



BURNET Consolidated ISD

2024-2025 Benefits Summary



Medical Insurance by TRS

BCISD contributes **\$445.00** a month toward plan election
See back for details; plan descriptions located on the TRS website.

Telehealth by 1800MD - FREE FOR ENTIRE FAMILY!

Provided to **all eligible employees & their families** by BCISD
Plan allows employees and household members access to a national network of licensed doctors that can diagnose, recommend treatment, and prescribe medication all over the phone 24/7/365 for non-emergencies.

Vision Insurance by Unum - FREE FOR EMPLOYEE!

NEW CARRIER! BCISD contributes **\$5.80** a month

Members pay a co-pay for in-network benefits. Exam co-pay is \$10.00 & materials co-pay is \$25.00. Exams & lenses are covered in-network once every 12 months. Additional frames may be purchased at a 40% discount.

Vision - Monthly Premiums (Actual Payroll Deduction)	
EE Only	FREE
EE + SP	\$5.84
EE+ Child(ren)	\$5.60
EE + Family	\$11.55

Group Term Life / AD&D by One America

NEW CARRIER! BCISD provides a **\$30,000 policy - FREE**

Group Term Life offers you an opportunity to purchase affordable term life insurance on a payroll deduction basis. Employees can also take additional voluntary life insurance. *Rates are based on age / plan options. Employee and Travel Assistance Prog*

Hospital Indemnity Plan by Unum

NEW CARRIER! Plan supplements your medical coverage by covering some of the additional expenses of a hospital stay; benefits paid directly to you. Wellness visit benefit of \$50 per enrollee.

Permanent Life Insurance by AFLAC

NEW CARRIER! Plan provides a death benefit to age 100. Individual policies can be purchased on the employee, their spouse, children, grandchildren.

Short & Long Term Disability by One America

NEW CARRIER! Plan protects one of your most valuable assets, your ability to earn a living. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury.

403(b) Plan Administration by Omni

BCISD offers voluntary participation in 403(b) plans which are administered by The Omni Group. *Contact the HR office for more details.*

Dental Insurance by Unum— NEW CARRIER and No rate increase!

BCISD contributes **\$21.09** a month

Low Option PPO is FREE to employee! Plan includes a \$750 calendar year maximum; \$50 deductible for individuals and \$150 deductible for families. Preventative services are paid at 100%; Basic services are paid at 60%; & Major services are paid at 40%. Orthodontia expenses are not covered. Plan includes contracted fees/max allowable charges.

High Option PPO - Plan includes a \$1,500 calendar year maximum; \$50 deductible for individuals and \$150 deductible for families. Preventative services are paid at 100%; Basic services are paid at 80%; Major services are paid at 50%. Orthodontia expenses are paid at 50% up to \$1,000 (to age 19).

Dental - Monthly Premiums by Plan

(Actual Payroll Deduction)		
Tier	Low Plan	High Plan
EE Only	FREE	\$11.79
EE + SP	\$21.76	\$62.83
EE + Child(ren)	\$28.17	\$69.35
EE + Family	\$54.14	\$104.87

Flexible Spending Accounts by NBS

Allows an individual to set aside dollars pre-tax to pay for future health care &/or dependent care expenses on a "use it or lose it" basis. Medical reimbursement max is \$3200 plan year; dependent care reimbursement max is \$5,000/plan year. NO fee to participate. **Must re-enroll every year.**

Health Savings Account (HSA) by HSABank

Allows an employee to accumulate pre-tax dollars in an account to assist with expenses for High Deductible (HD) health plans. Participant must be enrolled in an HD plan. **Funds in this account DO roll over from year to year.** Annual maximum for an individual is \$4150 and family maximum is \$8300. 55 years and older can contribute an additional \$1,000 per year. \$1.75 monthly fee deducted from participants account each month.

Emergency Transportation by MASA

MASA provides medical emergency transportation solutions and covers your out of pocket medical transport cost when your insurance falls short. Zero out of pocket expenses for emergent air or ground transport, regardless of transport provider.

Accident Insurance by Unum

NEW CARRIER! Benefits for hospital admission, ambulance, ER visits and more. Wellness visit benefit of \$100 per enrollee.

Questions? We can help!
BCISD Human Resources (512) 756-2124

2024-2025 Medical Benefit Summary

Medical Insurance by TRS - Monthly Premiums by Plan

BCISD contributes \$445.00 a month (Premiums listed are actual payroll deductions)

ActiveCare Plans by Blue Cross Blue Shield	ActiveCare Primary http://www.bcbstx.com/trsactivecare/coverage	ActiveCare HD	ActiveCare Primary +	ActiveCare 2 Closed to new participants
EE Only	FREE	\$15.00	\$77.00	\$568.00
EE + SP	\$757.00	\$797.00	\$913.00	\$1957.00
EE + Child(ren)	\$312.00	\$337.00	\$443.00	\$1062.00
EE + Family	\$1068.00	\$1119.00	\$1278.00	\$2396.00

TRS Plan Summaries

All ActiveCare plans are Blue Cross Blue Shield. Express Scripts RX	ActiveCare Primary	Active Care HD	ActiveCare Primary +	ActiveCare 2 Closed to new participants
Deductible (In-Network)	\$2,500 individual \$5,000 family	\$3,200 individual \$6,400 family	\$1,200 individual \$2,400 family	\$1,000 individual \$3,000 family
Deductible (Out-of-Network)	Only ER visits covered if out-of-network.	\$6,400 individual \$12,800 family	Only ER visits covered if out-of-network.	\$2,000 individual \$6,000 family
Out-Of-Pocket Max In-Network (Includes Deductible + RX)	\$8,050 individual \$16,100 family	\$8,050 individual \$16,100 family	\$6,900 individual \$13,800 family	\$7,900 individual \$15,800 family
Out-Of-Pocket Max Out-of-network (Includes Deductible + RX)		\$20,250 individual \$40,500 family		\$23,700 individual \$47,400 family
Network	Statewide in-network	Nationwide	Statewide in-network	Nationwide
PCP and Referrals Required	Yes	No	Yes	No
Health Savings Acct Eligible	No	Yes	No	No
Doctor Office Visits	\$30 copay primary \$70 copay specialist	30% after deductible in-network; 50% after deductible out-of-network	\$15 copay primary \$70 copay specialist	\$30 copay primary in-network \$70 copay specialist in-network 40% after deductible out-of-network
Preventive Care	Plan Pays 100% (deductible waived)	Plan Pays 100% (deductible waived)	Plan Pays 100% (deductible waived)	Plan Pays 100% (deductible waived)
Co-Insurance	30% after deductible	30% after deductible in-network; 50% after deductible out-of-network	20% after deductible	20% after deductible in-network; 40% after deductible out-of-network
Emergency Room	30% after deductible	30% after deductible	20% after deductible	\$250 copay + 20% per visit after deductible
Urgent Care	\$50 copay per visit	30% after deductible in-network; 50% after deductible out-of-network	\$50 copay per visit	\$50 copay per visit in-network; 40% after deductible out-of-network
Prescription Drug	Deductible integrated with medical; \$15 Generic 30-day \$45 Generic 90-day 30%-50% after deductible for all others NO Cost for certain generic preventative drugs	Deductible integrated with medical; 20% generic after deductible; 25%-50% after deductible all others NO Cost for certain generic preventative drugs (complete list on website)	\$200 Deductible for Brand Name \$15 Generic 30-day \$45 Generic 90-day 25%-50% for all others after deductible	\$200 Deductible for Brand Name (in-network) \$20 Generic 30-day \$45 Generic 90-day 25%-50% after deductible for all others

2024/2025 Online Open Enrollment

July 11th - August 12th

Benefits Information and Enrollment Night:
Enrollment Assistance:

August 1
August 6

All Staff and Spouses Welcome! 5:00 pm, CO Board Room
All Staff 11:00 am–2:00 pm, BHS Library

Enroll Anytime, Anywhere; Research Plan Specifics: _____

Login Instructions: _____