



GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT Benefits At A Glance 2017-2018

BENEFITS AVAILABLE:

Medical—TRS Activecare (Aetna)

- ◆ ActiveCare 1-HD
- ◆ ActiveCare Select
- ◆ ActiveCare 2

Dental—Humana

- ◆ DHMO
- ◆ PPO (1 yr waiting period)

Vision—Ameritas

Life Insurance (SunLife Group Term)

Life Insurance (Texas Life Whole Life)

Accident Plan (MetLife)

Critical Illness Plan—AFLAC

Cancer Plan—Allstate

Short Term Disability—Unum

Long Term Disability—Unum

Flexible Spending—First Financial

Health Savings Account—Bank

Legal Plan—ARAG

Motor Club—Fortegra

Medical Plans

Medical Details	TRS-Active Care 1-HD	TRS-ActiveCare Select (In-Network Only)	TRS-ActiveCare 2
Deductible	\$2500 EE / \$5000 FAM	\$1200 EE / \$3600 FAM	\$1000 EE / \$3000 FAM
Primary Care Office Visit	20% after deductible	\$30 copay	\$30 copay
Specialist Office Visit	20% after deductible	\$60 copay	\$50 copay
Retail Pharmacy	20% after deductible	\$20 – generic, \$40 – preferred, 50% coinsurance brand name	\$20 – generic, \$40 –preferred, \$65 - brand name

Medical Rates

Medical Coverage	TRS-Active Care 1-HD	TRS-ActiveCare Select (In-network Only)	TRS-ActiveCare 2
Employee Only	\$50.50	\$132.00	\$232.00
Employee + Spouse	\$370.50	\$507.00	\$722.00
Employee + Children	\$210.50	\$292.00	\$406.00
Family	\$533.00	\$669.50	\$877.00
Family Pooling	\$408.00	\$544.50	\$752.00
Premium			
Family Split Premium	\$204.00	\$272.25	\$376.00

Dental Plans

Dental Details	HMO	PPO	Coverage Level	DHMO Rate	PPO Rate
Preventive Services	Copay	100%	Employee Only	\$6.85	14.00
Basic Services	Fee Sched	80%	Employee + Spouse	\$14.19	26.79
Major Services	Fee Sched	50%	Employee + Children	\$17.90	34.07
Orthodontics	Unlimited	\$1,000 max	Family	\$21.98	39.62
Maximum Benefit	Unlimited	\$1,500			

Sun Life Group Term Life Insurance

Term Life Insurance	Coverage	Guaranteed Issue (No EI)
Employee	Up to 5x salary or \$500,000	\$100,000
Spouse	Increments of \$5,000 up to 50% of employee's benefits	\$50,000
Children	Increments of \$2,000 up to \$10,000	\$10,000

Vision Plan

Vision Details	Coverage	Co-pay	Coverage Level	Rate
Eye Examination	Every 12 months	\$10	Employee Only	\$4.14
Lenses	Every 12months	\$10	Employee + Spouse	\$8.88
Frames	Every 24 months	\$0 (\$180 Allowance)	Employee + Children	\$8.65
Contact Lens	Every 12 months	\$10	Family	\$13.09

Accident Plans

Medical Coverage	Low Plan	High Plan
Employee Only	\$3.60	\$6.71
Employee + Spouse	\$5.49	\$10.32
Employee + Children	\$6.40	\$12.01
Family	\$8.53	\$16.02

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

AFLAC Critical Illness

Critical Illness	Coverage
\$5 –30K	Stroke, Coma, Heart Attack, Paralysis, Kidney Failure, Severe burns , Major Organ Transplant, Bypass surgery, Cancer

Cancer Plan

Coverage	Diagnosis Rider	Diagnosis / Intensive Care Rider
Employee Only	\$13.02	\$14.64
Family	\$21.98	\$25.28

Disability Plan

Short - Term Disability	Coverage	Payment Percentage
Employee	8 day elimination	60% of salary

Health Savings Account (High-deductible Plan)

Individual	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. Maximum benefit amount per year is \$3400. <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 \$6750.

Flexible Spending Accounts

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 and your dependents. Maximum benefit amount per year is \$2600.	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 08/31/2018, you lose them.</i>

Legal Plan

Plan	Individual	Family
ARAG	\$8.25	\$11.00

Motor Club Plan

Plan	Individual	Family
Fortegra	\$3.00	\$4.50

Optional Retirement Plans (Tax Shelter Annuities)

457 & 403B Accounts

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

Frequent Contact Numbers

Plan	Phone Number
TRS	(800) 223-8778
TRS Activecare—Aetna	(800) 222-9205
Humana Dental	(800) 233-4013
Ameritas Vision	(800) 877-7195
403 B & 457 Retirement Accounts	(800) 943-9179

SECTION 125 Rules

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
- 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

Go to www.benefitsolver.com, click on Register.

Company key is **gccisd** (case sensitive)

Next, Click on Start Here, Start Enrollment. Continue through each enrollment option and select I AGREE at the end to complete your enrollment.



Welcome

User Name

case sensitive

Password

case sensitive

Login >

Forgot your user name or password?

First time here?

Register to create your user name and password.

Register



Email questions to benefits@gccisd.net.