



Medical Insurance by TRS

BCISD contributes \$375.00 a month toward plan election
See back for details; plan descriptions located on the TRS website.

Telehealth by MDLIVE - FREE

Provided to all eligible employees & their families by BCISD
Plan allows employees and household members access to a national network of licensed doctors that can diagnose, recommend treatment, and prescribe medication all over the phone 24/7/365 for non-emergencies.

Vision Insurance by Superior Vision

BCISD contributes \$6.04 a month
Members pay a co-pay for in-network benefits. Exam co-pay is \$10.00 & materials co-pay is \$25.00. Exams & lenses are covered in-network once every 12 months. Frames are covered in-network with a co-pay once every 12 months. Out-of-network services can also be filed for reimbursement .

Vision - Monthly Premiums	
(Actual Payroll Deduction)	
EE Only	FREE
EE + SP	\$5.96
EE+ Child(ren)	\$5.71
EE + Family	\$11.84

Group Term Life / AD&D by One America

BCISD provides a \$30,000 policy - FREE
Group Term Life offers you an opportunity to purchase affordable term life insurance on a payroll deduction basis. Employees can also take additional voluntary life insurance. *Rates are based on age / plan options.*

NEW Hospital Indemnity Plan by AFLAC

Plan supplements your medical coverage by covering some of the additional expenses of a hospital stay; benefits paid directly to you.

Permanent Life Insurance by 5 Star

Plan provides a death benefit to age 100. Individual policies can be purchased on the employee, their spouse, children, grandchildren.

Short & Long Term Disability by One America

Plan protects one of your most valuable assets, your ability to earn a living. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury.

403(b) Plan Administration by NBS

BCISD offers voluntary participation in 403(b) plans which are administered by National Benefit Services. **BCISD contributes \$1 for every \$2 contributed by the employee up to a max amount of 2% of the employee's monthly salary.** Contact HR office for more details.

Dental Insurance by Cigna

BCISD contributes \$24.78 a month
Low Option PPO - Plan includes a \$750 calendar year maximum; \$50 deductible for individuals and \$150 deductible for families. Class I expenses are paid at 100%; Class II expenses are paid at 60%; & Class III expenses are paid at 40%. Class IX & Orthodontia expenses are not covered. Plan includes contracted fees/max allowable charges.

High Option PPO - Plan includes a \$1,500 calendar year maximum; \$50 deductible for individuals and \$150 deductible for families. Class I expenses are paid at 100%; Class II expenses are paid at 80%; & Class III and Class IX expenses are paid at 50%. Orthodontia expenses are paid at 50% up to \$1,000 (to age 19).

Dental - Monthly Premiums by Plan

(Actual Payroll Deductions Reduced)		
Tier	Low Plan	High Plan
EE Only	FREE	FREE
EE + SP	\$7.51	\$38.46
EE + Child(ren)	\$12.35	\$43.27
EE + Family	\$31.90	\$70.14

Flexible Spending Accounts by NBS

Allows an individual to set aside dollars pre-tax to pay for future health care &/or dependent care expenses on a "use it or lose it" basis. Medical reimbursement max is \$2,650/plan year; dependent care reimbursement max is \$5,000/plan year. NO fee to participate.

Health Savings Account (HSA) by HSABank

Allows an employee to accumulate pre-tax dollars in an account to assist with expenses for High Deductible (HD) health plans. Participant must be enrolled in an HD plan. **Funds in this account DO roll over from year to year.** Annual maximum for an individual is \$3,450 and family maximum is \$6,900. 55 years and older can contribute an additional \$1,000 per year. \$1.75 monthly fee deducted from participants account each month.

Emergency Transportation by MASA

MASA provides medical emergency transportation solutions and covers your out of pocket medical transport cost when your insurance falls short. Zero out of pocket expenses for emergent air or ground transport, regardless of transport provider. \$9.00 a month for the entire family.

Questions? We can help - BCISD Human Resources (512) 756-2124

2018-2019 Medical Benefit Summary

Medical Insurance by TRS - Monthly Premiums by Plan

BCISD contributes \$375 a month (Premiums listed are actual payroll deductions)

ActiveCare Plans by Aetna	ActiveCare 1 HD	ActiveCare Select	ActiveCare 2	Scott & White HMO	First Care HMO
	www.trselectivecare.aetna.com		Closed to new participants	https://trs.swhp.org/	www.firstcare.com
EE Only	FREE	\$165.00	\$407.00	\$203.36	\$159.04
EE + SP	\$660.00	\$952.00	\$1,480.00	\$978.40	\$973.92
EE + Child(ren)	\$326.00	\$501.00	\$788.00	\$533.06	\$474.76
EE + Family	\$999.00	\$1,293.00	\$1,819.00	\$1,134.56	\$1,010.36
Pooled Premiums—Both Spouses Working for BCISD					
One Spouse declines coverage; other Spouse elects family plan and pays pooled premium.					
EE + Family	\$624.00	\$918.00	\$1,444.00	\$759.56	\$635.36

TRS Plan Summaries

All ActiveCare choices are Aetna; Caremark RX	ActiveCare 1 HD Network	ActiveCare Select Zip Cd determines network	ActiveCare 2 Network	Scott & White HMO	First Care HMO
Deductible (In-Network)	\$2,750 individual \$5,500 family	\$1,200 individual \$3,600 family	\$1,000 individual \$3,000 family	\$1000 individual \$3,000 family	\$750 individual \$2,250 family
Deductible (Out-of-Network)	\$5,500 individual \$11,000 family		\$2,000 individual \$6,000 family		
Out-Of-Pocket Max In-Network (Includes Deductible + RX)	\$6,650 employee only \$13,300 family	\$7,350 individual \$14,700 family	\$7,350 individual \$14,700 family	\$7,000 individual \$14,000 family	\$7,350 individual \$14,700 family
Out-Of-Pocket Max Out-of-network (Includes Deductible + RX)	\$13,300 employee only \$26,600 family		\$14,700 individual \$29,400 family		
Doctor Office Visits	20% after deductible	\$30 copay - primary \$70 copay - specialist	\$30 copay - primary \$70 copay - specialist	\$15 copay - primary \$70 copay - specialist	\$20 copay—primary \$60 copay - specialist
Preventive Care	Plan Pays 100% (deductible waived)	Plan Pays 100% (deductible waived)	Plan Pays 100% (deductible waived)	Plan Pays 100% (deductible waived)	Plan Pays 100% (deductible waived)
Inpatient Hospital (facility charges)	20% after deductible	\$150 copay per day (\$750 max) +20% after deductible	\$150 copay per day (\$750 max) + 20% after deductible	\$150 copay per day (\$750 max) + 20% after deductible	25% after deductible
Inpatient Hospital (physician/surgeon)	20% after deductible	20% after deductible	20% after deductible	Included in facility charges	25% after deductible
Emergency Room	20% after deductible	\$250 copay per visit + 20% after deductible	\$250 copay per visit + 20% after deductible	\$250 copay per visit + 20% after deductible	\$500 copay after deductible
Urgent Care	20% after deductible	\$50 copay per visit	\$50 copay per visit	\$50 copay per visit	\$75 copay per visit
ASK THE CLINIC BEFORE YOU GO! IMPORTANT TO DETERMINE IF THE CLINIC IS CONSIDERED AN URGENT CARE FACILITY OR A FREE STANDING ER.					
Free Standing ER	\$500 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$500 copay plus 20% after deductible	Not addressed by SW	Not addressed by 1st Care
Prescription Drug	20% after deductible NO Cost for certain generic preventative drugs (complete list found on website)	\$20 Generic \$200 Deductible for Brand Name \$40 Preferred Brand 50% Non-preferred	\$20 Generic \$200 Deductible for Brand Name \$40 Preferred Brand 50% Non-preferred	\$5 Generic \$150 Deductible for Non-Generic 30% Preferred Brand 50% Non-preferred	\$15 Generic; \$100 Deductible for Non-Generic \$40 Preferred Brand \$100 Non-preferred