

Crosby ISD Benefits At A Glance

2020-2021

Medical Plans:

Medical Plan	TRS-ActiveCare Primary (Statewide Network)	TRS-ActiveCare 1-HD (Nationwide Network)	TRS-ActiveCare Primary+ (Statewide Network)	TRS-ActiveCare 2 (Nationwide Network)
Deductible	\$2,500 EO/\$5,000 FAM	\$2,800 EO / \$5,600 FAM	\$1,200 EO/\$3,600 FAM	\$1,000 EO/\$3,000 FAM
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Out of Pocket Maximum	\$8,150 EO/\$16,300 FAM	\$6,900 EO/\$13,800 FAM	\$6,900 EO/\$13,800 FAM	\$7,900 EO/\$15,800 FAM
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Office Visit	\$30 copay	20% after deductible	\$30 copay	\$30 copay
Specialist Office Visit	\$70 copay	20% after deductible	\$70 copay	\$70 copay
TRS Virtual Health	Plan pays 100%	\$30.00 (towards deductible and out-of-pocket max)	Plan pays 100%	Plan pays 100%
Medical Rates				
Employee Only	\$80.50	\$86.00	\$144.50	\$356.00
Employee + Spouse	\$432.00	\$447.50	\$519.00	\$998.50
Employee + Children	\$235.00	\$245.00	\$304.50	\$584.00
Employee + Family	\$538.00	\$556.50	\$681.50	\$1,291.00

Dental Plans:

Dental Plan	Low PPO	High PPO
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	Not Covered	50%
Orthodontics	N/A	\$1,000 max
Maximum Benefit	\$1,000	\$1,500

Dental Rates:

Dental Plan	Low PPO	High PPO
Employee Only	\$9.47	\$13.94
Employee + Spouse	\$18.87	\$27.84
Employee+ Children	\$20.43	\$28.89
Family	\$33.08	\$47.21

Vision Plan:

Vision Plan	Platinum	Gold
Eye Examination	\$10.00 Co-Pay Every 12 months	\$10.00 Co-Pay Every 12 months
Materials	\$10.00	\$25.00
Lenses	Every 12months	Every 12 months
Frames	Every 12 months (\$200 allowance)	Every 24 months (\$130 Allowance)
Contact Lens	Every 12 months	Every 12 months

Vision Rates:

Superior Vision	Platinum	Gold
Employee Only	\$6.40	\$3.59
Employee + 1	\$10.90	\$6.09
Family	\$16.02	\$8.97

Colonial Cancer Plan:

Cancer Plan	Plan Rates
Employee Only	\$13.02
Family	\$21.98

Colonial Medical Bridge:

MED Bridge	Plan Rate
Employee ONLY	\$3.23

Colonial Accident Plan:

Accident	Plan Rates
Employee Only	\$9.50
Employee + Spouse	\$12.84
Employee + Child(ren)	\$15.26
Employee + Family	\$18.59

LegalShield:

Plan	Individual
LegalShield Employee Only	\$8.48
ID Shield Employee Only	\$4.48
Combined Employee Only	\$12.95
LegalShield Family	\$9.48
ID Shield Family	\$9.48
Combined Family	\$16.95

UNUM & Colonial Disability/Life/Critical Illness:

Plans	Rates
UNUM Disability	The premium will be based on salary, coverage, and/or age.
UNUM Life	
Colonial Term Life	
Colonial Universal Life	
Colonial Critical Illness	

Flexible Spending Account:

Medical reimbursement account that allows you to set aside money from your paycheck to use for medical, dental, vision, and prescription cost for yourself. Maximum benefit amount per year is \$2650.

Dependent reimbursement account allows you to set aside money from your paycheck to use for child care expenses for children up to age 13, or disabled dependents. Maximum benefit amount per year is \$5000. Only \$500 will roll over when the plan year ends on 10/31/2021.

Health Savings Account:

Medical reimbursement account that allows you to set aside money from your paycheck to use for medical, dental, vision, and prescription cost for you and your dependents. Maximum benefit amount per year is \$3400 for individual, \$6750 for family.

Only Available with HD (High Deductible) Plan.

If funds are not used by 10/31/2021, they will rollover from year to year.

SECTION 125 Rules

You must make an election each plan year to continue your eligibility for cafeteria plan benefits.

Plans include: Medical, Dental, Vision, Critical Illness, Accident, Life Insurances, and Flexible Spending (Medical and Dependent Care).

A benefit cannot be changed during the plan year unless you have a qualified family status change. These changes include, but are not limited to: **(changes must be made within 31 days of the event)**

- Marriage or divorce
- Birth, adoption, or death of a spouse or child
- Change in a spouse's or dependent's employment status
- Change in eligibility status of a dependent

Online Enrollment for MEDICAL Insurance ONLY:**Go to:**

<https://trsactivecare.bswift.com/TrsMain/Home.aspx>

Type in your district's name: Crosby ISD – D0526
Click "Create your account" and follow the prompts.

If you need additional information or have questions, please contact J. Alyssa Arellano by e-mail jarellano@crosbyisd.org or by phone at (281) 328-9200 ext. 1233