

## **ELIGIBILITY FOR BENEFITS**

**TRS ActiveCare Health Plan:** You must be an active TRS paying member or employed 10 or more regularly scheduled hours each week. Eligible employees that are not paying members of TRS will pay the full health premium including both employee and employer share.

**All other insurance products:** You must be an active, contributing member of TRS.

## **LIFE INSURANCE**

Basic Life Insurance for employees is paid by the district. The Death Benefit is \$25,000 for employees under age 65. Basic Dependent Life Insurance may also be purchased for an additional charge of \$1.46 per month which covers spouses for \$10,000 and eligible children for \$5,000. Additional voluntary life insurance can be purchased for up to 5x the employee's salary, not to exceed \$550,000.00.

## **DISABILITY INSURANCE**

### **LONG TERM DISABILITY INSURANCE**

Employees eligible for health insurance are covered under the District-paid Long Term Disability Insurance plan. Covered employees who become disabled may receive an income replacement of up to 60% of their Basic Monthly Earnings starting on the 91<sup>st</sup> day of disability.

### **SHORT TERM DISABILITY INSURANCE**

Eligible employees may enroll in the voluntary Short Term Disability plan which pays benefits for up to the first 90 days of disability.

### **Other benefits offered to CCISD employees include:**

- |   |   |
|---|---|
| <input type="checkbox"/> Employee Assistance Program      | <input type="checkbox"/> 403b and 457b Investments  |
| <input type="checkbox"/> Vision Insurance                 | <input type="checkbox"/> Long Term Care Insurance   |
| <input type="checkbox"/> Flexible Spending Accounts       | <input type="checkbox"/> Cancer Insurance           |
| <input type="checkbox"/> Health Savings Accounts          | <input type="checkbox"/> Critical Illness Insurance |
| <input type="checkbox"/> Prepaid Legal and Identity Theft | <input type="checkbox"/> Sick Leave Buy Back Plan   |

For more information on these benefits, please contact our office at (281) 284-0230 or email us at [benefits@ccisd.net](mailto:benefits@ccisd.net).

## **Clear Creek Independent School District**

### **2018/2019 Employee Benefits Overview**



### **CCISD Business Services**

**2425 East Main Street**

**League City, Texas 77573**

**(281)284-0230**

**M E D I C A L**

**D E N T A L**

**V I S I O N**

**L I F E I N S U R A N C E**

**D I S A B I L I T Y I N S U R A N C E**

**C A N C E R P L A N**

**C R I T I C A L I L L N E S S**

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**E M P L O Y E E A S S I S T A N C E P R O G R A M**

## HEALTH INSURANCE

In 2018/2019 all Clear Creek ISD health insurance plans are offered through TRS ActiveCare, with medical administered by Aetna and pharmacy administered by CVS Caremark. TRS ActiveCare offers two PPO plans (Active Care 1-HD and ActiveCare 2) and one ACO plan (ActiveCare Select).

### NEWLY ELIGIBLE EMPLOYEES

The effective date of health coverage for new hires and their eligible dependents is the first day of the month following the employee's date of hire or their first day at work. First day at work health coverage requires payment for the entire month's premium.

### NEW THIS YEAR

At the time of hire or during Open Enrollment employees that enroll in Active Care Select have the option to choose between Memorial Hermann or Kelsey Seybold Accountable Care Organizations as their provider for the plan year. ActiveCare 2 is closed to new enrollment effective 9/1/2018.

### MONTHLY RATES

Plan	ActiveCare 1-HD	ActiveCare 2	ActiveCare Select*
Employee Only	\$67	\$482	\$240
Employee + Child(ren)	\$366	\$828	\$541
Employee + Spouse	\$675	\$1,495	\$967
Employee, Spouse & Child(ren)	\$989	\$1,809	\$1,283

\*Memorial Hermann or Kelsey Seybold

### Pharmacy Co-pays

To view co-pays for prescription drugs, go to [www2.caremark.com/trsactivecare](http://www2.caremark.com/trsactivecare).

### Participating Medical Providers

To view participating medical providers, go to [www.trsactivecare.aetna.com](http://www.trsactivecare.aetna.com). Click on "Find a Doctor or Facility".

## 2018/2019 Medical Plan Comparison

	ActiveCare 1-HD	ActiveCare 2	ActiveCare Select
In Network Individual/Employee Only Deductible	\$2,750 employee only	\$1,000 per individual	\$1,200 per individual
In Network Employee/Spouse, Employee/Child(ren), Family Deductible	\$5,500 employee/spouse, employee/child(ren), family	\$3,000 family	\$3,600 family
In-Network Out of Pocket Maximum – Individual/Employee Only	\$6,650 employee only	\$7,350 per individual	\$7,350 per individual
In-Network Out of Pocket Maximum – Employee/Spouse, Employee/Child(ren), Family	\$13,300 employee/spouse, employee/child(ren), family	\$14,700 family	\$14,700 per family
PHYSICIAN SERVICES			
Primary Care Office Visit	Paid at 80%;after deductible	\$30	\$30
Specialist Office Visit	Paid at 80%;after deductible	\$70	\$70
Preventive Care Services	Plan pays 100%	Plan pays 100%	Plan pays 100%
HOSPITAL/IMAGING FACILITY CHARGES			
Hospital, Inpatient	Paid at 80% after deductible	\$150 co-pay per day; paid at 80% after deductible	\$150 co-pay per day; paid at 80% after deductible
Emergency Room	Paid at 80% after deductible	\$250 co-pay per visit; paid at 80% after deductible	\$250 co-pay per visit; paid at 80% after deductible
Outpatient Surgery	Paid at 80% after deductible	\$150 co-pay per visit; paid at 80% after deductible	\$150 co-pay per visit; paid at 80% after deductible
PRESCRIPTIONS			
Drug Deductible	Subject to plan year deductible	\$0 for generics; \$200 for brand name	\$0 for generics; \$200 for brand name
Retail Short Term	20% co-insurance after deductible	\$20; \$40; 50% co-ins	\$20; \$40; 50% co-ins
Short Term Maintenance	20% co-insurance after deductible	\$35; \$60; 50% co-ins	\$35; \$60; 50% co-ins
Retail Maintenance or Mail Order	20% co-insurance after deductible	\$45; \$105; 50% co-ins	\$45; \$105; 50% co-ins
Specialty Drugs	20% co-insurance after deductible	20% co-insurance	\$20% co-insurance

## DENTAL INSURANCE

CCISD offers two dental plans to choose from:

AETNA Indemnity Dental Plan (PDN)

AETNA DHMO Dental Plan (DMO)

### MONTHLY RATES

Plan	DHMO	Indemnity
Employee Only	\$0.00	\$15.00
Employee & Children	\$17.32	\$55.00
Employee & Spouse	\$16.02	\$45.00
Family	\$36.60	\$80.00

Participating providers for each of the AETNA dental plans can be found at

[www.aetna.com](http://www.aetna.com).