



# Midway ISD Benefits

Sept. 1, 2020 – Aug. 31, 2021

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**Please Call or Email Kelcie Griggs Benefits Specialist to enroll**

**254-761-5610 Ext. 1136**

**[Kelcie.griggs@midwayisd.org](mailto:Kelcie.griggs@midwayisd.org)**

**13885 Woodway Dr. Woodway, TX 76712**

## **Provider Contact Information**

**Blue Cross Blue Shield** 866-355-5999

[www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare)

**Scott & White** 800-321-7947 [www.trs.swhp.org](http://www.trs.swhp.org)

**Standard Dental** 800-547-9515 [www.standard.com/dental](http://www.standard.com/dental)

**Superior Vision** 866-265-0517 [www.superiorvision.com](http://www.superiorvision.com)

**Standard Hospital Indemnity** 866-851-5505 [www.standard.com](http://www.standard.com)

**Standard Disability** 800-368-1135 [www.standard.com](http://www.standard.com)

**Loyal American Cancer** 800-366-8354 [www.loyalamerican.com](http://www.loyalamerican.com)

**MASA Emergency** 830-377-8637 [www.masamts.com](http://www.masamts.com)

**Standard Accident and Critical Illness Bundle** 866-851-5505

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

**Lincoln Life Insurance** 800-423-2765 [www.lincoln.financial.com](http://www.lincoln.financial.com)

**Chubb Life Insurance** 800-252-9240

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

**TASC Dependent Care and FSA** 800-422-4661 or 608-241-1900

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

**TASC HSA** 800-350-3778 [www.tasconline.com](http://www.tasconline.com)

**Self-Enrollment Website** [www.thebenefitsexpert.com](http://www.thebenefitsexpert.com)

# Medical Plan Options and Monthly Premiums

These monthly prices **DO INCLUDE** the district contribution of \$386.

**Option #1** - Blue Cross Blue Shield TRS Active Care Primary  
(Not compatible with HSA)

\*This is a new plan and you will be required to physically enroll

Employee Only	\$0
Employee + Spouse	\$703
Employee + Children	\$309
Employee + Family	\$915

**Option #2** - Blue Cross Blue Shield TRS Active Care HD  
(Compatible with HSA)

\*If you are currently enrolled the Aetna HD plan, you will be automatically enrolled into this plan, unless you elect a new plan

Employee Only	\$11
Employee + Spouse	\$734
Employee + Children	\$329
Employee + Family	\$952

**Option #3** - Blue Cross Blue Shield TRS Active Care Primary +  
(Not compatible with HSA)

\*If you are currently enrolled in the Aetna Baylor Select plan, you will be automatically enrolled into this plan, unless you elect a new plan

Employee Only	\$128
Employee + Spouse	\$878
Employee + Children	\$448
Employee + Family	\$1202

# Medical Plan Options and Monthly Premiums

## Continued

### **Option #4 - Blue Cross Blue Shield TRS Active Care 2**

**(This plan is closed to new enrollees)**

(Not compatible with HSA)

\*If you are currently enrolled in the Active Care 2 plan, you will automatically be enrolled into this plan, unless you elect a new plan

Employee Only	\$551
Employee + Spouse	\$1836
Employee + Children	\$1007
Employee + Family	\$2241

### **Option #5 - Baylor Scott & White HMO**

**(This plan is still scheduled to no longer contract with Providence as of 12/31/2020)**

(Not compatible with HSA)

\*If you are currently enrolled in the Scott & White plan, you will be automatically enrolled in this plan, unless you elect a new plan

Employee Only	\$165.10
Employee + Spouse	\$996.06
Employee + Children	\$497.50
Employee + Family	\$1092.56

**\* If you are currently enrolled in the First Care plan, you will automatically be enrolled in the Scott & White plan, unless you elect a new plan.**

# Scott & White Plan Highlights

## Scott & White HMO:

**\* If you are currently enrolled the Scott & White plan, you will be automatically enrolled into this plan, unless you elect a new plan**

- Lower premium
- Copays for doctor visits before you meet deductible
  - PCP referrals required to see specialists
- Not compatible with health savings account (HSA)
  - No out-of-network coverage

### **Features**

Type of coverage	In network ONLY
Individual / Family Deductible	\$950/\$2850
Coinsurance	20% after deductible
Individual / Family Maximum Out of Pocket	\$7450/\$14900
Network	Limited
Preventative Care	100%
PCP Required	Yes
Primary Care Visit	\$20 copay
Specialist Visit	\$70 copay
Urgent Care	\$50 copay
Emergency Care	\$500 copay after deductible

### **Prescriptions**

RX Deductible	\$150 excluding generics
Generics 30 Day/ 90 Day	\$5/\$12.50 copay
Preferred Brand	30% after deductible
Non- Preferred Brand	50% after deductible
Specialty	15% (preferred) / 25% (nonpreferred) after deductible

# Blue Cross Blue Shield Plan Highlights

## BCBS AC Primary:

**\*Only employees that choose this new plan during Annual Enrollment will be enrolled in it.**

- Lower premium
- Copays for visits before you meet deductible
- Statewide network
- PCP referrals required to see specialists
- Not compatible with health savings account (HSA)
- No out-of-network coverage

### Features

Type of coverage	In network ONLY
Individual / Family Deductible	\$2500/\$5000
Coinsurance	30% after deductible
Individual / Family Maximum Out of Pocket	\$8150/\$16300
Network	Statewide
Preventative Care	100%
PCP Required	Yes
Primary Care Visit	\$30 copay
Specialist Visit	\$70 copay
Virtual Health Visit	\$0 per consultation
Urgent Care	\$50 copay
Emergency Care	30% after deductible

### Prescriptions

RX Deductible	Integrated with Medical
Generics 30 Day/ 90 Day	\$15/\$45 copay
Preferred Brand	30% after deductible
Non- Preferred Brand	50% after deductible
Specialty	30% after deductible

## BCBS AC HD:

**\* If you are currently enrolled the Aetna 1-HD plan, you will be automatically enrolled into this plan, unless you elect a new plan**

- Lower premium
- Nationwide network with out of network cover
- No requirement for PCP or referrals
- Compatible with health savings account (HSA)
- Must meet deductible before plan pays

### Features (In network rates listed below)

Type of coverage	In and Out of Network
Individual / Family Deductible	\$2800/\$5600
Coinsurance	20% after deductible
Individual / Family Maximum Out of Pocket	\$6900/\$13800
Network	Nationwide
Preventative Care	100%
PCP Required	No
Primary Care Visit	20% after deductible
Specialist Visit	30% after deductible
Virtual Health Visit	\$20 per consultation
Urgent Care	20% after deductible
Emergency Care	20% after deductible

### Prescriptions

RX Deductible	Integrated with Medical
Generics 30 Day/ 90 Day	20% after deductible
Preferred Brand	25% after deductible
Non-Preferred Brand	50% after deductible
Specialty	20% after deductible

## **BCBS AC Primary +:**

**\* If you are currently enrolled the Aetna Select plan, you will be automatically enrolled into this plan, unless you elect a new plan**

- Lower deductible
- Statewide network
- PCP referrals required to see specialists
- Not compatible with health savings account (HSA)
- No out-of-network coverage

### **Features**

Type of coverage	In network ONLY
Individual / Family Deductible	\$1200/\$3600
Coinsurance	20% after deductible
Individual / Family Maximum Out of Pocket	\$6900/\$13800
Network	Statewide
Preventative Care	100%
PCP Required	Yes
Primary Care Visit	\$30 copay
Specialist Visit	\$70 copay
Virtual Health Visit	\$0 per consultation
Urgent Care	\$50 copay
Emergency Care	20% after deductible

### **Prescriptions**

RX Deductible	Integrated with Medical
Generics 30 Day/ 90 Day	\$15/\$45 copay
Preferred Brand	25% after deductible
Non- Preferred Brand	50% after deductible
Specialty	20% after deductible

## **BCBS AC 2:**

**\* If you are currently enrolled the Aetna 2 plan, you will be automatically enrolled into this plan, unless you elect a new plan**

- Closed to new enrollees
- Nationwide network with out of network cover.
- No requirement for PCP or referrals
- Not compatible with health savings account (HSA)
- Lower deductible

### **Features (In network rates listed below)**

Type of coverage	In and Out of Network
Individual / Family Deductible	\$1000/\$3000
Coinsurance	20% after deductible
Individual / Family Maximum Out of Pocket	\$7900/\$15800
Network	Nationwide
Preventative Care	100%
PCP Required	No
Primary Care Visit	\$30 copay after deductible
Specialist Visit	\$70 copay after deductible
Virtual Health Visit	\$0 per consultation
Urgent Care	\$50 copay
Emergency Care	\$250 copay + 20% after deductible

### **Prescriptions**

RX Deductible	\$200 Brand deductible
Generics 30 Day/ 90 Day	\$20/\$45 copay
Preferred Brand	25% after deductible
Non- Preferred Brand	50% after deductible
Specialty	20% after deductible

# Dental Rates – The Standard Insurance

	<b>High Plan</b>	<b>Low Plan</b>
Employee Only	\$41.68	\$27.04
Employee + Spouse	\$89.06	\$53.62
Employee + Children	\$91.31	\$57.70
Family	\$140.44	\$84.28

## Dental Plan Highlights

### High Plan

Type 1 100% Coverage  
 Type 2 80% Coverage  
 Type 3 50% Coverage  
**\$1000 Orthodontia Life/Max Benefit**

### Low Plan

Type 1 80% Coverage  
 Type 2 80% Coverage  
 Type 3 50% Coverage  
**No Orthodontia Coverage**

Type 1	Type 2	Type 3
Routine Exam (2 per benefit period)	<ul style="list-style-type: none"> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> </ul>
Bitewing X-rays (1 per benefit period)	<ul style="list-style-type: none"> <li>Restorative Amalgams</li> </ul>	<ul style="list-style-type: none"> <li>Crowns (1 in 10 years per tooth)</li> </ul>
Full Mouth/Panoramic X-rays (1 in 5 years)	<ul style="list-style-type: none"> <li>Restorative Composites</li> </ul>	<ul style="list-style-type: none"> <li>Crown Repair</li> </ul>
Periapical X-rays	<ul style="list-style-type: none"> <li>Denture Repair</li> </ul>	<ul style="list-style-type: none"> <li>Endodontics (nonsurgical)</li> </ul>
Cleaning (2 per benefit period)	<ul style="list-style-type: none"> <li>Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>Endodontics (surgical)</li> </ul>
Fluoride for Children 13 and under (1 per benefit period)		<ul style="list-style-type: none"> <li>Periodontics (nonsurgical)</li> </ul>
Sealants (age 13 and under)		<ul style="list-style-type: none"> <li>Periodontics (surgical)</li> </ul>
		<ul style="list-style-type: none"> <li>Implants</li> </ul>
		<ul style="list-style-type: none"> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> </ul>
		<ul style="list-style-type: none"> <li>Complex Extractions</li> </ul>
		<ul style="list-style-type: none"> <li>Anesthesia</li> </ul>



# Vision Rates – Superior Insurance

Employee Only		\$10.82
Employee + One		\$18.96
Family		\$27.98

## Vision Plan Highlights

<b>Co-Pays</b> Exam                      \$10 Materials                \$10	<b>Monthly Premiums</b> Emp. only                 \$10.82 Emp. + 1 dependent    \$18.96 Emp. + family            \$27.98	<b>Services/Frequency</b> Exam                      12 months Frame                      12 months Lenses                      12 months Contact Lenses          12 months
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(Based on date of service)

### Benefits through [Superior Select Southwest Network](#)

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam	Covered in full	Up to \$35 retail
Frames	\$125 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description <sup>1</sup>	Up to \$45 retail
Tints	Covered in full	Not covered
UV Coating	Covered in full	Not covered
Polycarbonate	Covered in full	Not covered
Factory Scratch Coat	Covered in full	Not covered
Contact Lenses <sup>2</sup>	\$155 retail allowance	Up to \$80 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$150 retail
Lasik Vision Correction <sup>3</sup>	\$200 allowance	

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>1</sup> Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

<sup>2</sup> Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

<sup>3</sup> Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitation

## Hospital Indemnity – The Standard Insurance

Hospital Indemnity coverage is designed to offset your covered out of pocket costs from hospital admissions. You can receive \$1500 for in-patient hospital admission. You will also get \$350 per day while in the hospital with a maximum 15 days per incident.

**\*Preexisting conditions do apply**

<b>Tier</b>		<b>Premium</b>
Employee Only		\$26.32
Employee + Spouse		\$55.93
Employee + Children		\$51.24
Family		\$86.45

## Disability Insurance – The Standard Insurance

Disability insurance is designed to help supplement your income while you are deemed disabled. Rates will vary depending on monthly earnings and designated benefit waiting period.

Wait period options available:

7 Day, 14 Day, 30 Day, 60 Day, 90 Day, 180 Day

**\*\*Waiting Period is the amount of time you have to be deemed disabled BEFORE you will receive your benefit NOT how long you will receive the benefit. \*\***

## **Life Insurance – Lincoln Life Insurance**

- Midway ISD offers a \$10,000 life insurance policy to every employee free of cost.
- Additional Life insurance is available at an additional cost.
- Rates will vary by age.
- Policies are NOT portable.

## **Voluntary Life Insurance – CHUBB**

Chubb LBT, offered through Combined, provides money to your family at death, and while you are living too, if you need home health care, assisted living or nursing care. Premiums are guaranteed and will never increase. If you need Long Term Care, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. If you exhaust your death benefit from the LTC benefit, your life coverage will be restored to 50% of the original benefit.

**Rates vary by age.**

## **Cancer Insurance – Loyal American Insurance**

Cancer Insurance is designed to assist financially with medical cost and treatment related to a diagnosis of cancer.

	Plan A	Plan A ICU	Plan B	Plan B ICU
Employee Only	\$25.69	\$28.48	\$36.01	\$38.80
Employee + Children	\$31.20	\$35.04	\$43.10	\$46.93
Family	\$43.13	\$48.41	\$59.87	\$65.15

## **Emergency Transportation – MASA Emergent**

Emergency transportation is designed to assist with out of pocket expenses related to medically necessary transportation via ground or air. This plan covers any provider in the U.S.

Emergent Plus	Ground + Air	\$14
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# **Bundle Critical Illness and Accident Insurance – Standard Insurance**

**Critical Illness Insurance** is designed to assist financial with medical costs related but not limited to strokes, heart attacks and renal failure.

Critical Illness rates per \$1000  
\$10k, \$15k or \$25k options

Cost by employee age

<30 \$.058  
30-39 \$1.11  
40-49 \$2.06  
50-59 \$4.30  
60-70 \$8.13

**Accident Insurance** is designed to assist with out-of-pocket expenses related to an accident and/or injury.

Cost  
EO \$12.62  
E + S \$20.38  
E + C \$25.07  
E + Fam \$39.14

**You MUST take both policies together to get the discounted rates. Add premiums for both sections to get your total monthly premium.**

## **Dependent Care- TASC**

- Expenses must be work related. Care must be necessary for the employee to work.
- Expenses provided cannot exceed \$5000.
- Expenses qualify for:
  - Dependent ages 13 or younger
  - Spouse or dependent who is physically or mentally not able to care for themselves

## **Flexible Spending Account- TASC**

- An FSA is a use it or lose it account.
- You have from 9/1 - 8/31 to use your elected funds.
- There is a small grace window to use your funds after the end date, but only for an expense that fell within the time frame.
- You elect an amount to be deducted each month. Your TASC card is loaded with all of the funds upfront.
- \$2750 maximum per year = \$229.17 p/ month
- Pre taxed

## **Health Savings Account-TASC**

- You can enroll in an HSA if you are enrolled in the high deductible plan.
- HSA accounts continue to accrue.
- There is no timeline to use the funds.
- Funds are not loaded up front. They accumulate monthly onto your TASC card.
- Maximum \$3,550 individual and \$7,100 family annually.
- Pre taxed

## Other Benefits

### Midway Employee Wellness Center (MWC)

Sign up at [www.midwayisd.org](http://www.midwayisd.org)

Monthly Cost - \$10 professionals, \$5 Paraprofessionals, \$3 Auxiliary

### FMLA

To qualify, you must be an active employee for at least 12 months and have worked 1250 hours in the last 12 months.

Contact Kelcie Griggs for more information.

### Sick Leave Bank

Become a member by signing up in August by donating 3 of your Local Days.

Can be used for a catastrophic event that has happened to the employee ONLY.

Submit the application to Ashely Canuteson for a lifetime maximum of 100 days.

### Bereavement

You are allotted 3 bereavement days per death of an immediate family member: parents, children, siblings, grandparents, or in laws.