

Benefits At A Glance 2024

PRICES LISTED BELOW ARE SEMI-MONTHLY (PER PAYCHECK)

	PRICES LISTED BELOW ARE SEIVII-IVIONTHLY (PER PAYCHECK)									
	Medical Rates (Rates below are per check after \$310 district contribution)									
BENEFITS AVAILABLE:		Tier		CIGNA HD			CIGNA Standard		CIGNA Enhanced	
		-•	Employee Only		\$60.00			\$85.00		\$151.50
• Medica	al (CIGNA):		Employee + Spouse	;	\$42	7.00		\$516.50		\$636.00
*	HD		Employee + Children	n	\$24	1.00		\$301.00		\$357.50
*	Standard		Family		\$607.50		\$718.00			\$785.50
*	Enhanced		Medical Plans							
• Dental	PPO (CIGNA	A)	Medical Details		CIGNA I	HD	Cl	CIGNA Standard		CIGNA Enhanced
• Vision	(Eye Med)			\$1200 FF / \$2400						
• Group	Term Life A	0 & D (CHUBB)	Deductible	φ120	\$1200 EE / \$2400 FAM		\$1000	\$1000 EE / \$3000 FAM		50 EE / \$1500 FAM
• Life Ins	urance (Tex	as Life)	Primary Care Office Visit	30 %	30 % after deductible			\$40 copay		\$40 copay
Accide	nt Plan (CIGI	NA)	Teladoc		\$0 copay			\$0 copay		\$0 copay
Critical Illness Plan (CHUBB)		Specialist Office Visit	30 %	30 % after deductible			\$75 copay		\$75 copay	
Cancer Plan (CHUBB)		Retail	30% :	30% after deductible		\$0—generic, 30 % after deductible preferred and		\$0	generic, \$40 pre- ferred and non-	
Short T	erm Disabili	ty (Hartford)	Pharmacy				1	non-preferred	Ф.1	preferred
• Flexible	Emergency Care 30% after deductible		ductible	30%	30% after deductible		50 Co-Pay/ No non- mergency coverage			
(Higginboth	-]	Dental Pla	ans—(CIGNA		
Health Savings Account		Dental Details	PI	PPO		Coverage Level			PPO	
(GCEFCU)			Preventive Services	100	100%		Employee Only			\$11.62
• Hospita	al Indemnity	Plan (CHUBB)	Basic Services	80	80% E		Employee + Spouse			\$22.22
♦ Teleme	edicine— Re	curo	Major Services	rvices 50% E		En	mployee + Children			\$28.53
			Orthodontics	\$1,	000			mily		\$33.22
		Maximum Benefit	\$1,2	\$1,200 PPO Plans o		ans cov	cover 3 dental cleanings per cal. year. No out of network coverage.		cal. year . No out of	
		Vision Plan—Ey	e Med			Gro	up Te	rm Life Insuranc	e—(
Vision	Coverage	Co-pay	Coverage Level	Rate	Terr	n Life Insur	rance	Coverage		Guaranteed Issue (No EOI)
Eye Examination	Every 12 months	\$10	EE Only	\$4.36		Employee		Up to 7x salary of \$500,000	r	Up to 3x
Lenses	Every 12 months	\$10	EE + Spouse	\$9.32		Spouse		50% of employee benefits	's	50% of employee
Frames	Every 12 months	\$0 (\$180 Allowance)	EE + Children	\$9.07		Children		Increments of \$2,000 up to \$10,000		\$10,000
Contact Lens	Every 12 months	\$0 (\$180 Allowance)	Family	\$13.74	Children					

	Texas Whole Life Insuranc	e	Accident Pl	ans—CIGNA	A D & D—per \$1000
Life Insurance	Coverage	Guaranteed Issue	Medical Coverage	High Plan	Employee, Spouse, Child
Employee	Portable policy builds cash value	Up to \$300,000	Employee Only	\$3.29	\$0.015
Spouse	Portable policy builds cash value	Up to \$150,000	Employee + Spouse	\$6.47	\ ® >
эройзс	Tortable policy ballas cash value	op to \$130,000	Employee + Children	\$7.51	HERE, WE GROW
Children	Portable policy builds cash value	Up to \$50,000	Family	\$9.17	GIANTS

	(Critical Illness—CHUBB	Cancer Pl	an—CHUBB	
Critical Illness	Coverage		Tier	High Plan	
\$30K	Stroke, Coma, Heart Attack, Paralysis, MS, ALS, Organ		Employee Only	\$8.91	
fa		re, Alzheimer's, and other serious conditions.	Employee + Spouse	\$17.35	
			Employee + Children	\$11.39	
\$30K	\$30K Same coverage for spouse and child (ren)		Same coverage for spouse and child (ren) Employee + Family		
		Supplemental coverage for cancer diagnosis.			
		Disability Plan	n—Hartford		
Long- Term Di	sability	Coverage—Short –Term Benefits	Payment	Percentage	
Employe	е	7, 14, 30, 60, 90, 180 day elimination period	66.67% of salary up	to \$8000 a month max	

Health Savings Account (High-deductible Plan) - GCEFCU

Medical reimbursement account that allows you to set aside money from your paycheck to use for medical, dental, vision, and prescription cost for you. Maximum benefit amount per year is \$4150.

Account balance will rollover

Medical reimbursement account that allows you to set aside money from your paycheck to use for medical, dental, vision, and prescription cost for you. Maximum benefit amount per year is \$8300.

Individual

Account balance will rollover from year to year.

Family

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

Medical Flexible Spending

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.

Dependent Flexible Spending

If funds are not used by 12/31/2024, you lose them.

ndemnity Plan—CHUBB
High Plan
\$9.04
\$18.53
\$10.48
\$20.89

Offset out-of-pocket cost for hospitalization.

Optional Retirement Plans (Tax Shelter Annuities)

457 & 403B Accounts

from year to year.

Allows you to set aside money before taxes to save towards retirement. For more information please contact TCG at (800) 943—9179.

Frequent Contact Numbers			
Contact	Phone Number		
Benefits Office	(281) 707—3236		
CIGNA Allegiance	(855) 999 –6808		
Financial Benefits Services (FBS)	(866) 914—5202		
403 B & 457 Retirement Accounts	(800) 943 –9179		

Online Enrollment

www.mybenefitshub.com/goosecreekcisd

On the login page, you will enter your Last Name,

Date of Birth, and Last Four (4) of your Social Security

Number.

System uses 2-step authentication process to verify.

Tel	emedicine—Recuro		
Plan	Acute care and Behavioral Health		
Employee = Family	\$7.00		
S	ECTION 125 Rules		

Flexible Spending Accounts—Higginbotham

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

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

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

\$3200.

- 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

GOOSE CREEK CISD			
THEbenefitsHUB Login			
Employee			
Last Name			
Birth MM Birth DD Birth YYYY			
Last Four Digits of SSN			
Login			

Email questions to benefits@gccisd.net.