

## **ELIGIBILITY FOR BENEFITS**

Employees are eligible to enroll in the District's benefits if they are eligible for TRS membership. TRS retirees may also enroll if they work in a position that would be eligible for benefits if not for their retiree status.

### **LIFE INSURANCE**

Basic Life Insurance for employees is paid by the district. The Death Benefit is \$25,000 for employees under age 65. Basic Dependent Life Insurance may also be purchased for an additional charge of \$1.46 per month which covers spouses for \$10,000 and eligible children for \$5,000. Additional voluntary life insurance can be purchased for up to 5x the employee's salary.

### **DISABILITY INSURANCE**

#### **LONG TERM DISABILITY INSURANCE**

Employees eligible for health insurance are covered under the District-paid Long Term Disability Insurance plan. Covered employees who become disabled may receive an income replacement of 60% of their Basic Monthly Earnings starting on the 91<sup>st</sup> day of disability.

#### **SHORT TERM DISABILITY INSURANCE**

Eligible employees may enroll in the voluntary Short Term Disability plan which pays benefits for up to the first 90 days of disability.

Other benefits offered to CCISD employees include:

- ▶ Employee Assistance Program
- ▶ Vision Insurance
- ▶ Flexible Spending Accounts
- ▶ Prepaid Legal and Identity Theft
- ▶ 403b and 457b Investments
- ▶ Long Term Care Insurance
- ▶ Cancer Insurance
- ▶ Sick Leave Buy Back Plan

For more information on these benefits and details on the items listed here, please visit our benefits website at [www.ccisd.net](http://www.ccisd.net).

If you have additional questions, contact our office at (281) 284-0230 or email us at [benefits@ccisd.net](mailto:benefits@ccisd.net).

Clear Creek Independent  
School District

2010 Employee Benefits  
Overview



**Clear Creek ISD Benefits Department**  
2425 East Main Street  
League City, Texas 77573-2799  
**(281)284-0230**

**MEDICAL**

**DENTAL**

**VISION**

**LIFE/DISABILITY**



## HEALTH INSURANCE

In 2010 all health insurance plans through Clear Creek ISD are offered through AETNA. The District offers three PPOs (PPO 500, PPO 1000 and PPO 1750).

### NEWLY ELIGIBLE EMPLOYEES

The effective date of medical coverage for new hires and their eligible dependents is the first day of the month following the employee's date of hire, provided such employee enrolls within 31 days of their date of hire.

### PRE-EXISTING CONDITION LIMITATIONS

The District's health plans do have a pre-existing condition limitation. Persons newly added to the District's health plans may have to wait up to six months before being covered for a pre-existing condition. This waiting period may be offset by prior Creditable Coverage if such coverage terminates within 63 days of the effective date of the Clear Creek ISD health plan.

## MONTHLY RATES

Plan	PPO 500	PPO 1000 \$250 HRA	PPO 1750 \$500 HRA	Hospital Indemnity Plan* Group
Employee Only	\$160	\$95	\$70	\$0
Employee + Child(ren)	\$380	\$285	\$220	Not applicable
Employee + Spouse	\$550	\$450	\$350	
Employee, Spouse & Child(ren)	\$650	\$550	\$450	

\*The Hospital Indemnity Plan (HIP plan) is available for employees who do not wish to have health insurance through Clear Creek ISD. By waiving health insurance employees may elect the HIP Plan. The HIP plan only covers employees, not their dependents, and reimburses covered employees \$150 per inpatient day in the hospital—it is not health insurance.

### Pharmacy Co-pays

When looking up co-pays for prescription drugs, go to [www.aetna.com](http://www.aetna.com) and select the "Find a Prescription Drug" link. When prompted for the pharmacy plan, choose the "Four Tier Open Formulary"

### Participating Providers

When looking up participating providers on AETNA's website, use the following guide to access the correct network

<u>PLAN NAME</u>	<u>NETWORK NAME</u>
PPO 500, 1000/250, 1750/500.....	Aetna Open Access: Choice POS II
Indemnity Dental (PDN).....	Dental PPO/PDN
DHMO (DMO).....	Dental Maintenance Organization

## 2010 Medical Plan Comparison

	PPO500 In Network	PPO1000/250 In Network	PPO1750/500 In Network
Individual Deductible	\$500	\$1,000	\$1,750
Emp + 1 Deductible	N/A	\$1,250	\$2,250
Emp + 2 Deductible	N/A	\$1,500	\$2,750
Family Deductible	\$1,000	\$1,750	\$3,250
Out of Pocket Maximum, Individual	\$3,000	\$2,500	\$2,500
Out of Pocket Maximum, EE + 1	N/A	\$3,500	\$3,500
Out of Pocket Maximum, EE + 2	N/A	\$4,500	\$4,500
Out of Pocket Maximum, Family	\$6,000	\$5,500	\$5,500
PHYSICIAN SERVICES			
Primary Care Office Visit	\$30	Paid at 80%;no deductible	Paid at 80%;no deductible
Specialist Office Visit	\$45	Paid at 80%;no deductible	Paid at 80%;no deductible
Lab/X-ray in physician's office	Included with co-pay	Paid at 80%;no deductible	Paid at 80%;no deductible
Allergy Testing	Included with co-pay	Paid at 80%;no deductible	Paid at 80%;no deductible
Maternity/OB office visits	\$45 1 <sup>st</sup> visit only; thereafter covered 100%; deductible waived	Paid at 80%;no deductible	Paid at 80%;no deductible
HOSPITAL/IMAGING FACILITY CHARGES			
Hospital, Inpatient	\$500 per confinement; paid at 80% after deductible	Paid at 80% after deductible	Paid at 80% after deductible
Hospital, Outpatient	\$100 co-pay; paid at 80% after deductible	Paid at 80% after deductible	Paid at 80% after deductible
Imaging	80% after deductible	Paid at 80% after deductible	Paid at 80% after deductible
PRESCRIPTIONS			
Retail		\$15/\$25/\$40/\$75	
Mail Order		\$30/\$50/\$80/\$150	
Annual Co-pay Maximum		\$2,000 Individual/\$4,000 Family	

## DENTAL INSURANCE

There are two dental plans from which to choose: the AETNA Indemnity Dental Plan and the AETNA DMO.

### MONTHLY RATES

Plan	DHMO	Indemnity
Employee Only	\$0.00	\$15.00
Employee & Children	\$14.33	\$55.00
Employee & Spouse	\$13.23	\$45.00
Family	\$30.86	\$80.00

Participating providers for the AETNA indemnity plan can be found at [www.aetna.com](http://www.aetna.com) under the PDN network. DHMO providers can be found under the DMO network.