



Benefits At A Glance 2024

PRICES LISTED BELOW ARE SEMI-MONTHLY (PER PAYCHECK)

BENEFITS AVAILABLE:

- Medical (CIGNA):
 - * HD
 - * Standard
 - * Enhanced
 - * Next Level Urgent Care (NLUC)
- Dental PPO (CIGNA)
- Vision (Eye Med)
- Group Term Life AD & D (CHUBB)
- Life Insurance (Texas Life)
- Accident Plan (CIGNA)
- Critical Illness Plan (CHUBB)
- Cancer Plan (CHUBB)
- Short Term Disability (Hartford)
- Flexible Spending (Higginbotham)
- Health Savings Account (GCEFCU)
- Hospital Indemnity Plan (CHUBB)
- ◆ Telemedicine— Recuro (option not available if enrolled in medical.)

Medical Rates (Rates below are per check after \$310 district contribution)

Tier	CIGNA HD	CIGNA Standard	CIGNA Enhanced
Employee Only	\$60.00	\$85.00	\$151.50
Employee + Spouse	\$427.00	\$516.50	\$636.00
Employee + Children	\$241.00	\$301.00	\$357.50
Family	\$607.50	\$718.00	\$785.50

Medical Plans

Medical Details	CIGNA HD	CIGNA Standard	CIGNA Enhanced
Deductible	\$1200 EE / \$2400 FAM	\$1000 EE / \$3000 FAM	\$750 EE / \$1500 FAM
Primary Care Office Visit	30 % after deductible	\$40 copay	\$40 copay
Teladoc / NLUC	\$0 copay / \$35 copay	\$0 copay / \$0 copay	\$0 copay / \$0 copay
Specialist Office Visit	30 % after deductible	\$75 copay	\$75 copay
Retail Pharmacy	30% after deductible	\$0—generic, 30 % after deductible preferred and non-preferred	\$0—generic, \$40 preferred and non-preferred
Emergency Care (ER)	30% after deductible	30% after deductible	30% after deductible

Dental Plans—CIGNA

Dental Details	PPO	Coverage Level	PPO
Preventive Services	100%	Employee Only	\$11.62
Basic Services	80%	Employee + Spouse	\$22.22
Major Services	50%	Employee + Children	\$28.53
Orthodontics	\$1,000	Family	\$33.22
Maximum Benefit	\$1,250	PPO Plans cover 3 dental cleanings per cal. year . Maximum allowed coverage payout for out of network services.	

Vision Plan—Eye Med

Vision	Coverage	Co-pay	Coverage Level	Rate
Eye Examination	Every 12 months	\$10	EE Only	\$4.36
Lenses	Every 12 months	\$10	EE + Spouse	\$9.32
Frames	Every 12 months	\$0 (\$180 Allowance)	EE + Children	\$9.07
Contact Lens	Every 12 months	\$0 (\$180 Allowance)	Family	\$13.74

Group Term Life Insurance—CHUBB

Term Life Insurance	Coverage	Guaranteed Issue (No EOJ)
Employee	Up to 7x salary or \$500,000	Up to 7x
Spouse	50% of employee's benefits	50% of employee
Children	Increments of \$2,000 up to \$10,000	\$10,000

Texas Whole Life Insurance

Life Insurance	Coverage	Guaranteed Issue
Employee	Portable policy builds cash value	Up to \$300,000
Spouse	Portable policy builds cash value	Up to \$150,000
Children	Portable policy builds cash value	Up to \$50,000


Accident Plans—CIGNA

Medical Coverage	High Plan
Employee Only	\$3.29
Employee + Spouse	\$6.47
Employee + Children	\$7.51
Family	\$9.17

A D & D—per \$1000

Employee, Spouse, Child
\$0.015



Critical Illness—CHUBB		Cancer Plan—CHUBB	
Critical Illness	Coverage	Tier	High Plan
\$30K	Stroke, Coma, Heart Attack, Paralysis, MS, ALS, Organ failure, Alzheimer's, and other serious conditions.	Employee Only	\$8.91
		Employee + Spouse	\$17.35
		Employee + Children	\$11.39
\$30K	Same coverage for spouse and child (ren)	Employee + Family	\$20.43
		Supplemental coverage for cancer diagnosis.	
Disability Plan—Hartford			
Long- Term Disability	Coverage—Short –Term Benefits	Payment Percentage	
Employee	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		Flexible Spending Accounts—Higginbotham	
Individual	Family	Medical Flexible Spending	Dependent Flexible Spending
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. <i>Account balance will rollover from year to year.</i>	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. <i>Account balance will rollover from year to year.</i>	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 \$3200.	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. <i>If funds are not used by 12/31/2024, you lose them.</i>
Hospital Indemnity Plan—CHUBB		Telemedicine—Recurio	
Tier	High Plan	Plan	Acute care and Behavioral Health
Employee Only	\$9.04	Employee = Family	\$7.00
Employee + Spouse	\$18.53		
Employee + Children	\$10.48		
Employee + Family	\$20.89		
Offset out-of-pocket cost for hospitalization.			
Optional Retirement Plans (Tax Shelter Annuities)		SECTION 125 Rules	
457 & 403B Accounts		Plans include: Medical, Dental, Vision, Critical Illness, Cancer, Accident , Flexible Spending (Medical and Dependent Care).	
Allows you to set aside money before taxes to save towards retirement. For more information please contact TCG at (800) 943—9179.		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) <ul style="list-style-type: none">• 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	
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		 GOOSE CREEK CISD	
www.mybenefitshub.com/goosecreekcisd		THEbenefitsHUB Login	
On the login page, you will enter your Last Name , Date of Birth , and Last Four (4) of your Social Security Number .		<div>Employee ▼</div> <div>Last Name <input type="text"/></div> <div>Birth MM <input type="text"/> Birth DD <input type="text"/> Birth YYYY <input type="text"/></div> <div>Last Four Digits of SSN <input type="text"/></div> <div>Login</div>	
System uses 2-step authentication process to verify.			
Email questions to benefits@gccisd.net .			