

2020 - 2021 **BENEFITS HIGHLIGHTS** (Sept 1, 2020 effective date)

BENEFIT PLANS

BENEFIT RATES

BENEFIT DESCRIPTION

1 TRS ActiveCare Primary (NEW Plan) Statewide BlueCrossTX Network Out-of-network not covered	Monthly Premium: Employee \$108.00 EE + Spouse \$811.00 EE + Children \$417.00 EE + Family \$1023.00	Deductibles: \$2,500 Individual /\$5,000 Family Out of Pocket Max: \$8,150 Individual/\$16,300 Family Office Visit Copay: \$30 Primary, \$70 Specialist, \$50 Urgent Care, \$0 Virtual Coinsurance: 30% after deductible RX: \$15 gen, after deductible:30% pref brand/50% non PB
2 TRS Medical ActiveCare HD National BlueCross Network	Monthly Premium: Employee \$119.00 EE + Spouse \$842.00 EE + Children \$437.00 EE + Family \$1060.00	In-Network Deductibles: \$2,800 Individual/\$5,600 Family Out of Pocket Max: \$6,900 Individual/\$13,800 Family Office Visit Copay: 20% after deductible, \$30 Virtual copay RX: after deductible 20% gen/25% pref brand/50% non PB H.S.A. Health Savings Account and Hospital Indemnity plan compatible
3 TRS ActiveCare Primary + (Select) BlueCrossTX Statewide Network Out-of-network not covered	Monthly Premium: Employee \$236.00 EE + Spouse \$986.00 EE + Children \$556.00 EE + Family \$1310.00	Deductibles: \$1,200 Individual/\$3,600 Family/\$200 brand rx Out of Pocket Max: \$6,900 Individual/\$13,800 Family Office Visit Copay: \$30 Primary, \$70 Specialist, \$50 Urgent Care, \$0 Virtual Coinsurance: 20% after deductible RX: \$15 Generic/\$200 Brand Ded: 25%Preferred Brand/ 50% Non-Preferred Brand
4 TRS Medical ActiveCare 2 National BlueCross Network Not accepting new enrollees	Monthly Premium: Employee \$659.00 EE + Spouse \$1944.00 EE + Children \$1115.00 EE + Family \$2349.00	In-Network Deductibles: \$1,000 Individual/\$3,000 Family/\$200 brand rx Out of Pocket Max: \$7,900 Individual/\$15,800 Family Office Visit Copay: \$30 Primary/\$70 Specialist, \$0 Virtual Coinsurance: 20% after deductible RX: \$20 Generic/\$200 Brand Ded: 25%Preferred Brand/ 50% Non-Preferred Brand
5 Scott & White HMO Medical (HMO Network) Out-of-network not covered	Monthly Premium: Employee \$273.10 EE + Spouse \$1104.06 EE+ Children \$605.50 EE + Family \$1200.56	In-Network Deductibles: \$950 Individual/\$2,850 Family/\$150 brand rx Out of Pocket Max: \$7,450 Individual/\$14,900 Family Office Visit Copay: \$20 Primary (waived for dependents < 20 & first adult illness) \$70 Specialist/\$50 Urgent Care RX: \$5 Generic/\$150 Brand Ded: 30% Preferred Brand/50% Non-Preferred Brand
6 AFLAC Hospital Indemnity (Low Plan - \$1500)	Monthly Premium Employee \$21.24 EE + Spouse \$42.66 EE + Children \$33.30 EE + Family \$54.72	H.S.A. Compatible: Hospital Indemnity Plan (HIP) provides cash benefits directly to you per hospital admission in addition to a daily benefit. (Once per covered sickness or accident per year) No limit on pre-existing conditions. Hospital Admission Benefit: \$1,500 per confinement Hospital Confinement (max 31 days): \$150 per day
7 AFLAC Hospital Indemnity (High Plan - \$2750)	Monthly Premium Employee \$33.49 EE+ Spouse \$67.66 EE + Children \$51.80 EE + Family \$85.97	H.S.A. Compatible: Hospital Indemnity Plan (HIP) provides cash benefits directly to you per hospital admission in addition to a daily benefit. (Once per covered sickness or accident per year) No limit on pre-existing conditions. Hospital Admission Benefit: \$2,750 per confinement Hospital Confinement (max 31 days): \$150 per day
8 CIGNA Dental PPO PLAN www.MyCigna.com	Monthly Premium: Employee \$39.86 EE + Spouse \$88.06 EE + Child \$79.78 EE + Family \$132.54	Dental PPO Plan Pays: \$1,500 Plan Year Maximum for Expenses (per member) Plan Pays: 80% for Class I - Diagnostic & Preventive (Cleanings and X-Rays) Plan Pays: 60% (after deductible) for Class II - Basic Restorative (Fillings & Repairs) Plan Pays: 60% (after deductible) for Class III - Major Restorative (Inlays, Crowns) Plan Pays: 50% for Class IV-Ortho (Braces) Child under 19 (\$1,000 lifetime max)
9 CIGNA Dental DHMO PLAN www.MyCigna.com	Monthly Premium: Employee \$9.28 EE + Spouse \$19.70 EE + Children \$19.70 EE + Family \$26.94	The DHMO plan charges the Patient by the Procedure: (member cost below) (assigned to nearest DHMO office, contact CIGNA to change prior to visit) * Cleaning & X-Rays (2 per year) = \$0.00 * Fillings = \$23.00 to \$140 * Inlay = \$435.00, * Crown = \$520.00, * Root Canal \$375.00 * Denture Upper = \$405.00, Denture Lower = \$305.00, *Implant = \$975.00
10 Superior Vision Coverage www.SuperiorVision.com	Monthly Premium: Employee \$10.28 EE + Spouse \$18.37 EE + Children \$19.03 EE + Family \$26.48	Exam Copay : \$10.00 (Ophthalmologist & Optometrist) per 12 mo Materials Copay : \$25.00 (\$140 Retail Frame Allowance) per 12 mo Std. Contact Lens Fitting: \$25.00 (\$130 Retail Allowance in lieu of glasses) *Must stay in Superior National Network to receive highest benefits

This flyer is used for illustration purposes only. It is the responsibility of the employee to confirm all coverage details.

Continued next page

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Rev. 05.18.2020

Any questions specific to this document should be directed to the Benefits Office 972-968-6167.

2020 - 2021 **BENEFITS HIGHLIGHTS** (Sept 1, 2020 effective date)

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<p>11 OneAmerica Disability Coverage (Premier Plan)</p>	<p>\$1,000 Example Benefit:</p> <table border="1"> <thead> <tr> <th>Elim Period</th> <th>Monthly Prem</th> </tr> </thead> <tbody> <tr> <td>0/7 day</td> <td>\$29.79</td> </tr> <tr> <td>14 day</td> <td>\$26.88</td> </tr> <tr> <td>30 day</td> <td>\$24.15</td> </tr> </tbody> </table>	Elim Period	Monthly Prem	0/7 day	\$29.79	14 day	\$26.88	30 day	\$24.15	<p>Protect your Paycheck with Disability Coverage - NO HEALTH QUESTIONS</p> <p>7 day, 14 day & 30 day - Elimination Period Waived upon In-Patient Hospital Conf. *Pre-Existing Conditions limited to 4 weeks Benefit Maximum for the first 12 months of Coverage. Portable up to 12 months after 12 months of coverage.</p>						
Elim Period	Monthly Prem															
0/7 day	\$29.79															
14 day	\$26.88															
30 day	\$24.15															
<p>12 APL Cancer Coverage (Option 1 Low/ Option 2 High-w/cu)</p>	<p>Monthly Premium:</p> <table border="1"> <tbody> <tr> <td>Employee</td> <td>24.84/41.08</td> </tr> <tr> <td>EE + Spouse</td> <td>2.88/87.84</td> </tr> <tr> <td>EE +Children</td> <td>31.50/51.10</td> </tr> <tr> <td>EE + Family</td> <td>9.52/97.92</td> </tr> </tbody> </table>	Employee	24.84/41.08	EE + Spouse	2.88/87.84	EE +Children	31.50/51.10	EE + Family	9.52/97.92	<p>Cancer Coverage helps you Protect against your Medical Expenses Plan Pays = \$15K/20K for Radiation Therapy, Chemotherapy or Immunotherapy Plan Pays = \$5K/10K for Internal Cancer Diagnosis (First Occurrence) Plan Pays = \$5K/10K for Heart Attack/Stroke (First Occurrence) Pre-Existing Conditions NOT covered for the first 12 Months</p>						
Employee	24.84/41.08															
EE + Spouse	2.88/87.84															
EE +Children	31.50/51.10															
EE + Family	9.52/97.92															
<p>13 Lincoln Accident Coverage</p>	<p>Monthly Premium:</p> <table border="1"> <tbody> <tr> <td>Employee</td> <td>\$16.12</td> </tr> <tr> <td>EE + Spouse</td> <td>\$22.54</td> </tr> <tr> <td>EE + Children</td> <td>\$27.30</td> </tr> <tr> <td>EE + Family</td> <td>\$36.14</td> </tr> </tbody> </table>	Employee	\$16.12	EE + Spouse	\$22.54	EE + Children	\$27.30	EE + Family	\$36.14	<p>Provides a CASH benefit when injured On or Off the job.</p> <table border="1"> <tbody> <tr> <td>Emergency Care:</td> <td>\$50/\$150</td> </tr> <tr> <td>Treatment Care:</td> <td>\$20 to \$1,000</td> </tr> <tr> <td>Fractures, Specific Injuries, Treatments:</td> <td>\$100 to \$6,000</td> </tr> </tbody> </table> <p>Benefits are paid based on itemized bills & medical records from providers.</p>	Emergency Care:	\$50/\$150	Treatment Care:	\$20 to \$1,000	Fractures, Specific Injuries, Treatments:	\$100 to \$6,000
Employee	\$16.12															
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<p>14 MASA Medical Transport Coverage</p>	<p>Monthly Premium:</p> <table border="1"> <tbody> <tr> <td>Emergent Plus</td> <td>\$14.00/family</td> </tr> <tr> <td>Platinum Plan</td> <td>\$39.00/family</td> </tr> </tbody> </table>	Emergent Plus	\$14.00/family	Platinum Plan	\$39.00/family	<p>Medical Transport benefit services pays a benefit when ground ambulance or helicopter is needed to provide medical transport, regardless of network.</p> <ul style="list-style-type: none"> Not tied to medical insurance enrollment Covers 100% of patient's out of pocket costs after insurance (US & Can) Platinum plan also covers fixed wing emergency transport, world wide 										
Emergent Plus	\$14.00/family															
Platinum Plan	\$39.00/family															
<p>15 UNUM Term Life Coverage</p>	<p>\$100,000 Life & AD&D</p> <table border="1"> <tbody> <tr> <td>age 25-29</td> <td>\$5.00</td> </tr> <tr> <td>age 30-39</td> <td>\$6.00</td> </tr> <tr> <td>age 45-49</td> <td>\$12.00</td> </tr> <tr> <td>age 55-59</td> <td>\$34.00</td> </tr> </tbody> </table>	age 25-29	\$5.00	age 30-39	\$6.00	age 45-49	\$12.00	age 55-59	\$34.00	<p>Purchase Life Insurance in addition to 20K Employer Provided Term Life Additional death benefit for Accidental death (AD&D). (24 month suicide exclusion) Purchase Life Coverage on your Spouse and Children to age 26 *no medical questions for increases of 2 steps, other elections subject to approval* *Term Life rates increase w/age and reduce 50% at age 70</p>						
age 25-29	\$5.00															
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<p>16 UNUM Whole Life</p>	<p>Monthly Premium</p> <table border="1"> <tbody> <tr> <td>Employee</td> <td>(age rated)</td> </tr> <tr> <td>Spouse</td> <td>(age rated)</td> </tr> <tr> <td>Children</td> <td>(age rated)</td> </tr> </tbody> </table>	Employee	(age rated)	Spouse	(age rated)	Children	(age rated)	<p>Whole Life locks in your premium and you own the life policy. Guaranteed Death Benefit with Cash Value (One Health Question) Employee Guarantee Issue: \$125,000 (age15-50), \$70,000 (age 51-80) Spouse Guarantee Issue: \$25,000 (age15-50), \$10,000 (age 51-80) Child Guarantee issue: \$25,000</p>								
Employee	(age rated)															
Spouse	(age rated)															
Children	(age rated)															
<p>17 InfoArmor IDTheft Protection</p>	<p>Monthly Premium:</p> <table border="1"> <tbody> <tr> <td>Employee</td> <td>\$9.96</td> </tr> <tr> <td>EE + Family</td> <td>\$17.96</td> </tr> </tbody> </table>	Employee	\$9.96	EE + Family	\$17.96	<p>Detection is the NEW PREVENTION</p> <ul style="list-style-type: none"> * Identity and Credit Monitoring * Credit Scores and Reports * \$1,000,000 Identity Theft Insurance Policy 										
Employee	\$9.96															
EE + Family	\$17.96															
<p>18 Flexible Spending Account (www.nbsbenefits.com)</p>	<p>Maximum Yearly Contribution</p> <table border="1"> <tbody> <tr> <td>Medical FSA</td> <td>\$2,750 \$229.16/m</td> </tr> <tr> <td>Dep Care Flex</td> <td>5,000 \$416.66/m</td> </tr> </tbody> </table>	Medical FSA	\$2,750 \$229.16/m	Dep Care Flex	5,000 \$416.66/m	<p>The FSA helps you fund predictable healthcare expenses with pre-tax dollars Employees Must Re-Enroll each plan year. File for Dep Care Flex reimburse. *Medical Money Front Loaded on to Debit Card (Use it or Lose it by Nov. 14)</p>										
Medical FSA	\$2,750 \$229.16/m															
Dep Care Flex	5,000 \$416.66/m															
<p>19 Health Savings Account (www.HSAbank.com)</p>	<p>Maximum Yearly Contribution</p> <table border="1"> <tbody> <tr> <td>Individual:</td> <td>\$3,550 \$295.83/m</td> </tr> <tr> <td>Family:</td> <td>\$7,100 \$591.66/m</td> </tr> <tr> <td>Age 55+:</td> <td>\$1,000 catch up</td> </tr> </tbody> </table>	Individual:	\$3,550 \$295.83/m	Family:	\$7,100 \$591.66/m	Age 55+:	\$1,000 catch up	<p>*Money not Front Loaded onto debit card. The HSA helps you fund healthcare expenses with pre-tax dollars. IRS rules (must be paired with AC1HD, Cannot be enrolled Medicare, Tricare or spouse cannot have funds in an FSA/Flex). \$1.75 Monthly Fee (to balance of 3K) Gains on invested balance not taxable. Account balance rolls-over annually.</p>								
Individual:	\$3,550 \$295.83/m															
Family:	\$7,100 \$591.66/m															
Age 55+:	\$1,000 catch up															

Login Support - Benefit Resources



TEXT MESSAGE
To: 313131
Msg: CFBISD

Help Desk
Login Assistance
972-968-4357
or
helpdesk@cfbisd.edu

CFBISD Benefit Dept. 972-968-6120/ benefithelp@cfbisd.edu

Contact Benefit Dept within 31 days of Life Event for midyear change

FBS Call Center Enrollment & questions: 866-914-5202

Open Enrollment (July 20 to August 21, 2020)

Website: www.mybenefitshub.com/cfbisd

Employees Use CFB Email Username & Password

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