Employee Benefits
EMPLOYEE BENEFITS

Ector County ISD Administration Bldg. – 1st Floor, Human Resources, Suite 128 – 130
802 N Sam Houston, TX 79761 – Phone: 432-456-9789 Fax: 432-456-9788
https://www.ectiscisd.org/Pages/17078

PERSONNEL:
Donna Zinax, Director
432-456-9789
Donna.zinax@ectiscisd.org

Yolanda Gordon, Employee Benefits Coordinator
432-456-9784
Yolanda.gordon@ectiscisd.org

Estela Velez, Risk Benefits Manager
432-456-9782
Estela.velez@ectiscisd.org

Maria Melendez, Health Benefits Specialist
432-456-9780
Maria.melendez@ectiscisd.org

FREQUENTLY REQUESTED INFORMATION:
BlueCross BlueShield of Texas 800-521-2227 www.bluecross.com (Network Type: Blue Choice PPO)
Express Scripts: 866-295-0771 www.expressscripts.com
MetLife (Dental): 800-942-0854 www.metlife.com/instbenefits
SuperiorVision: 800-967-3800 www.supervision.com
Cody Harris: 432-456-9783 Cell: 432-556-1901 codyharrs@ectiscisd.com
ECISD Payroll Department: 432-456-9789

SICK LEAVE FUND:
- Administered by Donna Zinax in Benefits: 432-456-9789
- Employees must apply for Family Medical leave to be eligible for the Sick Leave Fund

STUDENT INJURIES ON CAMPUS:
- Notify Athletics Department at 432-456-9059
- Submit a copy of injury report (if available) Fax: 432-456-9058

SCHOOL ACCIDENT (VOLUNTARY ACCIDENT INSURANCE THROUGH THE SCHOOL DISTRICT):
- Standard Security Life: 432-456-9059
Complete your yearly Mandatory Training
432-456-8509

< Employee Self Service (ESS) view your check stub, enter absences or view your “year to date”

< Request a Substitute
Benefits Overview

**Benefits Orientation**

- Employee Benefits Department Information (Yellow)
  - Location - Human Resources Suite
  - Phone & Fax numbers
  - Website
- Personnel
  - First Financial Representative - Cody Harris - contact information
  - Customer service numbers & websites
    - Blue Cross Blue Shield of Texas
    - Dental Group
    - Vision Group
  - First Financial Administrators
- ECISD Benefits Highlights
  - Teacher Retirement 800.223.8778 [www.teasettleks.us](http://www.teasettleks.us)
  - Health Insurance - ECISD Medical Plan / BCBS / Express Scripts
  - Life Insurance - Standard Life Insurance
  - Sick leave - Policy 405C Local
  - Family Medical Leave
  - Vacation - 12-month employees - Policy DED-Local
  - Employee Assistance Program - Centers for Children & Families
  - Optional Benefits
    - Dental Insurance - MetLife
    - Vision Insurance - Superior Vision
    - Supplemental & Dependent Life Insurances - Sun Life Financial & Texas Life
    - Disability Insurance - American Fidelity Assurance
    - Supplemental Retirement Accounts
      - 403b Annuities - Various providers
      - 457 Deferred Compensation - First Financial
    - Cancer, Accident, Heart & Stroke Insurance - American Fidelity & Allstate
    - Section 125 Cafeteria Plan
      - Premium reduction - First Financial
      - Flexible Spending Accounts - First Financial
    - Section 127 Dependent Care - First Financial
- Prepaid Legal Insurance
- Worker Compensation - Immediately report any workplace accident to your supervisor
- Unemployment Compensation
- ECISD Medical Plan
  - Eligibility
  - Options
  - Option I
- Option II
  - Health Savings Accounts (HSA)
  - Hospital Indemnity (HI)
- Benefits
- Rates
- BCBS Information
- Mandatory Notices
- Enrollment & Form
- Family Medical Leave Act (FMLA)
  - Benefits
  - Eligibility
  - Procedures & Forms
- Sun Life Financial Insurance
  - Basic – employer provided
  - Eligibility, benefits & enrollment
  - Supplemental & Dependent – employer option
  - Eligibility, benefits & enrollment
- Employee Assistance Program (EAP)
  - Benefits & eligibility
  - Centers for Children & Families
- Optional Benefits
  - Employee Benefit Handbook
  - Cody Harris, FPA - Office: 455-9783, Cell: 556.1901
  - Dental & Vision Insurance
  - Prepaid Legal
- Miscellaneous Information
  - Email account – complete User Agreement (IB)
  - Employee badge – HR Handout
  - Payroll Information
    - Direct deposit check stub, etc. – ECISD home – Payroll/Employee Access
    - Department website – ECISD home – Departments – Payroll
### 2020 Rates

#### Rates for Payroll 6 (Paid Monthly)

**Insurance Rates**  
EFFECTIVE 01/01/2020

<table>
<thead>
<tr>
<th>Option I (Rx Co-Pay)</th>
<th>Employee + Dependent</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>125.00</td>
<td>125.00</td>
</tr>
<tr>
<td>Employee + One Child</td>
<td>125.00 + 228.00</td>
<td>553.00</td>
</tr>
<tr>
<td>Employee + Two or more Children</td>
<td>125.00 + 275.00</td>
<td>401.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>125.00 + 380.00</td>
<td>505.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>125.00 + 467.00</td>
<td>592.00</td>
</tr>
</tbody>
</table>

*(Individual Deductible: $2,300) (Family Deductible: $2,600)*  
*(DPT I: In-Network Co-Pay: $50.00 & In-Network Specialist Physician Co-Pay: $80.00)*

<table>
<thead>
<tr>
<th>Option III (No Rx Co-Pay)</th>
<th>Employee + Dependent</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>60.00</td>
<td>60.00</td>
</tr>
<tr>
<td>Employee + One Child</td>
<td>60.00 + 213.00</td>
<td>273.00</td>
</tr>
<tr>
<td>Employee + Two or more Children</td>
<td>60.00 + 350.00</td>
<td>310.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>60.00 + 330.00</td>
<td>390.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>60.00 + 403.00</td>
<td>463.00</td>
</tr>
</tbody>
</table>

*(Individual Deductible: $1,000) (Family Deductible: $3,800)*  
*(DPT III No Co-Pay)*

**Hospital Indemnity**

- Employee Only: 0.00 => 0.00

**Optional Benefits:**

**MetLife (Dental)**

- **Dental Only**
  - Employee: 31.41
  - Employee + Family: 84.07

**Superior Vision**

- **Vision Only**
  - Employee: 8.65
  - Employee + Family: 23.35

*Employees get paid once a month*
### Schedule of Coverage – Option I

**OPT I: In-Network Co-Pay $50.00 & In-Network Specialist Physician Co-Pay $80.00**

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>None</td>
<td>$250 per-admission Deductible</td>
</tr>
<tr>
<td>• Per-Admission Deductible</td>
<td>$1,300 – per individual</td>
<td>$2,600 – per individual</td>
</tr>
<tr>
<td>• Calendar Year Deductible</td>
<td>$2,600 – per family</td>
<td>$5,200 – per family</td>
</tr>
<tr>
<td>Applies to all Eligible Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Share Stop-Loss Amounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Network &amp; Out-of-Network Benefits are a combined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total out-of-pocket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime Annual Maximum on Essential Benefits</td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td>(For essential health benefits, as defined under</td>
<td></td>
<td></td>
</tr>
<tr>
<td>federal law)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Preauthorization is required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All usual Hospital services and supplies, including</td>
<td>80% of Allowable Amount</td>
<td>60% of Allowable Amount after</td>
</tr>
<tr>
<td>semiprivate room, intensive care, and coronary care</td>
<td></td>
<td>$250 per-admission Deductible &amp;</td>
</tr>
<tr>
<td>units.</td>
<td></td>
<td>Calendar Year Deductible</td>
</tr>
</tbody>
</table>

*Option I and III – Now includes a $200.00 (In Network) emergency room Co-Pay which will be charged along with the deductible. The $200.00 deductible is waived if the patient is admitted.*

*Option I – Now includes a Primary Care Physician (In-Network) Co-Pay of $50.00 and a Specialist Physician (In-Network) Co-Pay of $80.00. These changes are not subject to the deductible.

*Option I – Now includes Urgent Care Co-Pay of $60.00 (In-Network)*
### Schedule of Coverage – Option III

#### Option III - No Co-Pay Benefits

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>None</td>
<td>$250 per-admission Deductible</td>
</tr>
<tr>
<td>Per-Admission Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>$1,900 – per individual</td>
<td>$3,800 – per individual</td>
</tr>
<tr>
<td>Applies to all Eligible Expenses</td>
<td>$3,800 – per family</td>
<td>$7,600 – per family</td>
</tr>
<tr>
<td>Co-Share Stop-Loss Amounts</td>
<td>$6,750 – per individual</td>
<td>$6,750 – per individual</td>
</tr>
<tr>
<td>In-Network &amp; Out-of-Network Benefits</td>
<td>$13,500 – per family</td>
<td>$13,500 – per family</td>
</tr>
<tr>
<td>are a combined total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>out-of-pocket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime Annual Maximum on</td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td>Essential Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(For essential health benefits, as</td>
<td></td>
<td></td>
</tr>
<tr>
<td>defined under federal law)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Preauthorization is required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All usual Hospital services and</td>
<td>80% of Allowable Amount after</td>
<td>60% of Allowable Amount after</td>
</tr>
<tr>
<td>supplies, including semiprivate room,</td>
<td>Calendar Year Deductible</td>
<td>Calendar Year Deductible</td>
</tr>
<tr>
<td>intensive care, and coronary care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>units.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Option I and III – Now includes a $200.00 (In Network) emergency room Co-Pay which will be charged along with the deductible. The $200.00 deductible is waived if the patient is admitted.*
## Schedule of Coverage – Hospital Indemnity Plan

### Hospital Indemnity Plan

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Services</td>
<td></td>
</tr>
<tr>
<td>Daily allowance</td>
<td>$300</td>
</tr>
<tr>
<td>Benefit days available per period of bed-patient</td>
<td></td>
</tr>
<tr>
<td>Regular Admissions (includes Chemical Dependency)</td>
<td>60 days</td>
</tr>
<tr>
<td>Special Admissions - Mental Health</td>
<td>60 days</td>
</tr>
</tbody>
</table>

This benefit is available for Employees only. Dependents are not eligible for coverage.

1-800-441-9188  [www.bcbstx.com](http://www.bcbstx.com)  Network Type: Blue Choice PPO
Preventive Care Services

- In-network: covered 100%
- Out-of-network: no benefits available

ODESSA LOCATIONS
- CPL Inc.
  401 N. Hancock Ave
  ☎ 432-592-0000
- LabCorp Of America
  850 Tower Dr., Suite 101
  ☎ 432-332-1830
  www.labcorp.com
- Medical Center Hospital
  500 West 4th
  ☎ 432-640-4000
- Odessa Regional Medical Center
  520 East 6th St.
  ☎ 432-502-8000
- Quest Diagnostics
  523 N Allegheny Ave.
  ☎ 432-353-5045
  888-277-9772

MIDLAND LOCATIONS
- DX Incorporated
  2000 West Ohio
  ☎ 432-603-3286
- LabCorp of America
  2500 W. Illinois Ave
  ☎ 432-681-8150
  www.labcorp.com
- CPL Inc.
  2407 W. Louisiana Ave, #104
  ☎ 432-592-0000
- Midland Memorial Hospital
  2200 W Illinois Ave.
  ☎ 432-685-1111

These are the locations that you may go to for blood work. You must take the physician’s orders with you and it will be completed at no charge.
PLAN DEFINITIONS & COVERAGE CONDITIONS

ELIGIBLE EMPLOYEE shall mean a regular full-time employee in a board-authorized position or qualifying retiree for Ector County ISD. All full-time employees must be regularly scheduled to work a minimum of 20 hours per week.

WAITING PERIOD shall mean any period of time imposed by the Plan between the first day of employment and the first day of eligibility for coverage under the plan. Currently Ector County ISD employees which are eligible for coverage, will be effective the first of the month following the date of hire, unless an employee is hired on the first working day of the month at which the effective date will be the first day of that month.

OPEN ENROLLMENT PERIOD shall mean the first week of October through the first week of December preceding the Plan Anniversary Date during which Employees and Dependents may enroll for coverage.

EXTENSION OF COVERAGE DURING A QUALIFIED LEAVE OF ABSENCE If a covered Employee takes a qualified leave of absence as recognized by the Family Medical Leave Act of 1993 or similar state law, coverage for the Employee and any covered Eligible Dependents may be continued for 12 weeks following the date the qualified leave of absence began provided the Employee pays any required contributions in a timely manner. If the employee does not return to his/her normal work schedule at the end of the qualified FMLA leave, that individual may continue the insurance coverage by going on COBRA and paying the COBRA premium.

If an employee goes on a leave of absence that does not qualify for FMLA, then the individual may only continue the insurance coverage by going on COBRA and paying the COBRA premium.

EXTENSION OF COVERAGE DUE TO TOTAL DISABILITY If a covered Employee becomes Totally Disabled, coverage for the Employee and any covered Eligible Dependents may be continued under COBRA until the earliest of:

1) the date Total Disability ends; or
2) the date the Participant becomes covered under any other group health plan that does not have a limitation for the Participant's disability; or
3) until the COBRA coverage expires.

The Employee will be responsible for making timely payments of any required contributions to the Plan.

EXTENSION OF COVERAGE DUE TO LAYOFF There is no extension of coverage under the Plan due to layoffs.

CLAIM DISPUTE RESOLUTION—HOW TO APPEAL A DENIAL If you have filed for a “Right to Review Claims Determination as defined in BC/BS booklet and believe a claim was improperly settled, the following process is available:
Annual Notices

- Interim Benefits to Comply with the Federal Patient Protection and Affordable Care Act: [Patient Protection and Affordable Care Act](#). Also known as the PPACA.
- Important Notice regarding your Prescription Drug Coverage and Medicare: [Prescription Drug Coverage and Medicare](#).
- Notice to Enrollees in the ECISD Self-Funded Non-federal Government Group Health Plan: [ECISD Self-Funded Notice](#).
- Important Notices: [Special Enrollment Provisions](#).
- HIPAA Notice of Privacy Practices: [HIPAA Protected Health Information](#).
- Children’s Health Insurance Program (CHIP): [CHIP Notice](#).
- Continuation Coverage Rights under COBRA: [COBRA Notice](#).
- ACA Marketplace Coverage Information: [Marketplace Coverage Option](#).
- ACA Marketplace Coverage Information (Spanish): [Marketplace Coverage Option](#).
Option I & Option III Members: $0 Co-pay

High Deductible Plan (HSA) Members: $44 until deductible is met; thereafter $0 Co-pay

- Allergies
- Asthma
- Nausea
- Sinus Infections
- Cold
- Flu
- Ear problems
- Pinkeye
CLAIM DISPUTE RESOLUTION
HOW TO APPEAL A DENIAL

If you have filed for a "Right to Review Claims Determination" as defined on page 14 of the Blue Cross Blue Shield Booklet and believe a claim was improperly settled, the following process is available.

If you wish to request a variance from health plan specifications or to appeal after the Claims Administrator's determinations, then you may appeal in writing within 60 days of the denial, to the Health Plan Trustees of the Plan Administrator, which is a committee comprised of the following:

- Executive Director of District Operations
- Assistant Superintendent of Human Resources
- Assistant Superintendent of Business Operations
- Director of Benefits & Risk Management

Any such appeal should be addressed in writing as follows:

Ector County Independent School District
Attn.: Donna Ziriax, Director of Employee Benefits
P. O. Box 3912
Odessa, Tx. 79760
# Preferred Retail Pharmacy Network 2020

<table>
<thead>
<tr>
<th>PHARMACY</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>ST</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>H-E-B</td>
<td>3325 W WADLEY AVE</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79707</td>
</tr>
<tr>
<td>H-E-B</td>
<td>5407 ANDREWS HWY</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79706</td>
</tr>
<tr>
<td>PROVIDE RX</td>
<td>2208 N LOOP 250 W STE 101</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79707</td>
</tr>
<tr>
<td>SUPER MERCADO PHARMACY</td>
<td>2208 N BIG SPRING ST</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79705</td>
</tr>
<tr>
<td>WAL-MART</td>
<td>4517 N MIDLAND DR</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79707</td>
</tr>
<tr>
<td>WAL-MART</td>
<td>200 W INTERSTATE 20</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79701</td>
</tr>
<tr>
<td>EVANS PRESCRIPTION PHARMACY</td>
<td>310 DOTSY AVE</td>
<td>ODESSA</td>
<td>TX</td>
<td>79763</td>
</tr>
<tr>
<td>H-E-B</td>
<td>3801 E 42ND ST</td>
<td>ODESSA</td>
<td>TX</td>
<td>79762</td>
</tr>
<tr>
<td>H-E-B</td>
<td>2501 W UNIVERSITY BLVD</td>
<td>ODESSA</td>
<td>TX</td>
<td>79764</td>
</tr>
<tr>
<td>SAM'S CLUB</td>
<td>4230 JOHN BEN SHEPPARD PKWY</td>
<td>ODESSA</td>
<td>TX</td>
<td>79762</td>
</tr>
<tr>
<td>TOWN AND COUNTRY DRUG</td>
<td>2745 N GRANDVIEW AVE</td>
<td>ODESSA</td>
<td>TX</td>
<td>79762</td>
</tr>
<tr>
<td>UNIVERSITY PHARMACY</td>
<td>4850 E UNIVERSITY BLVD</td>
<td>ODESSA</td>
<td>TX</td>
<td>79762</td>
</tr>
<tr>
<td>WAL-MART</td>
<td>4210 JOHN BEN SHEPHERD PKWY</td>
<td>ODESSA</td>
<td>TX</td>
<td>79762</td>
</tr>
<tr>
<td>WAL-MART</td>
<td>2450 W LOOP 338</td>
<td>ODESSA</td>
<td>TX</td>
<td>79763</td>
</tr>
</tbody>
</table>
**Employee Benefits**
Ector County Independent School District
802 N. Sam Houston, Odessa, Texas 79761
Office: 432-456-9789 * Fax: 432-456-9788

There are no Program Cost Increases for our 2020 Prescription Coverage.

### PRESCRIPTION BENEFIT FOR OPTION I – EFFECTIVE 1-1-20

<table>
<thead>
<tr>
<th>Tier</th>
<th>Title</th>
<th>Co-pays / Minimum Payment</th>
<th>Retail Networks</th>
<th>Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Generic</td>
<td>$12</td>
<td>Restricted</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>Preferred</td>
<td>$80</td>
<td>$90</td>
<td>$160</td>
</tr>
<tr>
<td>3</td>
<td>Non-Formulary</td>
<td>$100</td>
<td>$110</td>
<td>$200</td>
</tr>
<tr>
<td>Specialty Rx</td>
<td>Non-Formulary</td>
<td>20% Until Maximum Out-</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>of Pocket of $1,800 per Rx is reached</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Specialty Rx's may require authorization. Maximum out-of-pocket of $7,900 individual and $13,800 family includes medical and Rx out-of-pocket expenses, including deductibles and co-pays.*

### PRESCRIPTION BENEFIT FOR OPTION III – EFFECTIVE 1-1-20 (NO CHANGES)

<table>
<thead>
<tr>
<th>Tier</th>
<th>Title</th>
<th>Co-pays and/or Minimum Payment</th>
<th>Retail</th>
<th>Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Generic</td>
<td>Co-pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Preferred</td>
<td>Must Meet Plan Deductible, then the Plan pays 80% of the cost of the prescription up to the maximum annual Medical and/or Rx out-of-pocket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Non-Formulary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Rx</td>
<td>Formulary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Rx</td>
<td>Non-Formulary</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Maximum out-of-pocket for any Rx is part of the maximum annual out-of-pocket for all medical and prescription services including deductibles and co-pays. Maximum out-of-pocket if $6,750 individual and $13,500 family.*

**LIMITATIONS on Rx COVERAGE FOR PLAN 1:** All Mail Order Rx’s must be provided by Express Scripts.

Charges for contraceptive drugs, medicines, or devices used to prevent pregnancy are covered as benefits are provided by the Express Scripts prescription drug benefit or specifically listed under Major Medical Benefits.

**SPECIALTY DRUGS:** Very expensive drugs used to treat chronic diseases are obtained through Accredo Specialty Pharmacy mail order services at 866-448-9870. Specialty medications do require prior authorization through KPCM Specialty, and providers should contact 844-744-4410. These medications treat chronic disorders such as hemophilia, growth hormone deficiency, multiple sclerosis, immune disorders, hepatitis C, cystic fibrosis, respiratory syncytial virus, genetic emphysema, and others.

**NOTES:** Express Scripts 1-866-229-0772
Important Message About Your New Baby!

If you wish to add your new baby to your health coverage, you must come in to the Benefits Office to complete an enrollment form within 31 days of the birth or:

THE BABY WILL NOT BE COVERED!!

If you do not come in within the 31 days, the next time you will be able to enroll your new baby will be during the Fall Open Enrollment period with coverage beginning on January 1st of the following year.

Documentation Needed:
1. Verification of Birth Facts
2. Copy application/letter showing you have applied for Social Security Card

Questions; Contact: BCISD Benefits and Risk Management Office
@ 432-456-9789
Monday – Friday
8:00am – 5:00pm

Qualifying Events

31 Days – Qualifying Events

31 days – birth
31 days – marriage
31 days – lost/gained other coverage
Family & Medical Leave

12 weeks - eligible employees
Centers for Children and Families
Employee Assistance Program
For ECISD

Description of Services:
Centers for Children and Families will provide Individual, Marital, Family, Play, and Group Counseling for District employees and their families. Counseling is offered to persons age 3 to adult.

Counselors may be accessed for any of the following needs:
- Depression
- Anxiety
- Anger Management
- Marital Discord
- Domestic Violence
- Grief/Loss
- Peer Difficulties
- Thoughts of Suicide
- Divorce/Blended Families
- Compulsive Sexual Behaviors/Internet Addictions
- Prenatal Counseling

- An after hour, on call service is available for emotional/behavioral crisis.

Employees will receive up to 6 counseling sessions at no charge through this agreement. Should longer-term care be needed, Centers does accept Insurance, Medicaid and CHIPs as well as offering a sliding fee scale.

Scheduling an Appointment:
Appointments can be scheduled by calling either the Odessa (580-7006) or Midland (570-1084) office. First appointments are generally offered within one week of the initial phone contact.

Counseling Staff:
Centers for Children and Families Clinical Program is staffed by 12 Masters level counselors holding the following licenses and certifications:
10 Licensed Professional Counselors (LPC)
2 Licensed Professional Counselor – Interns (LPC-I)
2 Registered Play Therapists (RPT)
1 Spanish speaking counselor is available in both Midland and Odessa

Locations:
42-44 Tanglewood Lane
Odessa, Texas 79762
580-7006

1094 N. Big Spring Street, Suite 325
Midland, Texas 79701
570-1084

6 counseling sessions at no charge
When you visit a general dentist or a specialist who is in the network, your out-of-pocket cost are usually lower.
# Superior Vision

**Vision Plan Benefits for Ector County Independent School District**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Co-Pays</th>
<th>Premiums</th>
<th>Services/Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$10</td>
<td>12 Pay Period</td>
<td>Exam: 12 months</td>
</tr>
<tr>
<td>Exam</td>
<td>$10</td>
<td>17 Pay Period</td>
<td>Frame: 12 months</td>
</tr>
<tr>
<td>Materials</td>
<td>$25</td>
<td>Emp. only: $8.85</td>
<td>Cont Lens Fitting: 12 months</td>
</tr>
<tr>
<td>Contact Lens Fitting (standard &amp; specialty)</td>
<td>$25</td>
<td>Emp. + family: $23.35</td>
<td>Lenses: 12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17 Pay Period</td>
<td>Contact Lenses: 12 months</td>
</tr>
</tbody>
</table>

**In-Network**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam (Ophthalmologist)</td>
<td>Covered in full</td>
<td>$125 retail allowance</td>
<td>$50 retail allowance</td>
<td>$150 retail allowance</td>
</tr>
<tr>
<td>Exam (Optometrist)</td>
<td>Covered in full</td>
<td>$125 retail allowance</td>
<td>$50 retail allowance</td>
<td>$150 retail allowance</td>
</tr>
<tr>
<td>Frames</td>
<td>Covered in full</td>
<td>$125 retail allowance</td>
<td>$50 retail allowance</td>
<td>$150 retail allowance</td>
</tr>
<tr>
<td>Contact Lens Fitting (standard)</td>
<td>Covered in full</td>
<td>$125 retail allowance</td>
<td>$50 retail allowance</td>
<td>$150 retail allowance</td>
</tr>
<tr>
<td>Contact Lens Fitting (specialty)</td>
<td>Covered in full</td>
<td>$125 retail allowance</td>
<td>$50 retail allowance</td>
<td>$150 retail allowance</td>
</tr>
<tr>
<td>Lenses (standard) per pair</td>
<td>Covered in full</td>
<td>$125 retail allowance</td>
<td>$50 retail allowance</td>
<td>$150 retail allowance</td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered in full</td>
<td>$125 retail allowance</td>
<td>$50 retail allowance</td>
<td>$150 retail allowance</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Covered in full</td>
<td>$125 retail allowance</td>
<td>$50 retail allowance</td>
<td>$150 retail allowance</td>
</tr>
<tr>
<td>Progressive lens upgrade</td>
<td>Covered in full</td>
<td>$125 retail allowance</td>
<td>$50 retail allowance</td>
<td>$150 retail allowance</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Covered in full</td>
<td>$125 retail allowance</td>
<td>$50 retail allowance</td>
<td>$150 retail allowance</td>
</tr>
</tbody>
</table>

**Out-of-Network**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam (Ophthalmologist)</td>
<td>Not covered</td>
<td>Up to $42 retail</td>
<td>Up to $50 retail</td>
<td>Up to $100 retail</td>
</tr>
<tr>
<td>Exam (Optometrist)</td>
<td>Not covered</td>
<td>Up to $37 retail</td>
<td>Up to $50 retail</td>
<td>Up to $100 retail</td>
</tr>
<tr>
<td>Frames</td>
<td>Not covered</td>
<td>Up to $29 retail</td>
<td>Up to $50 retail</td>
<td>Up to $100 retail</td>
</tr>
<tr>
<td>Contact Lens Fitting (standard)</td>
<td>Not covered</td>
<td>Up to $34 retail</td>
<td>Up to $50 retail</td>
<td>Up to $100 retail</td>
</tr>
<tr>
<td>Contact Lens Fitting (specialty)</td>
<td>Not covered</td>
<td>Up to $34 retail</td>
<td>Up to $50 retail</td>
<td>Up to $100 retail</td>
</tr>
<tr>
<td>Lenses (standard) per pair</td>
<td>Not covered</td>
<td>Up to $34 retail</td>
<td>Up to $50 retail</td>
<td>Up to $100 retail</td>
</tr>
<tr>
<td>Single Vision</td>
<td>Not covered</td>
<td>Up to $29 retail</td>
<td>Up to $50 retail</td>
<td>Up to $100 retail</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Not covered</td>
<td>Up to $29 retail</td>
<td>Up to $50 retail</td>
<td>Up to $100 retail</td>
</tr>
<tr>
<td>Progressive lens upgrade</td>
<td>Not covered</td>
<td>Up to $34 retail</td>
<td>Up to $50 retail</td>
<td>Up to $100 retail</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Not covered</td>
<td>Up to $34 retail</td>
<td>Up to $50 retail</td>
<td>Up to $100 retail</td>
</tr>
</tbody>
</table>

**Discount Features**

- Look for providers in the Provider Directory who accept discounts, as some do not. Please verify their services and discounts range from 10%–20% prior to service as they vary.

**Discounts on Covered Materials**

- Frames: 20% off amount over allowance
- Lens options: 20% off retail
- Progressives: 20% off amount over retail listed trifocal lens, including lens options

The following options have no out-of-pocket maximums on standard (not premium, brand, or progressive) lenses:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Maximum Member Out-of-Pocket</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>$13</td>
</tr>
<tr>
<td>Bifocal &amp; Trifocal</td>
<td>$13</td>
</tr>
<tr>
<td>Scratch coat</td>
<td>$13</td>
</tr>
<tr>
<td>Ultraviolet coat</td>
<td>$13</td>
</tr>
<tr>
<td>Tints, solid or gradients</td>
<td>$25</td>
</tr>
<tr>
<td>Anti-reflective coat</td>
<td>$50</td>
</tr>
<tr>
<td>Polyurethane</td>
<td>$40</td>
</tr>
<tr>
<td>High index 1.6</td>
<td>$50</td>
</tr>
<tr>
<td>Photochromics</td>
<td>$80</td>
</tr>
</tbody>
</table>

**Discounts on Non-Covered Exam and Materials**

- Exams, frames, and prescription lenses: 30% off retail
- Lens options, contacts, other prescription materials: 20% off retail
- Disposable contact lenses: 10% off retail

**Refraction Surgery**

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%–90%, and are the best possible discounts available to Superior Vision.

- All allowances are retail; the member is responsible for paying the provider directly for all non-covered costs and any amount over the allowances, minus available discounts. These are not covered by the plan.
- Discounts are subject to change without notice.
- Disclaimers: All terms, definitions of benefits, administrative duties, and denials are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.
403(b) Contributions

First Financial: (800) 523-8422
ECISD provides all full-time employees with $10,000 of life insurance through Sun Life. Employees are automatically enrolled when they complete a Medical Plan enrollment.
You must visit the Benefits Enrollment site to complete your enrollment.

https://benefits.ffga.com/ectorcountyisd

(Benefits Enrollment Site)

Enrollment Solutions Help Desk number: 855-523-8422

Benefits Office number: 432-456-9789

**Username:** social security number

**Pin:** last 4 digits of your SSN and the last 2 digits of the year you were born in
Enrollment Options

You can not decline coverage. The Hospital Indemnity is the opt-out option.
CONGRATULATIONS! YOU HAVE COMPLETED YOUR ENROLLMENT.

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. Scroll down to the bottom of this screen to view a list of your completed enrollment forms.

**BCBS Medical**

**Enrollment Details**

- **Product Name:** Hospital Indemnity
- **Coverage Level:** Employee Only
Benefits Presentation

**Medical Benefits**

The ECISD Medical Plan is a self-funded group health plan that provides hospitalization, major prescription drug coverage to employees and, if elected, their dependents. Two plan options exist: one is a high deductible plan that is eligible for a Health Savings Account. High-Deductible Plan does not cover any expenses, other than preventive, before the deductible has been met. An In-house option, intended for employees with another group coverage, is also offered. Hospitalization claims are administered by BlueCross BlueShield of Texas. The prescription drug program is Express Scripts.

**Medical Plan Booklet**

- BlueCross BlueShield of Texas
- MDLIVE
- Lab Providers
- Rates
- Rx Plan
- Health Saving Accounts (H.S.A.)
- COBRA
- Express Scripts