



## 2011 -2012 EPISD Benefits Overview

(Plan Year begins September 1, 2011 and ends August 31, 2012)

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To view your benefit elections for the 2011 Plan Year, you may access your Personalized Benefits Summary through [MY EPISD](#).

EPISD offers competitive statewide health plan options through the TRS-ActiveCare administered by Blue Cross Blue Shield (BCBS) of Texas.

### Options Beginning September 1, 2011

| ActiveCare 1-HD   | ActiveCare 1  | ActiveCare 2  | ActiveCare 3  |
|---|---|---|---|
| \$2,400 Individual Deductible                               | \$1,200 Individual Deductible                               | \$750 Individual Deductible   | \$300 Individual Deductible   |
| 80% Co-Insurance After Deductible                           | 80% Co-Insurance After Deductible                           | 80% Co-Insurance After Deductible   | 80% Co-Insurance After Deductible   |
| 100% preventive care  | 100% preventive care  | 100% preventive care  | 100% preventive care  |
| Medical and Pharmacy expenses accumulate towards deductible | Medical and Pharmacy expenses accumulate towards deductible | \$100 Individual Deductible for RX  | \$75 Individual Deductible for RX   |
|   |   | Co-payments for office visits and Rx (for Rx, deductible must be satisfied then copayments apply) | Co-payments for office visits and Rx (for Rx, deductible must be satisfied then copayments apply) |

[Click here to view a Presentation on your health coverage](#) or [click here to watch an Enrollment Video](#) or [click here for more information on the TRS-ActiveCare health plan options](#)

### Life Insurance Offered by ING

\$10,000 Basic Term Life Insurance to include AD&D is provided at no cost (paid 100% by EPISD) to all employees who are currently contributing to TRS.

Cost of Supplemental Life Insurance is .23 per \$1,000.

Levels of coverage available are: 1.5, 2 or 3 times your salary.

If you elect supplemental life insurance coverage during your initial enrollment period (hire date), no evidence of insurability (E of I) will be required. However, if you are electing coverage for the first time and it is not the initial enrollment period, E of I will be required.

### Disability/Income Protection offered by UNUM

Cost of disability insurance is determined by your gross salary and the amount of insurance you wish to purchase. Maximum benefit amount is 66%.

### Dental Insurance offered by METLIFE

CHOOSE FROM THREE DIFFERENT DENTAL PLANS TO MEET YOUR NEEDS:

#### Dental HMO Plan TX-300

|                | Monthly | Semi-monthly |
|----------------|---------|--------------|
| Employee Only  | \$ 8.34 | \$4.17       |
| Employee & One | \$13.90 | \$6.95       |
| E & Children   | \$16.14 | \$8.07       |
| E & Family     | \$19.48 | \$9.74       |



**High Plan**

|                | Monthly | Semi-monthly |
|----------------|---------|--------------|
| Employee Only  | \$20.72 | \$10.36      |
| Employee & One | \$41.44 | \$20.72      |
| E & Children   | \$42.28 | \$21.14      |
| E & Family     | \$63.00 | \$31.50      |

**Low Plan**

|                | Monthly | Semi-Monthly |
|----------------|---------|--------------|
| Employee Only  | \$14.10 | \$ 7.05      |
| Employee & One | \$28.22 | \$14.11      |
| E & Children   | \$28.78 | \$14.39      |
| E & Family     | \$42.90 | \$21.45      |

**Vision Insurance Offered by Block Vison**

|                     | Monthly | Semi-monthly |
|---------------------|---------|--------------|
| Employee Only       | \$6.80  | \$3.40       |
| Employee & One      | \$13.60 | \$6.80       |
| Employee & Children | \$13.95 | \$6.98       |
| Employee & Family   | \$19.25 | \$9.63       |