



# San Felipe Del Rio CISD

Health Benefit Plan Update

# Agenda



Blue Cross Blue Shield of Texas Insurance



Changes to Programs



Plan Benefits Overview



Health Plan Costs



New Dental Plan Options



Dental Plan Costs



New Benefit: Voya Protect



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MANDATORY Open Enrollment





# Blue Cross Blue Shield of Texas Insurance

For the 2025 Plan year, San Felipe Del Rio CISD has made the decision to move back to a fully insured Medical plan with Blue Cross Blue Shield of Texas. This decision was made due to budget restrictions and the District wanting to continue to provide a medical plan option with \$0.00 premium for employee only coverage. You will have three plan options to choose from to make the best decision for yourself and your family.



# Changes to Programs

Enhanced Benefits

- Will no longer be available after 12/31/2024.

Val Verde Regional  
Medical Center

- 100% benefit at Val Verde Regional Medical Center will no longer be in effect after 12/31/2024.

RediMD

- RediMD will no longer be San Felipe Del Rio CISD's virtual telemedicine provider. MDLive will be available at a \$0 copay through Blue Cross Blue Shield of Texas.

Plan Options

- San Felipe Del Rio CISD will be moving from 1 Plan Option to 3 Plan Options.



# Plan Benefits Overview

Benefits (per calendar year)	Current Plan	Blue Cross Blue Shield HMO 1 Plan
Deductible (Individual/Family)		
In-Network	\$750/\$1,500	\$2,500/\$5,000
Out-of-Network	\$750/\$1,500	N/A / N/A
Out-of-Pocket Maximum (Individual/Family)		
In-Network	\$5,000/\$10,000	\$8,000/\$16,000
Out-of-Network	\$5,000/\$10,000	N/A / N/A
Coinsurance (participant pays)		
In-Network / Out-of-Network	20% / 20%	30% / N/A
Physician Office Visit (Includes Mental Health)	\$30 copay	\$30 copay
Virtual Visits	\$0 copay	\$0 copay
Specialist Office Visit	\$50 copay	\$70 copay
Emergency Room	\$400 copay (100% benefit at VRMC)	Deductible + 30% coinsurance
Enhanced Benefits	100% Benefit at VVRMC, 100% Benefit through KPP Free Providers	N/A
Urgent Care	\$50 copay	\$50 copay
<b>Prescription Drug (Retail Order)</b>		
Generic Copay	\$0	\$15
Preferred Brand/ 1st Choice Pharmacy Brand	\$35	\$60
Non-Preferred Brand/Standard Pharmacy Brand	\$50	\$100
<b>Mail Order (90-day)</b>		
Generic	\$0	\$45
Preferred Brand/ 1st Choice Pharmacy Brand	\$70	\$180
Non-Preferred Brand/Standard Pharmacy Brand	\$100	\$300
Specialty Drug	\$150	\$200
<b>Prescription Drug Out of Pocket Maximum</b>		
Individual/Family	\$1,450/\$2,900	N/A



# Plan Benefits Overview

Benefits (per calendar year)	Current Plan	Blue Cross Blue Shield HMO 2 Plan
Deductible (Individual/Family)		
In-Network	\$750/\$1,500	\$1,200/\$2,400
Out-of-Network	\$750/\$1,500	N/A / N/A
Out-of-Pocket Maximum (Individual/Family)		
In-Network	\$5,000/\$10,000	\$6,900/\$13,800
Out-of-Network	\$5,000/\$10,000	N/A / N/A
Coinsurance (participant pays)		
In-Network / Out-of-Network	20% / 20%	20% / N/A
Physician Office Visit (Includes Mental Health)	\$30 copay	\$15 copay
Virtual Visits	\$0 copay	\$0 copay
Specialist Office Visit	\$50 copay	\$70 copay
Emergency Room	\$400 copay (100% benefit at VRMC)	Deductible + 20% coinsurance
Enhanced Benefits	100% Benefit at VVRMC, 100% Benefit through KPP Free Providers	N/A
Urgent Care	\$50 copay	\$50 copay
<b>Prescription Drug (Retail Order)</b>		
Generic Copay	\$0	\$15
Preferred Brand/ 1st Choice Pharmacy Brand	\$35	\$60
Non-Preferred Brand/Standard Pharmacy Brand	\$50	\$100
<b>Mail Order (90-day)</b>		
Generic	\$0	\$45
Preferred Brand/ 1st Choice Pharmacy Brand	\$70	\$180
Non-Preferred Brand/Standard Pharmacy Brand	\$100	\$300
Specialty Drug	\$150	\$200
<b>Prescription Drug Out of Pocket Maximum</b>		
Individual/Family	\$1,450/\$2,900	N/A



# Plan Benefits Overview

Benefits (per calendar year)	Current Plan	Blue Cross Blue Shield PPO Plan
Deductible (Individual/Family)		
In-Network	\$750/\$1,500	\$0/\$0
Out-of-Network	\$750/\$1,500	\$500/\$1,500
Out-of-Pocket Maximum (Individual/Family)		
In-Network	\$5,000/\$10,000	\$2,000/\$6,000
Out-of-Network	\$5,000/\$10,000	\$7,000/\$21,000
Coinsurance (participant pays)		
In-Network / Out-of-Network	20% / 20%	20% / 40%
Physician Office Visit (Includes Mental Health)	\$30 copay	\$25 copay
Virtual Visits	\$0 copay	\$0 copay
Specialist Office Visit	\$50 copay	\$40 copay
Emergency Room	\$400 copay (100% benefit at VRMC)	\$150 copay + Deductible & 20% coinsurance
Enhanced Benefits	100% Benefit at VVRMC, 100% Benefit through KPP Free Providers	N/A
Urgent Care	\$50 copay	\$50 copay
<b>Prescription Drug (Retail Order)</b>		
Generic Copay	\$0	\$10
Preferred Brand/ 1st Choice Pharmacy Brand	\$35	\$35
Non-Preferred Brand/Standard Pharmacy Brand	\$50	\$60
<b>Mail Order (90-day)</b>		
Generic	\$0	\$30
Preferred Brand/ 1st Choice Pharmacy Brand	\$70	\$105
Non-Preferred Brand/Standard Pharmacy Brand	\$100	\$180
Specialty Drug	\$150	Falls within the above tiers
<b>Prescription Drug Out of Pocket Maximum</b>		
Individual/Family	\$1,450/\$2,900	N/A

## Medical Plan Monthly Deductions

Coverage Tier	CURRENT PLAN	HMO 1	HMO 2	PPO
Employee	\$0.00	\$0.00	\$64.39	\$253.84
Employee + Child(ren)	\$295.00	\$379.59	\$495.49	\$836.49
Employee + Spouse	\$580.00	\$569.39	\$711.04	\$1,127.83
Family	\$885.00	\$948.98	\$1,142.14	\$1,710.49





# New Dental Plan Options

Benefits - MetLife	Low Plan 1K	Mid Plan 3K	High Plan 5K
Individual / Family Deductible	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Benefit Maximum	\$1,000	\$3,000	\$5,000
Out of Network Reimbursement	90th percentile of UCR	90th percentile of UCR	90th percentile of UCR
Preventive & Diagnostic Care Benefit	100% (Deductible waived)	100% (Deductible waived)	100% (Deductible waived)
Preventive & Diagnostic Services	Exams, Cleanings, X-Rays, Sealants, Space Maintainers	Exams, Cleanings, X-Rays, Sealants, Space Maintainers	Exams, Cleanings, X-Rays, Sealants, Space Maintainers
Basic Care Benefit	20% after deductible	20% after deductible	20% after deductible
Major Care Benefit	50% after deductible	50% after deductible	50% after deductible
Endodontics/Periodontics	50% after deductible	50% after deductible	20% after deductible
Orthodontia Benefit	50% up to a lifetime maximum of \$1,000	50% up to a lifetime maximum of \$1,500	50% up to a lifetime maximum of \$2,000
Orthodontia Eligibility	Adults & Children	Adults & Children	Adults & Children
Dependent Children up to Age	26	26	26

## Dental Plan Monthly Deductions

Coverage Tier	Low Plan 1K	Mid Plan 3K	High Plan 5K
Employee	\$28.15	\$31.05	\$38.81
Employee + Child(ren)	\$65.52	\$72.26	\$90.33
Employee + Spouse	\$57.84	\$63.80	\$79.75
Family	\$95.56	\$105.40	\$131.75



San Felipe Del Rio CISD will offer a new voluntary benefit, Voya Protect, to help with increased deductibles and out of pocket maximums. With this benefit, you will be able to submit claims within minutes via the app or online for diagnosed covered conditions. Benefits are triggered by the ICD-10 codes from your treatment, and over 13,000 are covered. Filing a claim is as simple as answering a few questions and submitting a picture or scan of the documentation for your treatment, like your Explanation of Benefits that shows which ICD-10 code was used. Benefits are based on which category your ICD-10 code falls into. Benefits are typically paid within 72 hours.

Benefits	Voya Protect		
Moderate Definition	Injuries or illnesses that require a short visit to the ER or Urgent Care. Examples: simple fractures, lacerations, kidney stones, & dehydration		
Severe Definition	Serious conditions that require more intensive medical treatment and attention. Examples: Appendicitis, compound fractures, pulmonary embolism, & torn ACL.		
Catastrophic Definition	Dangerous or Life-threatening conditions that require immediate medical intervention. Examples: malignant lung cancer, heart attack, stroke, & organ failure		
Separation Period (Mod/Sev/Cat)	7 days / 30 days / 90 days		
Lifetime Maximum (Mod/Sev/Cat)	Unlimited / Unlimited / 3		
Age Reduction	50% at age 70		
Portability	Included		
Pre-Existing Condition Limitations	None		
Plan Options	Value	Enhanced	Premier
Moderate Benefit	\$200	\$300	\$500
Severe Benefit	\$750	\$1,000	\$1,500
Catastrophic Benefit	\$3,000	\$3,000	\$5,000



# Voya Protect Costs

## Voya Protect Plan Monthly Deductions

Coverage Tier	Value	Enhanced	Premier
Employee	\$49.51	\$56.87	\$92.22
Employee + Child(ren)	\$89.12	\$102.37	\$165.99
Employee + Spouse	\$99.02	\$113.75	\$184.43
Family	\$148.54	\$170.62	\$276.65



# Voluntary Products

## Proficient Benefit Solutions

- Flexible Spending Account
- Dependent Care Account

## Eyetopia

- Vision

## The Standard


- Disability
- Employer Paid Life/AD&D Benefit of \$10,000
- Additional Voluntary Life/AD&D Insurance

## Trustmark

- Universal Life

## Guardian

- Accident
- Cancer
- Critical Illness



# Open Enrollment

Complete enrollment process for any coverage for which you are eligible and wish to participate. Open enrollment will start on October 7<sup>th</sup> through October 18<sup>th</sup>. In person enrollment will be October 7<sup>th</sup> through October 11<sup>th</sup>.

This will be a MANDATORY ENROLLMENT.

If you do not wish to enroll, you must still complete the process.

All eligible employees may enroll, even if previously waived.

After Open Enrollment period ends, you may only make coverage changes if you experience a Qualifying Event.



Questions?