



# Benefits At A Glance 2022 -2023

PRICES LISTED BELOW ARE SEMI-MONTHLY (PER PAYCHECK)

## BENEFITS AVAILABLE:

Medical (AETNA):

- ◆ HD
- ◆ Signature Co-Pay

Medical (TSHBP)

- ◆ HD
- ◆ Co-Pay

Dental (Lincoln Financial)

- ◆ DHMO
- ◆ PPO (Low and High Plan)

Vision (Eye Med)

Group Term Life AD & D Insurance (Lincoln Financial)

Life Insurance (Texas Life 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

Tier	Aetna HD	Aetna Signature	TSHBP HD	TSHBP Co-Pay
Employee Only	\$57.00	\$80.50	\$32.50	\$53.50
Employee + Spouse	\$441.50	\$461.00	\$357.50	\$428.50
Employee + Children	\$226.00	\$245.00	\$195.50	\$241.50
Family	\$558.00	\$601.00	\$516.50	\$615.00

### Medical Plans

Medical Details	Aetna HD	Aetna Signature	TSHBP HD	TSHBP CoPay Plan (embedded deductible)
Deductible	\$3000 EE / \$6000 FAM	\$2000 EE / \$4000 FAM	\$3000 EE / \$9000 FAM	\$3500 EE / \$10500 FAM
Primary Care Office Visit	30% after deductible	\$30 copay	0% after deductible	\$35 copay
Teladoc	\$30 copay	\$0 copay	\$30 copay	\$0
Specialist Office Visit	30% after deductible	\$70 copay	0% after deductible	\$35 copay
Retail Pharmacy	\$15—generic, 30% - 50% after deductible— preferred, and brand	\$15/\$45 generic 25—50 % preferred, and brand after ded.	0% after deductible	\$0—generic, \$35—50% preferred, \$70 non-preferred
Emergency Care (ER)	30% after deductible	25% after deductible	0% after deductible	\$500 CoPay

### Dental Plans—Lincoln Financial

Dental Details	HMO	PPO—Low	PPO—High	Coverage Level	DHMO Rate	PPO—Low	PPO—High
Preventive Services	Copay	100%	100%	Employee Only	\$6.30	\$9.85	\$14.15
Basic Services	Fee Sched	80%	80%	Employee + Spouse	\$12.30	\$18.38	\$27.06
Major Services	Fee Sched	50%	50%	Employee + Children	\$13.30	\$21.45	\$34.74
Orthodontics	Unlimited	0	\$1,000	Family	\$19.22	\$25.16	\$40.45
Maximum Benefit	Unlimited	\$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 EOJ)
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	\$16.58	\$22.27
\$10—30K	Same coverage for spouse and child (ren)	Employee + Children	\$11.40	\$14.87
		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—NBS	
Individual	Family	Medical Flexible Spending	Dependent Flexible Spending
<p>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 \$3600.</p> <p><i>Account balance will rollover from year to year.</i></p>	<p>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 \$7200.</p> <p><i>Account balance will rollover from year to year.</i></p>	<p>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 \$2850.</p>	<p>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.</p> <p><i>If funds are not used by 08/31/2023, you lose them.</i></p>

Hospital Indemnity Plan—CIGNA		
Tier	Low Plan	High Plan
Employee Only	\$8.43	\$13.60
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.		

Telemedicine—MD Live	
Plan	Acute care and Behavioral Health
Employee = Family	\$6.00

**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.

**SECTION 125 Rules**  
**Plans include:** Medical, Dental, Vision, Critical Illness, Cancer, Accident, Flexible Spending (Medical and Dependent Care).

Frequent Contact Numbers	
Contact	Phone Number
Benefits Office	(281) 707—3236
TSHBP / AETNA	(888) 803 –0081
Financial Benefits Services (FBS)	(866) 914—5202
403 B & 457 Retirement Accounts	(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)**

- 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**  
[www.mybenefitshub.com/goosecreekcid](http://www.mybenefitshub.com/goosecreekcid)

**Username:** email address on file with district  
**Password:** Year of Birth + Last 4 of SSN.  
 (Example: 19872051)

**Email questions to [benefits@gccisd.net](mailto:benefits@gccisd.net).**