



Benefits At A Glance 2023 -2024

PRICES LISTED BELOW ARE SEMI-MONTHLY (PER PAYCHECK)

BENEFITS AVAILABLE:

- Medical (CIGNA):
 - * HD
 - * Standard
 - * Enhanced
- Dental (Lincoln Financial)
 - * PPO (Low / High Plan)
- Vision (Eye Med)
- Group Term Life AD & D
- Insurance (Lincoln Financial)
- Life Insurance (TX Whole Life)
- Accident Plan (Metlife)
- Critical Illness Plan (Unum)
- Cancer Plan (Metlife)
- Short Term Disability (Hartford)
- Flexible Spending (Higginbotham)
- Health Savings Account (GCEFCU)
- Hospital Indemnity Plan (CIGNA)
- Telemedicine— MD Live

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

Tier	CIGNA HD	CIGNA Standard	CIGNA Enhanced
Employee Only	\$50.00	\$75.00	\$141.50
Employee + Spouse	\$407.00	\$496.50	\$616.00
Employee + Children	\$226.00	\$286.00	\$342.50
Family	\$582.50	\$693.00	\$760.50

Medical Plans

Medical Details	CIGNA HD	CIGNA Standard	CIGNA Enhanced
Deductible	\$3000 EE / \$6000 FAM	\$2500 EE / \$5000 FAM	\$1500 EE / \$3000 FAM
Primary Care Office Visit	20 % after deductible	\$35 copay	\$35 copay
Teladoc	\$0 copay	\$0 copay	\$0 copay
Specialist Office Visit	20 % after deductible	\$70 copay	\$50 copay
Retail Pharmacy	20% after deductible	\$0—generic, 30 % after deductible preferred and non-preferred	\$0—generic, \$40 preferred and non-preferred
Emergency Care (ER)	20% after deductible	30% after deductible	\$150 Co-Pay

Dental Plans—Lincoln Financial

Dental Details	PPO—Low	PPO—High	Coverage Level	PPO –Low	PPO—High
Preventive Services	100%	100%	Employee Only	\$10.44	\$15.00
Basic Services	50%	80%	Employee + Spouse	\$19.44	\$28.69
Major Services	50%	50%	Employee + Children	\$22.74	\$36.83
Orthodontics	0	\$1,000	Family	\$26.67	\$42.88
Maximum Benefit	\$750	\$1,500	PPO Plans cover 3 dental cleanings per cal. year .		

Vision Plan—Eye Med

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

Group Term Life Insurance—Lincoln Financial

Term Life Insurance	Coverage	Guaranteed Issue (No EOI)
Employee	Up to 7x salary or \$500,000	Up to 3x
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—Metlife

Medical Coverage	Low Plan	High Plan
Employee Only	\$2.61	\$3.74
Employee + Spouse	\$5.16	\$7.35
Employee + Children	\$6.02	\$8.53
Family	\$7.34	\$10.42

A D & D—per \$1000

Employee, Spouse, Child
\$0.015



Critical Illness—Unum		Cancer Plan—Metlife		
Critical Illness	Coverage	Tier	Low Plan	High Plan
\$10 –30K	Stroke, Coma, Heart Attack, Paralysis, MS, ALS, Organ failure, Alzheimer’s, and other serious conditions.	Employee Only	\$8.14	\$10.92
		Employee + Spouse	\$16.59	\$22.27
		Employee + Children	\$11.40	\$14.87
\$10—30K	Same coverage for spouse and child (ren)	Employee + Family	\$19.83	\$26.21
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 pre-prescription cost for you. Maximum benefit amount per year is \$3850. <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 \$7750. <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 \$3050.	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 08/31/2024, you lose them.</i>	
Hospital Indemnity Plan—CIGNA		Telemedicine—MD Live		
Tier	Low Plan	High Plan	Plan	Acute care and Behavioral Health
Employee Only	\$8.43	\$13.60	Employee = Family	\$6.00
Employee + Spouse	\$15.06	\$23.99		
Employee + Children	\$13.89	\$21.86		
Employee + Family	\$20.52	\$32.24		
Offset out-of-pocket cost for hospitalization.		SECTION 125 Rules		
Optional Retirement Plans (Tax Shelter Annuities)		Plans include: Medical, Dental, Vision, Critical Illness, Cancer, Accident , Flexible Spending (Medical and Dependent Care).		
457 & 403B Accounts		You must make an election each plan year to continue your eligibility for cafeteria plan benefits.		
Allows you to set aside money before taxes to save towards retirement. For more information please contact TCG at (800) 943—9179.		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)		
Frequent Contact Numbers		• Marriage or divorce		
Contact	Phone Number	• Birth, adoption, or death of a spouse or child		
Benefits Office	(281) 707—3236	• Change in a spouse’s or dependent’s employment status		
CIGNA Allegiance	(855) 999 –6808	• Change in eligibility status of a dependent		
Financial Benefits Services (FBS)	(866) 914—5202			
403 B & 457 Retirement Accounts	(800) 943 –9179			
Online Enrollment		THEbenefitsHUB		
www.mybenefitshub.com/goosecreekcisid		LOGIN		
Username: email address on file with district		Login Help Video		
Password: Year of Birth + Last 4 of SSN.		(Optional)		
(Example: 19872051)		Your Username is: The first six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.		
		Your Password is: Last Name (Excluding punctuation) followed by the last four (4) digits of your Social Security Number.		
		If you have previously logged in this year, you will use the password that you created. NOT the password format listed above.		
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Email questions to benefits@gccisd.net.