- HIPAA Special Enrollment Rights
- COBRA General Notice
- The Women's Health and Cancer Rights Act of 1998
- Newborns' and Mothers' Health Protection Act of 1996
- Children's Health Insurance Program
- HIPAA Notice of Privacy Practices

A paper copy is available of any and all notices at any time, free of charge, by requesting it from the Business Services department.

Notes

Easy Access Resources

Medical: TRS Active Care



Member
Login



App Store
Mobile App



Google Play
Mobile App



Express Scripts

Dental: CIGNA



Member
Login



App Store
Mobile App



Google Play
Mobile App

FSA: Chard Snyder



Member
Login



App Store
Mobile App



Google Play
Mobile App

Vision: EyeMed



Member
Login



App Store
Mobile App



Google Play
Mobile App

HSA: Gulf Coast Educators FCU



Member Login

Short Term Disability: Madison National Life



Member Login

Legal Plan: Arag



Member
Login



App Store
Mobile App



Google Play
Mobile App

Critical Illness/Hospital Indemnity/Accident: AETNA



Member
Login



App Store
Mobile App



Google Play
Mobile App

Pet Insurance: Spot



Member
Login

Medicaid CHIP Programs



Member
Login

403(b)/457 Retirement Plans: TCG



Member
Login



App Store
Mobile App



Google Play
Mobile App

Teacher Retirement System



Member
Login



Our Mission

The mission of the Clear Creek Independent School District, the visionary leader igniting learning for all, is to ensure each student achieves, contributes and leads with integrity in a safe and nurturing environment distinguished by authentic relationships, service before self and the spirit of exploration.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Business Service.

© 2026, Marsh & McLennan Agency LLC. All rights reserved. CA license #0H18131