

Open Enrollment

07/28/2026 - 08/10/2026



What's New in 2026

- New FSA and DFSA Carrier
- New Medical Carrier with increased District Contribution
- Function Health Option
- Updated HSA and FSA Contribution Maximums
- Voluntary Life Open Enrollment Guarantee Issue

Benefits at a Glance

Dental - Cigna

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

Dental			
Tier per Pay Period	DPPO High	DPPO Low	DHMO
EE Only	\$14.51	\$9.85	\$6.27
EE + Spouse	\$28.97	\$19.64	\$12.49
EE + Child(ren)	\$30.07	\$21.26	\$13.53
EE + Family	\$49.12	\$34.42	\$21.90

Voluntary Long-Term Disability – Lincoln Financial

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

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

Vision – SuperiorVision

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

Vision		
Tier per Pay Period	Gold Plan	Platinum Plan
EE Only	\$3.59	\$6.40
EE + Spouse	\$6.09	\$10.90
EE + Child(ren)	\$6.09	\$10.90
EE + Family	\$8.97	\$16.02

Voluntary Short-Term Disability – Lincoln Financial

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

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

Contact Us

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

Call: (833) 921-0951

Monday – Friday 7AM to 6PM CST

Email: crosbyisd@hps.Higginbotham.net

Flexible Spending Account and Dependent Care FSA – National Benefit Services

- FSA allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount set aside from each paycheck each plan year.
 - **The 2026 maximum contribution is \$3,400**
- The dependent Care FSA helps pay for expenses associated with caring for elder or child dependents. Reimbursement from your Dependent Care FSA is limited to the total amount deposited in your account at the time.
 - **The 2026 maximum contribution is \$7,500 per household or \$3,750 if married and filing separately.**

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

- A Health Savings Account is a personal savings account where the money can only be used for eligible medical expenses. Unlike an FSA, the money rolls over from year to year. You can only enroll in an HSA if you are also enrolled in an HSA Health Care Plan.
 - **The 2026 maximum contributions are \$4,400 for individuals and \$8,750 for families, with a \$1,000 “catch-up” for those age 55+.**



Benefits Website

www.mybenefitshub.com/crosbyisd

Scan the QR Code to access your benefits website.



Function Health

Function empowers people to own their health through affordable access to advanced lab testing. A Function membership evaluates five times more biomarkers than the average physical, helping you gain a deeper understanding of what's going on in your body, monitor for early indicators of disease, and track your health as it evolves.

- **\$335 Annually**
- **Dependents 18+ eligible**
- **Employee pays the carrier directly**

Hospital Indemnity - CHUBB

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

Hospital Indemnity		
Tier per Pay Period	Plan 1	Plan 2
EE Only	\$7.93	\$14.97
EE + Spouse	\$13.59	\$25.33
EE + Child(ren)	\$12.66	\$23.79
EE + Family	\$18.33	\$34.50

Telemedicine - Recuro

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

Cancer - CHUBB

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member are diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

Cancer		
Tier per Pay Period	Plan 1	Plan 2
EE Only	\$7.40	\$15.00
EE + Spouse	\$14.98	\$30.93
EE + Child(ren)	\$10.54	\$21.28
EE + Family	\$18.20	\$37.02

Accident – The Hartford

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

Accident		
Tier per Pay Period	Low Plan	High Plan
EE Only	\$4.55	\$6.67
EE + Spouse	\$7.17	\$10.50
EE + Child(ren)	\$7.63	\$11.09
EE + Family	\$12.00	\$17.47

Telemedicine	
Tier per Pay Period	Plan
EE Only	\$6.00
EE + Family	\$6.00

Benefits at a Glance

Critical Illness - CHUBB

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

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

Basic Life and AD&D – Lincoln Financial

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

Life and AD&D – Lincoln Financial

Current employees not enrolled can apply for up to \$40,000 without an EOI. Current Spouses not enrolled can apply for up to \$20,000 without an EOI.

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

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

Rates are \$0.28 per \$10,000

Individual Life Insurance – 5Star

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

Open Enrollment Guarantee Issue:

Employee \$150,000
Spouse \$50,000
Child(ren) \$10,000

Legal and Identity Theft Support – LegalShield

Legal plans provide benefits that cover the most common legal needs you may encounter.

Identity theft protection plans monitor your credit accounts, social security, and more.

Legal and Identity Theft			
Tier per Pay Period	Legal Shield	ID Shield	Legal Shield and ID Shield
EE Only	\$10.98	\$6.48	\$17.45
EE + Family	\$10.98	\$11.48	\$20.95

Emergency Transport Services - MASA

Medical transport covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance, and helicopter.

Emergency Transport Services	
Tier per Pay Period	MASA
EE Only	\$7.00
EE + Family	\$7.00

Medical - UnitedHealthcare

Crosby ISD contributes \$416 per month, per employee, towards the cost of medical insurance. Plan summaries can be found on the following page.

Medical				
Tier per Pay Period	Surest 8000	Kelsey Charter	HSA Kelsey Charter	UHC HSA
EE Only	\$198.49	\$133.75	\$85.37	\$116.23
EE + Spouse	\$905.77	\$728.40	\$595.84	\$680.38
EE + Child(ren)	\$552.13	\$431.07	\$340.60	\$398.60
EE + Family	\$1,243.14	\$1,012.04	\$839.33	\$949.48



Crosby ISD - 2026-2027 UHC Medical Plan Overview

United Healthcare	UHC		UHC		UHC		UHC	
PLAN NAME	SUREST 8000		Kelsey Charter Plan		Kelsey Charter HSA		UHC HSA	
PROVIDER NETWORK								
Network Name	Surest		Charter HMO		Charter HSA		Choice Plus HSA	
Type of Network: Nationwide/Narrow/Statewide	National		Statewide		Statewide		National	
COVERAGE								
Deductible Type	Plan Year		Plan Year		Plan Year		Plan Year	
Annual Deductible: Individual / Family	N/A		\$6,000/\$12,000		\$3,500/\$7,000		\$8,300/\$16,600	
Annual Deductible Waived for Preventive	Yes		Yes		Yes		Yes	
Annual Out-of-Pocket Maximum: Individual/Family	\$8,000/\$16,000		\$7,350/\$14,700		\$6,450/\$12,900		\$8,300/\$16,600	
Coinsurance	0%		0%		30%		0%	
Primary Care Provider Required	No		Yes		Yes		No	
Primary Care Provider Referral to Specialist Required	No		Yes		Yes		No	
Health Savings Account (HSA) Eligible	No		No		Yes		Yes	
PHYSICIAN SERVICES	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	\$0	\$220	\$0	N/A	\$0	N/A	\$0	30%
Telemedicine	\$0 to \$110	Up to \$390	\$0	N/A	\$0	N/A	\$0	30%
Primary Care	\$50 to \$160	\$220	\$10	N/A	30%	N/A	0% after Ded	30%
Specialist	\$50 to \$160	\$220	\$60	N/A	30%	N/A	0% after Ded	30%
Diagnostic Lab & X-Ray	\$0	\$0	\$40	N/A	30%	N/A	0% after Ded	30%
Complex Lab & X-Ray	\$45 to \$2,100	Up to \$3,100	\$500	N/A	30%	N/A	0% after Ded	30%
MEDICAL EVENT	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgent Care	\$110 CoPay	\$210 CoPay	\$25	N/A	30%	N/A	0% after Ded	30%
Emergency Room (Freestanding & Hospital)	\$1,200 CoPay	\$1,200 CoPay	\$500 POD	N/A	30%	N/A	0% after Ded	Deductible
Inpatient Hospital Services	\$500 to \$5,500	Up to \$13,000	Deductible	N/A	30%	N/A	0% after Ded	30%
Outpatient Hospital Services	\$80 to \$5,500	Up to \$13,000	Deductible	N/A	30%	N/A	0% after Ded	30%
Emergency Medical Transportation (Ground & Air)	\$700	\$700	Deductible	N/A	30%	N/A	0% after Ded	Deductible
PRESCRIPTION DRUGS	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Deductible	NA	NA	N/A	N/A	\$3,500	N/A	\$8,300	N/A
Generic Drugs	\$10	\$10	Tier 1 \$15	N/A	Tier 1 \$10	N/A	\$0 after Ded	\$0 after Ded
Preferred Brand Drugs	\$60	\$60	Tier 2 \$45	N/A	Tier 2 \$35	N/A	\$0 after Ded	\$0 after Ded
Non-Preferred Brand Drugs	\$90	\$90	Tier 3 \$85	N/A	Tier 3 \$60	N/A	\$0 after Ded	\$0 after Ded
Specialty Drugs	\$10/\$150/\$300	\$10/\$150/\$300	Tier 4 \$200	N/A	Tier 4 N/A	N/A	N/A	N/A
Mail Order Supply	\$25/\$150/\$225	\$25/\$150/\$225	Tier 1 \$37.50, Tier 2 \$112.50, Tier 3 \$212.50, Tier 4 \$500	N/A	Tier 1 \$25.00, Tier 2 \$87.50, Tier 3 \$150	N/A	\$0 after Ded	N/A
RATES BY TIER	Monthly Rates							
Employee Only	\$396.97		\$267.50		\$170.74		\$232.45	
Employee + Spouse	\$1,811.54		\$1,456.79		\$1,191.67		\$1,360.76	
Employee + Child(ren)	\$1,104.25		\$862.14		\$681.20		\$796.60	
Employee + Family	\$2,486.28		\$2,024.08		\$1,678.65		\$1,898.95	

*This overview is only a summary. It is not intended to be a complete listing of all plan details. Refer to United Healthcare's Summary of Benefits and Coverages.