At Clint ISD Employees are Encouraged to:





EXCERCISE DAILY



EAT HEALTHY







Clint ISD offers several supplemental benefits to all full time employees.

- Accident
- Annuity Plans (457s and 403bs)
- Cancer
- Dental
- Disability Income
- EAP and Work-life services paid for by Clint ISD.
- Gym Memberships (District
 Reimburses \$10 on approved gyms)
- Health Savings Accounts (HSA Card)
- Hospital Indemnity Plan
- ID Theft
- Life Insurance: \$25,000 coverage paid for by Clint ISD. Additional life insurance policies are also offered
- Medical Reimbursement (Flex Card)
- State-secured Retirement—TRS
- Telehealth
- Vision Insurance
- Voluntary Group Life



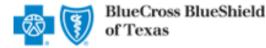
CLINT INDEPENDENT SCHOOL DISTRICT BENEFITS BROCHURE



BRIEF SUMMARY OF INSURANCE BENEFITS AND PREMIUMS

HEALTH INSURANCE





Effective Date 09/01/2024

Please refer to the TRS-ActiveCare/BCBS Plan Highlights for Summary of Benefits

ActiveCare 1HD-EMPLOYEE MONTHLY RATES PPO Plan

Employee Only	\$95.00
Employee & Spouse	\$803.00
Employee \$ Child(ren)	\$387.00
Employee & Family	\$1094.00

ActiveCare Primary-EMPLOYEE MONTHLY RATES (HMO Plan/ PCP Required)

Employee Only	\$79.00
Employee & Spouse	\$759.00
Employee \$ Child(ren)	\$359.00
Employee & Family	\$1039.00

ActiveCare Primary+-EMPLOYEE MONTHLY

RATES (HMO Plan/PCP Required)		
Employee Only	\$149.00	
Employee & Spouse	\$901.00	
Employee \$ Child(ren)	\$478.00	
Employee & Family	\$1,230.00	

DENTAL INSURANCE- Cigna

Effective Date 00/01/2024

Effective Date 09/01/2024	
Individual Annual Deductible	\$50
Family Annual Deductible	\$150
Individual Calendar Max. Benefit	\$1000
Orthodontia Lifetime Max	\$1000
Preventive Services (deductible waived)	100%
Basic Services	80%
Major Services*	50%

EMPLOYEE MONTHLY RATES

(Employee & All Dependents)

Orthodontia Services*

Employee Only	\$26.51
Employee & Spouse	\$56.15
Employee & Children	\$66.21
Employee & Family	\$106.58

<u>VISION INSURANCE</u>- SUPERIOR Effective Date 09/01/2024



50%

The following benefits are available every 12 months:

IN NETWORK/OUT OF NETWORK BENEFITS

Eye Exam	Eye Exam \$10 copay + paid in full /Up to \$35	
Frame \$25 c	opay +	\$125/Up to\$70
Single Vision	ı Lenses	paid in full/Up to \$25
Bifocal Lens	es	paid in full/Up to \$40
Trifocal Lens	ses	paid in full/Up to \$45
Lenticular L	enses	paid in full/Up to \$80
Contact Len	ses	
- Flective		naid up to\$150/Up to \$80

Elective paid up to\$150/Up to \$80
 Medically Req. paid in full/Up to \$150

EMPLOYEE MONTHLY RATES

Employee Only	\$7.50
Employee & Spouse	\$14.46
Employee \$ Child(ren)	\$14.98
Employee & Family	\$22.52

HARTFORD LIFE AND AD&D INSURANCE

Paid for by Clint Independent School District Benefit per eligible Employee \$25,000

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Paid for by Clint Independent School District Free confidential counseling services

RESOURCES

Clint ISD - Benefits Information Link:

https://www.clintweb.net/Domain/2253

TRS-ActiveCare:

Phone number: 1-866-355-5999

Web Site: https://www.bcbstx.com/trsactivecare

Physician Network: Blue Cross Blue Shield of TX

Prescription Benefit Manager:



Valerie Martinez,
Benefits & Risk Management Coordinator
Phone number: (915) 926-4073
Fax number: (915) 926-4079
email: valerie.martinez@clint.net

Natalie De La Rosa, Benefits Clerk Phone number: (915) 926-4074 email: natalie.delarosa@clint.net

IMPORTANT

It is the employee's responsibility to contact the Doctor before any appointment to confirm that he/she is still participating in the BCBS network. Doctors may elect to be in or out of the network as they see fit.