



## October 26, 2020 through November 6, 2020

- Online enrollment will be available beginning October 26, 2020 through November 6, 2020. Enrollment will be 100% online and the enrollment platform will be available 24 hours a day.
- Benefit selections made during open enrollment will be effective on January 1, 2021.
- Open enrollment for 2021 will be passive, your benefit selections for 2020 will “roll over” if you do not make changes with the exception of Flexible Spending Accounts.
- Flexible spending accounts (FSA) selections will not roll over, you must re-enroll to maintain an account 2021.
- Telephone assistance is available at 866-339-7230 from 8am to 12pm and 1pm – 5pm Monday thru Friday.
- BCBS of TX will remain the group medical provider; however, cost to employees has changed (see attached).
- Dental plans will remain unchanged; however, cost to employees has decreased (see attached)
- Gap, vision, disability, supplemental life, cancer, critical illness and accident plans will remain the same with no change to employee cost or coverage.
- District contribution for group health insurance has increased to \$350 for 2021.
- New Deductions for 2021 will begin on January 8, 2021 payroll for biweekly employees and January 15, 2021 for monthly employees.

Please contact the Employee Benefits office at 210-989-4420 or email [benefits.help@myhisd.net](mailto:benefits.help@myhisd.net) for questions or assistance.

## 2021 BLUE CROSS BLUE SHIELD GROUP MEDICAL PLAN SUMMARIES

	Blue Edge (HDHP PPO)	Blue Choice (PPO)	Blue Essentials (HMO)
<b>Deductible</b>	\$4,000 individual \$8,000 family	\$5,000 individual \$10,000 family	\$1,000 individual \$2,000 family
<b>Coinsurance</b>	10% after deductible	20% after deductible	20% after deductible
<b>Out of Pocket Max</b>	\$5,000 individual \$10,000 family	\$6,350 individual \$12,700 family	\$6,600 individual \$13,200 family
<b>Preventative Care Screening &amp; Immunizations</b>	100%	100%	100% (PCP referral required)
<b>Office Visits PCP Specialist</b>	10% after deductible	\$35 PCP Copay \$70 Specialty Care Copay	\$25 PCP copay \$75 copay (PCP referral required)
<b>Virtual Visits</b>	10% after deductible	\$0 Copay	Not available
<b>Emergency Room</b>	10% after deductible	\$250 copay + 20% coinsurance after deductible	\$500 copay+ 20% after deductible
<b>Urgent Care Facility</b>	10% after deductible	\$100 copay/visit	\$100 copay/visit
<b>Inpatient Hospital</b>	10% after deductible	20% after deductible	20% after deductible
<b>Outpatient Surgery</b>	10% after deductible	20% after deductible	20% after deductible
<b>Diagnostic Lab Services &amp; X-Ray</b>	10% after deductible	20% after deductible	20% after deductible
<b>Complex Imaging MRI,CAT,PET, etc.</b>	10% after deductible	20% after deductible	20% after deductible
<b>Retail Prescriptions (30 day supply)</b>	<b>Generic:</b> \$10 copay after deductible <b>Preferred:</b> \$35 copay after deductible <b>Non-Preferred brand name:</b> \$60 copay after deductible	<b>Generic:</b> \$15 Copay <b>Preferred:</b> \$35 copay <b>Non-Preferred brand name:</b> \$70 copay after deductible	<b>Generic:</b> \$15 Copay <b>Preferred:</b> \$35 copay <b>Non-Preferred brand name:</b> \$70 copay after deductible
<b>Mail Order (90 Days)</b>	<b>Generic:</b> \$25 copay after deductible <b>Preferred:</b> \$87.50 copay after deductible <b>Non-Preferred brand name:</b> \$150 copay after deductible	<b>Generic:</b> \$37.50 Copay <b>Preferred:</b> \$87.50 copay <b>Non-Preferred brand name:</b> \$175 copay	<b>Generic:</b> \$37.50 Copay <b>Preferred:</b> \$87.50 copay <b>Non-Preferred brand name:</b> \$175 copay

### EMPLOYEE COST PER PAY PERIOD (\$350 employer contribution has been deducted)

<i>Coverage Tier</i>	<i>Bi-Weekly</i>	<i>Monthly</i>	<i>Bi-Weekly</i>	<i>Monthly</i>	<i>Bi-Weekly</i>	<i>Monthly</i>
Employee Only	\$28.11	\$56.21	\$48.61	\$97.21	\$134.32	\$268.63
Employee & Spouse	\$345.81	\$691.61	\$395.18	\$790.36	\$614.13	\$1,228.25
Employee & Child (ren)	\$325.31	\$650.62	\$372.83	\$745.65	\$583.38	\$1,166.76
Employee/Family	\$487.42	\$974.84	\$548.91	\$1,097.82	\$827.48	\$1,654.96