



KELLER INDEPENDENT SCHOOL DISTRICT

2026-2027 Keller ISD Benefits Rate Guide

Keller Independent School District's Benefit Plan Year is from September 1, 2026 to August 31, 2027

Keller ISD Medical Plans –Blue Cross Blue Shield Member Line: 1-866-355-5999; District ID -

- Visit www.bcbstx.com/trsactivecare for detailed information on covered/non-covered items for medical benefits, as well as check on claims, and out of pocket maximums.
- All Summary Plan Documents and other benefit information can be found on THE *benefits*HUB at www.mybenefitshub.com/kellerisd or on KCloud under the Human Resources icon, then click on Benefits & Wellness.
- 2026-2027 Medical Plan -
 - Blue Cross Blue Shield (BCBS) In-Network (Primary & Primary+); In & Out of Network (HD Plan)
 - Express Scripts by Evernorth is our Pharmacy Benefit Manager
 - Express Scripts <https://www.express-scripts.com/trsactivecare> or call 844-367-6108
 - Accredo, Your Specialty Pharmacy call 1-800-596-7701
 - Copay Assistance through SaveOnSP call 1-800-683-1074

TRS Region 11 Monthly Medical Rates

TRS Medical	Region 11		
	Total Monthly Premium	Employer Contribution	Employee Monthly Cost
ActiveCare Primary			
Employee Only	\$612.00	\$300.00	\$312.00
Employee and Spouse	\$1,653.00	\$300.00	\$1,353.00
Employee and Child(ren)	\$1,041.00	\$300.00	\$741.00
Employee and Family	\$2,081.00	\$300.00	\$1,781.00
ActiveCare Primary+			
Employee Only	\$720.00	\$300.00	\$420.00
Employee and Spouse	\$1,872.00	\$300.00	\$1,572.00
Employee and Child(ren)	\$1,224.00	\$300.00	\$924.00
Employee and Family	\$2,376.00	\$300.00	\$2,076.00
ActiveCare HD			
Employee Only	\$630.00	\$300.00	\$330.00
Employee and Spouse	\$1,701.00	\$300.00	\$1,401.00
Employee and Child(ren)	\$1,071.00	\$300.00	\$771.00
Employee and Family	\$2,142.00	\$300.00	\$1,842.00
ActiveCare 2 (closed to new enrollments)			
Employee Only	\$1,013.00	\$300.00	\$713.00
Employee and Spouse	\$2,402.00	\$300.00	\$2,102.00
Employee and Child(ren)	\$1,507.00	\$300.00	\$1,207.00
Employee and Family	\$2,841.00	\$300.00	\$2,541.00



KELLER INDEPENDENT SCHOOL DISTRICT

2026-2027 TRS-ActiveCare Medical

Compare Prices for Common Medical Services

Closed to new enrollees.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
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 (like CT Scan, Mammogram and MRI)	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 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient (like colonoscopy, cataract surgery and steroid injections)	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 (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient (like childbirth, complex joint replacement and cardiac surgery)	You pay 30% 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 copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year)	Specialist: You pay \$70 copay	Specialist: You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$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	Tier 1 PCP: \$20 copay Tier 2 PCP: \$40 copay Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible



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2026-2027 BCBS Pharmacy Structure

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 a 31-day supply)				
Generic	\$15 copay \$0 for certain generics	\$15 copay	20% coinsurance after deductible \$0 for certain generics before deductible	\$20 copay
Preferred Brand	30% coinsurance after deductible	25% coinsurance after deductible (\$100 max)**	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 Participating Pharmacy Location (60- to 90-day supply)				
Generic	\$45 copay \$0 for certain generics	\$45 copay	20% coinsurance after deductible \$0 for certain generics before deductible	\$45 copay
Preferred Brand	30% coinsurance after deductible	25% coinsurance after deductible (\$265 max)**	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 (\$215 min/\$430 max)**
Formulary Insulin Out-of-Pocket Cost	\$75 copay	\$75 copay	25% coinsurance after deductible	\$75 copay
Specialty Medications through Accredo (up to a 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

*Including TRS-ActiveCare Primary x Arlington ISD and TRS-ActiveCare Primary x Region 4 plans

**The maximum doesn't apply if the preferred brand is selected when a generic is available.



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2026-2027 Flexible Spending Accounts (FSA): National Benefit Services (NBS)

Highlights of the FSA Account:

- ❖ Tax-sheltered flexible spending accounts allow an individual to set aside dollars to pay for future health care and dependent care expenses.
- ❖ Monthly fee: \$2.50
- ❖ Health Care Contributions are use-it-or-lose-it; Gain selected amount all up front for the year beginning in January
- ❖ Healthcare reimbursement maximum: \$3,200/plan year
- ❖ Dependent Care Reimbursement maximum: \$7,500 (married) or \$3,750 (single) per year
- ❖ An FSA account can only be partnered with the Essential or Major Medical Plan
- ❖ Employees cannot participate in an FSA account, if their spouse is contributing to an HSA account

2026-2027 Health Savings Account (HSA): Optum

Highlights of the HSA Account:

- ❖ Tax-sheltered Health Savings Accounts allow an individual to set aside dollars to pay for future health care expenses.
- ❖ Monthly fee: \$2.75
- ❖ Healthcare Contributions accumulate month by month and can roll from one year to another
- ❖ Healthcare reimbursement maximum: \$8,750 for family and \$4,400 for individual per plan year
- ❖ An HSA account can only be partnered with the High-Deductible Plan if you want to make monthly contributions
- ❖ Employees cannot contribute to an HSA account if their spouse has an FSA account

2026 Dental Insurance: Cigna – New Rates for Low and High Plans

Dental Options	DHMO Monthly Rates	Low Plan Monthly Rates	High Plan Monthly Rates
Employee Only	\$19.79	\$34.17	\$45.49
Employee + Spouse	\$38.62	\$66.71	\$88.80
Employee + Child(ren)	\$47.32	\$81.60	\$108.60
Employee + Family	\$62.58	\$108.07	\$143.61

Dental Benefits Summary

Dental			
	DHMO	DPPO Low Plan	DPPO High Plan
Network	Cigna Dental Care DHMO	Total Cigna DPPO ¹	Total Cigna DPPO ¹
Calendar Year Deductible			
• Individual	\$0	\$50	\$50
• Family	\$0	\$150	\$150
Calendar Year Benefit Maximum Per individual	Unlimited	\$1,500	\$1,500
Preventive Services Exams, cleanings, complete series X-rays	\$0	\$0	\$0
Basic Services Fillings, extractions, periodontics, root canals, endodontics, oral surgery	You pay a fee per service	40% ²	20% ²
Major Services Crowns, bridges, dentures	You pay a fee per service	50% ²	50% ²
Orthodontics Children to age 19	You pay a fee per service	Not covered	50% \$1,000 lifetime maximum



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2026-2027 Vision Insurance: Superior Vision

Vision Options	Monthly Plan Rates
Employee Only	\$9.96
Employee + One Dependent	\$19.30
Employee + Family	\$28.37

Highlights of the Vision Insurance Plan:

- ❖ Vision Exam every 12 months; \$10.00 copay for In-Network; Up to \$42.00 for Out-of-Network
- ❖ Either glasses or contact lenses every 12 months (up to a \$150 allowance; then 20% over allowance)
- ❖ Frames every 12 months
- ❖ Progressive lenses are covered in full at lined trifocal level
- ❖ UV, polycarbonate, and tint anti-reflective coating are all covered in full
- ❖ Discounts for anything you choose to purchase in addition to the glasses or contacts every 12 months

2026-2027 The Keller Pointe (Workout Facility):

- ❖ The address is 405 Rufe Snow Dr. Keller, TX 76248.
- ❖ To qualify as a Resident (RES), your home must be located within the City of Keller and your property taxes must be paid to the City of Keller, otherwise you are considered a Non-Resident (Non-Res).
- ❖ Sign up through Keller Payroll Deduction the \$60.00 enrollment fee is waived.

Keller Pointe	Rates
Employee w/o Aerobics (RES)	\$35.51
Employee w/o Aerobics (Non-Res)	\$45.24
Employee with Aerobics (RES)	\$42.82
Employee with Aerobics (Non-Res)	\$52.54
Employee + Family w/o Aerobics (RES)	\$55.95
Employee + Family w/o Aerobics (Non-Res)	\$71.02
Employee + Family with Aerobics (RES)	\$63.25
Employee + Family with Aerobics (Non-Res)	\$78.32
Senior Employee with Aerobics (RES)	\$23.88
Senior Employee with Aerobics (Non-Res)	\$29.85

2026-2027 Accidental Insurance: Mutual of Omaha

Accidental Options	Accidental Monthly Rates
Employee Only	\$2.44
Employee + Spouse	\$4.28
Employee + Child	\$5.48
Employee + Family	\$7.32

Highlights of the Accidental Insurance Plan:

- ❖ For each covered individual, a set reimbursement is paid for each accident occurrence. This does not apply to work related injuries.
- ❖ Accident coverage covers child accidental injuries while participating in organized sports.
- ❖ True Annual Open Enrollment without medical question requirement up to guarantee issue amount.



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2062-2027 In-Hospital Indemnity Insurance – Mutual of Omaha

In-Hospital Options	Low Plan	Mid Plan	High Plan
Hospital Admission Benefit	\$500	\$750	\$1,000
Hospital Confinement Benefit	\$100	\$200	\$300
Hospital Critical Care Unit Benefit	\$200	\$400	\$600
Employee Only	\$5.16	\$10.31	\$15.47
Employee + Spouse	\$10.83	\$21.65	\$32.48
Employee + Child(ren)	\$9.96	\$19.92	\$29.88
Employee + Family	\$15.63	\$31.26	\$46.89

Highlights of the In-Hospital Indemnity Plan:

- ❖ Insurance pays lump sum benefit amounts based on the number of days spent in a hospital, critical care unit, or rehabilitation facility.
- ❖ You can use this benefit for any purpose you like, and the coverage is portable.
- ❖ Coverage is available for you, your spouse and/or children.

2026-2027 Critical Illness Insurance: Mutual of Omaha

Critical Illness Insurance Benefits Summary

Critical Illness	
Coverage Amounts	
Employee Benefit Amount(s)	\$5,000-\$30,000 in \$5,000 increments
Spouse Benefit Amount Maximum	\$5,000-\$30,000 in \$5,000 increments up to 100% of employee election
Child(ren) Benefit Amount Maximum	50% of employee election up to \$15,000

Highlights of the Critical Insurance Plan:

- ❖ Cancer is included in this policy
- ❖ For covered conditions go to www.mybenefitshub.com/kellerisd.
- ❖ Voya's Critical Illness policy does include a wellness benefit of \$50.00 annually

2026-2027 Life Insurance - The Hartford

Highlights of the Critical Insurance Plan:

- ❖ Keller provides you with a Basic Life & AD&D coverage of \$15,000 at no cost to eligible employees.
- ❖ If you wish to purchase supplemental term life insurance coverage you can do so in increments of \$10,000 up to the lesser of 7 times your basic annual earnings of \$500,000. If you enroll, you can also purchase coverage for your spouse in \$10,000 increments up to \$350,000.
- ❖ New hires can enroll in coverage up to \$250,000 without a statement of health (medical information). If the employee enrolls in life, they can enroll their spouse for coverage up to \$20,000 without a statement of health.
- ❖ New coverage and increases could be subject to a statement of health.
- ❖ You can also enroll in Voluntary AD&D insurance in increments of \$10,000 up to a maximum of \$500,00



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2026-2027 Disability Insurance - The Hartford

- ❖ A disability plan will pay you, based on what you choose, while you are off work due to a disability.
- ❖ These payments are in addition to pay you may or may not receive through the district.
- ❖ Choices are as follows:

Plan A: Premium Plan	Plan B: Select Plan
Plan A – Injury 0/Sickness 3	Plan B – Injury 0/Sickness 3
Plan A – Injury 14/Sickness 14	Plan B – Injury 14/Sickness 14
Plan A – Injury 30/Sickness 30	Plan B – Injury 30/Sickness 30
Plan A – Injury 60/Sickness 60	Plan B – Injury 60/Sickness 60
Plan A – Injury 90/Sickness 90	Plan B – Injury 90/Sickness 90
Plan A – Injury 180/Sickness 180	Plan B – Injury 180/Sickness 180

- ❖ **Plan A** is our premium plan and the payment period prior to age 63 is to normal retirement age, for disabilities resulting from sickness or injury.
- ❖ **Plan B** is our select plan and the payment period prior to age 63 is to normal retirement age, for disabilities resulting from injury and prior to age 65 is 5 years, for disabilities resulting from sickness.
- ❖ If you choose an elimination period (waiting period) of 0/3, 14/14 or 30/30 and if you are confined to the hospital for more than 24 hours your elimination period is waived.
- ❖ If you choose an elimination period (waiting period) of 60/60, 90/90 or 180/180, you must wait that many days before you file a claim.
- ❖ If you are planning to use disability for maternity and you want to be able to file a claim, you must choose either Plan A or Plan B with a waiting period of 0/3, 14/14, or 30/30.
- ❖ Employees may elect a monthly benefit up to 66.67% of their salary.
- ❖ During annual enrollment, employees can increase or add disability coverage without providing evidence of insurability (medical information).
- ❖ **New coverage amounts, or changes are subject to pre-existing condition limitations.**

Sick Leave Bank

- ❖ To become a member, a one-time donation of 2 sick days is required, unless the Sick Leave Bank goes below a certain level.
- ❖ Once the donation has been made, the membership will continue the duration of the employment. You can enroll in the Sick Leave Bank during your Annual Open Enrollment.
- ❖ The purpose of the Sick Leave Bank is to provide additional sick leave days to members of the bank in the event of the employee or the employee's spouse, parent, son, or daughter experience a catastrophic illness or injury.
- ❖ To request days from the bank, an employee must have exhausted all paid and vacation leave.
- ❖ Sick leave days from the bank must be approved by the District's Sick Leave Bank Committee.
- ❖ Employees must fill out the SLB Application and their doctors must fill out the Physician Form. All forms can be found on THEbenefitsHUB at www.mybenefitshub.com/kellerisd.



Mental Health Care is Health Care



Your employees' mental health is just as important as their physical health. They have mental health coverage and several options for getting care.



In-Person

Provider Finder

- search for in-network mental health providers

Headway

- search for in-network licensed therapist or psychiatrist based on your location and concerns
- schedule an appointment
- see a provider in person, by phone or video chat



Virtual

Teladoc

- speak with a licensed mental health provider by phone or video chat



Digital

Learn to Live

- get help with stress, anxiety, depression, substance abuse and more
- no added cost

Well OnTarget®

- work with a wellness coach to combat stress, sleep issues and more
- no added cost

TRS-ACTIVECARE ANNUAL ENROLLMENT

TRS Virtual Health

Get Convenient, Quality Health Care from Home or On The Go with TRS Virtual Health powered by Teladoc® and RediMD™



Teladoc®

1-855-Teladoc
(1-855-835-2362)

Mental Health visits subject to additional cost on the TRS-ActiveCare HD plan.



\$0 mental health copay

for TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans through Teladoc

RediMD™

1-866-989-CURE
(1-866-989-2873)

Registration Code: trsactivecare



*Only available through Teladoc.

TRS-ACTIVECARE ANNUAL ENROLLMENT