

CANUTILLO



Premier District

# Health Benefits Enrollment Guide

2022 Plan Year



## Table of Content

Welcome to Open Enrollment for your Benefits! .....	3
Health Benefit Terms Glossary .....	4
CISD Benefit Options .....	5
Contact Information .....	5
2020 Medical Plan Summaries & Costs .....	6
Medical Plan Options .....	7
Canutillo ISD – Medical Plan Options & Rates .....	8
Consumer Driven Health Plan (CDHP) .....	9
Health Savings Account (HSA) .....	10
Standard Plan .....	11
Basic Plan .....	12
Health Flexible Spending Account (FSA) .....	13
Dental Benefit Coverage .....	14
Vision Insurance Plan .....	15
Accident Insurance Plan .....	16
CISD Life Insurance Options .....	17
Critical Illness Insurance .....	19
Disability Insurance .....	20
Disability Insurance for Educators .....	22
Group Cancer Insurance .....	24
Employee Assistance Program .....	25
Contact Us .....	25

Hello, and welcome everyone to the Canutillo Independent School District 2022 plan year annual employee benefits enrollment. **Thank you for your patience and resilience as we navigated enrollment through the pandemic last year. This year we are back and will visit with you at your campus as well as here at Central office should you need assistance.**

Each year the Human Resources Department, Benefit Committee, Superintendent and Board of Trustees work hard on behalf of all employees, to diligently provide an array of affordable medical and voluntary benefit options, to meet the varied needs of the Canutillo staff.

For the 2022 plan year our voluntary plans and vendors remain unchanged however there has been a slight increase in the BCBSTX medical plan cost. Please review your benefit guide for rate changes, and log into TEAMS Employee Service Center to enroll.

Annual open enrollment is the time to enroll, re-enroll and make changes to your medical and voluntary benefit plans. Carefully review your current plan options, consider your utilization of these plans during the prior calendar year, plan for upcoming procedures and select the options that best meet your needs and the needs of your family.

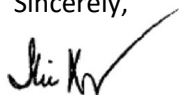
Please note: **All employees will need to enroll in benefits for the 2022 plan year as your current selections will not carryover.**

Open enrollment will begin on October 18, 2021 and will conclude on November 5, 2021. Benefits representatives will be available to assist you in person, on your campus, or online with the enrollment process, be sure to enroll during this time frame. Benefit changes after open enrollment may only be made within 30 days of a qualifying life event.

Resources for enrollment include this benefits guide which includes a glossary of common benefit terms, on-site assistance sessions, and our district human resource benefits website. You may find copies of this guide at [http://www.canutillo-isd.org/departments/human\\_resources/employee\\_benefits](http://www.canutillo-isd.org/departments/human_resources/employee_benefits).

**We look forward to seeing you and working with you this year at your campus and here at Central Office should you need assistance.**

Sincerely,



Julie A. Uranga

Employee Benefits Manager

## Welcome to Open Enrollment for your Benefits!

As a benefits-eligible employee, Canutillo offers you and your family a comprehensive package of benefits to choose from, including a choice of three different medical plans, a choice of three dental plans, life insurance for you and your family members, disability insurance, and a number of other tax and money-saving options.

### Plan Year January to December 2022

Canutillo's benefits run on a calendar plan year, from **January 1 through December 31**. Some benefits are prorated based on your start date or benefits eligibility date.

### Who is Eligible?

Employees, who regularly work 20 hours per week, are considered eligible for benefits at Canutillo. The amount that you pay for coverage may be affected by the amount of hours you work, as well as the amount of annual pay you receive. This is important to know when you are considering a change in your working hours.

### Who is not Eligible?

Temporary employees and substitutes are not eligible for benefits.

### When do benefits start?

Benefits elected during the Open Enrollment period will begin **January 1, 2022**. If you elect benefits during the **year as a new hire you will be eligible on the first of the month following 30 days of employment.**

### How to enroll?

1. Go to TEAMS Employee Service Center <https://teams.canutillo-isd.org.servicecenter/EntryPointSignOnAction.do>
2. You will need your TEAMS username and password.
3. Choose the link My Benefits Information > My Benefits > Benefits Enrollment

### When to Enroll?

Current employees are eligible to make changes during open enrollment. Open enrollment will be held from October 18th - November 5<sup>th</sup>, 2021 with a benefit effective date of January 1, 2022.

New Hires will be eligible for benefits the **first of the month following 30 days of employment.**

## How to Make Changes?

Unless you have a qualifying life status change, you will **NOT** have another opportunity to change your benefits coverage election until the next Open Enrollment period held each fall. A list of qualifying events can be found in the Human Resources website. **It is important to know that you must submit a qualifying life status change with proper documentation through e-mail or paper format no more than 30 days after the date of the event.**

## Defaulting of Benefits

**You must elect or waive coverage online this year, even if you are not making changes to your benefits. If no action is taken, you will be defaulted to no coverage for health or voluntary benefit plans.**

You will be automatically be enrolled in Basic Life Insurance and Employee Assistance Program.

## Health Benefit Terms Glossary

- **Co-insurance.** A percentage of a health care cost—such as 20 percent—that the covered employee pays after meeting the deductible.
- **Co-payment.** The fixed dollar amount—such as \$25 for each doctor visit—that the covered employee pays for medical services.
- **Deductible.** A fixed dollar amount that the covered employee must pay out of pocket each calendar year before the plan will begin reimbursing for non-preventative health expenses. Plans usually require separate limits per person and per family.
- **Formulary.** A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive brand-name or specialty drugs.
- **Health savings account (HSA).** HSAs may be opened by employees who enroll in a high-deductible health plan. Employees can put money in an HSA up to an annual limit set by the government using pre-tax dollars. Employers may also contribute funds to these accounts within the prescribed limit. HSA funds may be used to pay for medical expenses whether or not the deductible has been met, and no tax is owed on funds withdrawn from an HSA to pay for medical expenses. HSAs are individually owned and the account remains with an employee after employment ends.
- **In-network.** Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
- **Out-of-network.** A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.
- **Out-of-pocket limit.** The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including co-payments and co-insurance.
- **Premium.** The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.

Adapted from a glossary on the web site of the U.S. Office of Personnel Management.

## CISD Benefit Options

### Medical Carrier

Blue Cross Blue Shield Texas

CDHP w/HSA

Standard Plan

Basic Plan

### Voluntary Carriers

Aetna

Employee Assistance  
Program  
Vision Insurance

Colonial Life

Group Cancer Policy

The Hartford

Life Insurance  
Disability Insurance

MetLife

Accident Insurance  
Critical Care Insurance  
Dental Policy

NBS

FSA-Health FSA-  
Dependent  
Retirement Plans

### Non-Medical Coverage

Blue Cross Blue Shield Texas

Hospital Indemnity Plan

## ID cards

**Medical** – Mailed to you from BCBSTX

**Dental** - MetLife does not mail ID cards – for questions you may call 1-800-MetLife or provide your SSN number to your dentist.

**Vision** – Aetna does not mail ID cards – for questions you may contact Aetna at 1-877-973-3238 or provide your SSN number to your eye care provider.

**HSA Bank** – Mailed to you in a plain envelope

**FSA** – Mailed to you from NBS

## Contact Information

**BCBS** -1-800-521-2227 or text BCBSTAPP to 33633 to download the App [www.mdlive.com](http://www.mdlive.com)

**AETNA** Monday-Sunday at 877-973-3238 [www.aetnavision.com](http://www.aetnavision.com)

**Colonial** 800-325-4368

**Hartford** - 1-866-547-9124 [www.TheHartford.com/employeebenefits](http://www.TheHartford.com/employeebenefits)

**HSA Bank** 1-800-357-6246 – Health Saving Account Card  
<https://myaccounts.hsabank.com/Login.aspx>

**MetLife** 1-800-METLIFE (638-5433) [www.MyBenefits.Metlife.com](http://www.MyBenefits.Metlife.com)

**NBS** 1-855-399-3035 (FSA & Retirement Accounts) [www.nbsbenefits.com/non-erisa-403b-forms/](http://www.nbsbenefits.com/non-erisa-403b-forms/)

**Employee Assistance Program** 888-866-4827

**Julie Uranga** Benefits Manager 915-877-7408 Email: [juranga@canutillo-isd.org](mailto:juranga@canutillo-isd.org)

**Patrick Avila** TEB Benefits Representative 915-877-7427 Email: [patrick@teb-inc.com](mailto:patrick@teb-inc.com)

**Eva Medina** TEB Benefits Representative Email: [eva@teb-inc.com](mailto:eva@teb-inc.com)

# 2021 Medical Plan Summaries & Costs



Canutillo offers a choice of three different medical plans that include prescription coverage. The medical plans are self-insured by Canutillo Independent School District and administered by Blue Cross Blue Shield of Texas. Prescription benefits, a 24/7 nurse advice line, access to board-certified doctors 24 hours a day, seven days a week via video conference, and disease management programs are all included with each of our medical plans.

The district contributes \$623.00, per employee, per month for the Medical Plans regardless of coverage level. For employees that enroll in the CDHP Medical Plan the district contributes \$600 per year to their HSA account. \$300 will be deposited on January 2021 and \$50 per month July – December 2021.

## All three plans offer:

- Coverage for medical care, including visits to your doctor's office, hospital stays, mental health and substance abuse services, chiropractic treatment, physical therapy and other services.
- A national network of providers, as well as emergency coverage when traveling abroad for personal travel.
- No referral is needed to see a specialist, although **precertification may be required**.
- In-network preventive care services covered at no additional cost to you. See your plan materials for a list of covered preventive care services.
- 24-hour emergency care, in- or out-of-network.
- The amount you pay out-of-pocket is limited by your plan's out-of-pocket maximum. Once you spend the annual maximum amount, the medical plan pays your covered health care costs at 100%.
- No-claim paperwork is necessary when you receive care in-network.
- Medical plan rates are deducted from your paycheck pre-tax.
- Each family member pays toward their own individual deductible and out-of-pocket maximum.
- The family limits are in place to help minimize the total amounts of deductible and out-of-pocket maximums that your family would have to pay in a given year.
- Manage and track claims, order ID cards, find doctors, and track account balances through the bcbstx.com website.

**Contact Information: 1-800-521-2227 or text BCBSTAPP to 33633 to download the App.**

## Non-Medical Alternate Plan/Hospital Indemnity Plan

This plan is designed for employees who have group medical coverage through another employer or private carrier, their spouse, or the military and do not need medical coverage through Canutillo's Health Plan options. **Please note that this is not a medical plan and does not provide medical coverage.** The plan pays \$100 for each day of in-patient hospital confinement directly to the employee for a maximum of 365 days per calendar year. Since this is not medical coverage, you must file all hospital claims with your group medical plan, and then file a separate claim under this plan upon your release from the hospital.

**Cost to Employee**  
**\$0.00**

**Cost paid by district**  
**\$623.00 per month**

## Medical Plan Options

Employees have the option to select one of three (3) health plan options: Standard, Basic, and Consumer Driven Health Plan (CDHP). For employees who would like to select a plan with \$0.00 monthly premiums for Employee Only coverage, they may choose the Consumer Driven Health Plan.

Families where both spouses work for Canutillo ISD can elect to let one spouse cover the entire family under the Consumer Driven Health Plan (CDHP). To enroll for the family coverage option you must:

1. CDHP Option when both spouses work for CISD must enroll separately under your own TEAMS ID.
2. One spouse must select Plan type (Consumer Driven Plan) and select Employee Family Coverage. You must add your spouse as a dependent under your coverage. Note: (Rate will show as \$294.00 and will be adjusted to \$90.00)
3. The other spouse must select the (CDHP 2nd spouse only) option while enrolling. (This will drop the health coverage under this spouse.)
4. In addition, these families will share the family deductible of \$5,600.00, for the year instead of having separate deductibles where one spouse covers the children and the other spouse has single coverage.
5. Under the Health Savings Account (HSA), the Canutillo ISD will contribute \$50 per month for each spouse into the single account for a total of \$1,200 a year if you enroll for the entire year.
6. Your cost for family coverage will be \$180.00, per month.

## Out of Pocket Amounts & Provider Network General Information

- The provider network for all medical services is Blue Cross of Texas – Blue Choice PPO Plan.
- You must meet any annual deductible before the Plan will begin to pay its percentage of eligible expenses. However, the deductible may be waived for certain eligible expenses.
- Use of In-network PPO health care providers is encouraged. If you use Non-PPO or Out-of-Network providers, those charges will be reimbursed at a lower percentage, will not apply toward your In-Network out-of-pocket maximum, and may result in additional cost to you for any billed amounts that are higher than the usual, reasonable, and customary charge.
- All in-patient and out-patient hospital services as well as certain diagnostic services and physical therapy must be pre-certified through Blue Cross Blue Shield of Texas.
- **Pre-certification** is the responsibility of the employee and the in-network provider, if seeing an out-of-network provider, precertification is the responsibility of the employee.

## Canutillo ISD – Medical Plan Options & Rates

Rate charts for each plan are provided in this section and show the contribution from the district for all benefit eligible, full-time and part-time, employees for the health benefits plan.

### Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)\*

Coverage	Total	CISD Contribution	Employee's Monthly Cost	Employee's Semi-Monthly Cost
<b>Employee Only</b>	\$603.00	\$603.00	\$0.00	\$0.00
<b>Employee + Spouse</b>	\$1011.00	\$603.00	\$408.00	\$204.00
<b>Employee + Child(ren)</b>	\$882.00	\$603.00	\$279.00	\$139.50
<b>Employee + Family</b>	\$1,241.00	\$603.00	\$638.00	\$319.00
<b>Employee + Family</b>	\$1,436.00	\$1,206.00	\$230.00	\$115.00

(both spouses employed at CISD)

\* Participants in the CDHP Health Plan will have \$50 per month contributed by Canutillo ISD to their HSA. Employees that enroll during the annual enrollment period will receive \$300 during January 2022 and \$50 per month from July-December. Deposited at the end of the month.

### Standard

Coverage	Total	CISD Contribution	Employee's Monthly Cost	Employee's Semi-Monthly Cost
<b>Employee Only</b>	\$761.00	\$623.00	\$138.00	\$69.00
<b>Employee + Spouse</b>	\$1,148.00	\$623.00	\$525.00	\$262.50
<b>Employee + Child(ren)</b>	\$1008.00	\$623.00	\$385.00	\$192.50
<b>Employee + Family</b>	\$1,395.00	\$623.00	\$772.00	\$386.00

### Basic

Coverage	Total	CISD Contribution	Employee's Monthly Cost	Employee's Semi-Monthly Cost
<b>Employee Only</b>	\$723.00	\$623.00	\$100.00	\$50.00
<b>Employee + Spouse</b>	\$1,082.00	\$623.00	\$459.00	\$229.50
<b>Employee + Child(ren)</b>	\$952.00	\$623.00	\$329.00	\$164.50
<b>Employee + Family</b>	\$1,311.00	\$623.00	\$688.00	\$344.00

## Consumer Driven Health Plan (CDHP)

Has the lowest plan rate and lowest out-of-pocket In Network after meeting the deductible.

### Key Benefits

- The plan has the lowest rates of all three plans.
- The plan is free for Employee only coverage.
- Employer will contribute to HSA plan.
- Employees may contribute to HSA on a tax-free basis.
- MD Live providers available to assist 24/7.

### Other considerations

- The CDHP Plan has the highest deductible of the three plans.
- You pay 100% of all medical and prescription costs until your annual deductible has been met.

	PPO	Non-PPO
<b>Medical deductible</b>		
Individual	\$2,800	\$5,000
Family	\$5,600	\$10,000
<b>Out-of-pocket maximum</b>		
Individual	\$2,800	\$8,000
Family	\$5,600	\$16,000
<b>Coinsurance</b>		
Individual	No Charge After Deductible	20%
Family	No Charge After Deductible	20%
<b>Copays</b>		
Office visit	No Charge After Deductible	20%
Specialist visit	No Charge After Deductible	20%
Emergency room	No Charge After Deductible	No Charge After Deductible
Preventative Care Screening/ Immunization	No Charge	20%
Urgent Care	No Charge After Deductible	0% Coinsurance
<b>Prescription drug: Generic/Preferred/Non-Preferred – After Deductible \$0.00 for all. Before Deductible, Formulary Preventative Care Meds at \$0.00.</b>		
30-Day retail pharmacy	\$10/\$30/\$50	N/A
90-Day mail order	\$20/\$60/\$100	N/A

## Health Savings Account (HSA)

If you select the Consumer Driven Health Plan (CDHP), you will be able to participate in the Health Savings Account (HSA). The amount you select for employee contribution can be changed throughout the plan year by notifying the Employee Benefits Office by standard mail or email. HSA accounts can be used to help pay for out-of-pocket expenses, copayments, deductibles, or left to grow as a savings vehicle for future health care, and retirement medical expenses.

Canutillo ISD partners with HSA Bank to administer its health savings accounts for employees. In order to qualify, the employee must meet the following criteria:

- Be enrolled in a qualified high deductible health plan (such as the Canutillo's CDHP Health Plan).
- Not be covered by any other health plan that does not meet IRS standards qualifications of a high deductible health plan such as a plan offered through a spouse, or Medicare.

## Advantages of a Health Savings Account (HSA)

- Employer Contributions - Canutillo ISD will contribute \$50 per month for each participating employee.
- Employees who enroll during the Annual Enrollment period will obtain **\$300 in January** 2022 and \$50 per month from **July-December** 2022 for a total annual employer contribution of \$600.
- Triple Tax Savings – Tax deductions when you contribute to your HSA, tax-free earnings through investment, and tax-free withdrawals for qualified health care expenses.
- Portability – You keep your HSA if you leave Canutillo, change health insurance plans, or retire.
- Flexibility – Funds can be used to pay current medical expenses, or saved for future healthcare expenses.
- Savings – Funds earn interest in your account, or can be reinvested to earn greater returns.
- Control – You decide how much pre-tax money, up to the annual IRS limit, to put into your account, and when to use it to pay for your expenses.

## Annual Limitations

Health Savings Account (HSA) contributions in 2022 for employees with employee only coverage is \$3,650 and for those with dependent coverage is \$7,300. If you are age 55 or older, you may contribute an extra \$1,000 per year.

**If you have questions regarding annual limits contact a qualified tax professional. Contributions are the employees' responsibility.**

## Costs

In order to establish and maintain an HSA, there are some associated fees similar to other banking institutions. HSA Bank charges a one-time fee of \$10 for the initial set-up of your HSA account. This \$10 fee will be paid by CISD with the first installment of your \$50 monthly district contribution. Other fees are as follows:

- Monthly Bank Account Fees: \$2.00 (waived on balances of \$3,000 and higher)
- Debit Card: No charge for initial card.
- Self-Directed Brokerage (Stocks, Bonds, Mutual Funds, outside investments): No Charge
- Replacement Lost/Stolen Debit Card: \$6.00
- **Contact HSA Bank at 1-800-357-6246**

## Standard Plan

Has the highest plan rates, but lowest deductible and prescription expenses.

### Key Benefits

- The deductible is the lowest of the three plans.
- MD Live providers available to assist 24/7.

### Other considerations

- The Standard Plan has the highest premium rate of all three plans.
- Medical and prescription copays **DO NOT** count toward annual deductibles, but **DO** count toward annual out-of-pocket maximums.

	PPO	Non-PPO
<b>Medical deductible</b>		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
<b>Out-of-pocket maximum</b>		
Individual	\$3,000	\$5,000
Family	\$9,000	\$15,000
<b>Coinsurance</b>		
Individual	20%	30%
Family	20%	30%
<b>Copays</b>		
Office visit	\$25	30%
Specialist visit	\$25	30%
Emergency room	\$50 + 20%	\$50 + 20%
Urgent Care	\$25	30%
<b>Prescription drug: Generic/Preferred/Non-Preferred</b>		
30-Day retail pharmacy	\$10/\$30/\$50	N/A
90-Day mail order	\$20/\$60/\$100	N/A

## Basic Plan

Has mid-level plan rates and out-of-pocket costs

### Key Benefits

- The deductible, medical copays, and prescription copays are mid-level, generic prescriptions are still \$10.00.
- MD Live providers available to assist 24/7.

### Other considerations

- The Basic Plan has mid-level premium rates.
- Medical and prescription copays **DO NOT** count toward annual deductibles, but **DO** count toward annual out-of-pocket maximums.

	PPO	Non-PPO
<b>Medical deductible</b>		
Individual	\$1,700	\$3,000
Family	\$3,400	\$6,000
<b>Out-of-pocket maximum</b>		
Individual	\$3,000	\$6,000
Family	\$9,000	\$18,000
<b>Coinsurance</b>		
Individual	20%	30%
Family	20%	30%
<b>Copays</b>		
Office visit	\$25	30%
Specialist visit	\$25	30%
Emergency room	\$50 + 20%	\$50 + 20%
Urgent Care	\$25	30%
<b>Prescription drug: Generic/Preferred/Non-Preferred.</b>		
30-Day retail pharmacy	\$10/\$30/\$50	N/A
90-Day mail order	\$20/\$60/\$100	N/A

## Health Flexible Spending Account (FSA)

The Health Flexible Spending Account (FSA) allows the member to set aside a certain amount of money from their salary to pay eligible health expenses for the member and those in his/her household. The total dollar amount deposited into the account is not subject to taxes. Eligible withdrawals from this account are not subject to taxes either. The Health FSA will allow the member to use this money for eligible health expenses incurred during the plan year and the grace period. The member may elect to set aside anywhere between the minimum of \$240 dollars and the maximum of \$2,750 per year. **It is strongly advised to carefully estimate the amount of money that will be put aside, as this account has a “use it or lose it” clause. Any positive balance not claimed by the end of the grace period will be forfeited.** If you would like more information regarding your personal tax situation, it is advised that you contact your tax adviser.

## Dependent Care Flexible Spending Account

The Dependent Care FSA allows you to set aside a certain amount of money from your salary on a pre-tax basis to pay for eligible expenses. Members having a Dependent Care FSA will be allowed to use their elected dollar amount set aside for eligible dependent care expenses. Eligible dependents under this account include the member’s dependent(s) under the age of 13, a dependent who is physically or mentally unable to take care of themselves, or a spouse who is physically or mentally unable to take care of themselves. The member may elect to set aside a yearly dollar amount anywhere between \$240 to \$2500 (or \$5000 if married and filling a joint return or as a head of household). **It is strongly advised to carefully estimate the amount of money that will be put aside, as this account has a “use it or lose it” clause. Any positive balance not claimed by the end of the grace period will be forfeited.** If you would like more information regarding your personal tax situation, it is advised that you contact your tax adviser.

## IRS Limitations for Flex Accounts

IRS regulations stipulate that the services must already be rendered in order to be eligible for reimbursement. The childcare must already have been performed in order to claim reimbursement.

## Services for Flex Benefit Participants

A Debit Card will be issued to all participants. Claim forms will only be necessary on limited occasions when and where debit cards are not accepted. You are encouraged to view and track your claims and account balances online. You may access your NBS account online by logging in to: Account Management at <https://nbs.wealthcareportal.com/Authentication/Handshake> or by calling 1-855-399-3035.



## Dental Benefit Coverage



### PPO Plans

A PPO gives you flexibility - choose from our large network of dentists or see an out-of-network dental care provider.



### Dental HMO/Managed Care Plans

Save on out-of-pocket costs with the comprehensive coverage our HMO network brings.

For details regarding covered, excluded, and limited services, please refer to Canutillo's Benefits Webpage at [www.canutillo-isd.org](http://www.canutillo-isd.org). Please note: the MetLife DHMO plan requires the use of a primary care dentist. Refer to **MyBenefits.Metlife.com** for a list of over 30 providers in El Paso Texas or you may call 1-800-METLIFE (638-5433).

	MetLife PPO MAC	MetLife PPO Reimbursement	MetLife DHMO
Annual Maximum	\$1,200 per person	\$1,000 per person	None
Annual Deductible	\$50 ind./ \$150 family	\$50 ind./ \$150 family	None
Preventative Services	Plan pays 100%	Based on reimbursement schedule	Based on co-payment schedule
Basic Services	Plan pays 80%	Based on reimbursement schedule	Based on co-payment schedule
Major Services	Plan pays 50%	Based on reimbursement schedule	Based on co-payment schedule
Orthodontic Services	Additional \$50 deductible Lifetime maximum \$1,200	Plan pays according to benefits scheduled Lifetime max. \$1,000	Based on co-payment schedule
Network of Dentists?	No – Must use dentists licensed and practicing in U.S. May use MetLife preferred provider list for additional savings.	No – Must use dentists licensed and practicing in U.S. May use MetLife preferred provider list for additional savings.	Yes – Must select a MetLife DHMO Primary Care Dentist.

### Dental Plan Rates

MetLife PPO MAC	Monthly Deduction	MetLife PPO Reimbursement	Monthly Deduction	MetLife DHMO	Monthly Deduction
Employee Only	\$29.57	Employee Only	\$26.52	Employee Only	\$12.13
Employee + Spouse	\$57.86	Employee + Spouse	\$53.09	Employee + Spouse	\$20.29
Employee + Child(ren)	\$62.30	Employee + Child(ren)	\$54.42	Employee + Child(ren)	\$23.51
Employee + Family	\$87.47	Employee + Family	\$80.67	Employee + Family	\$28.39



## Vision Insurance Plan

For details regarding covered\*, excluded, and limited services, please refer to Canutillo's Benefits Webpage at [www.canutillo-isd.org](http://www.canutillo-isd.org) or at [www.aetnavision.com](http://www.aetnavision.com) or by calling customer service Monday-Sunday at 877-973-3238.

	Low Plan (In-Network)	High Plan (In-Network)
<b>Routine Eye Exam</b>	\$0 Copay	\$0 Copay
<b>Frames</b>	Up to \$100.00 (Once every two years)	Up to \$100.00 (Once every year)
<b>Single, Bifocal, Trifocal, Lenticular Lenses</b>	\$25 Copay	\$25 Copay
<b>Progressive Vision Lenses</b>	\$90 Copay	\$90 Copay
<b>Contact Lenses</b>		
<b>Elective</b>	Up to \$125	Up to \$125
<b>Medically Necessary</b>	\$0 Copay	\$0 Copay
<b>Network</b>	See our website for listing. Non-network providers are paid at a lower rate.	See our website for listing. Non-network providers are paid at a lower rate.
<b>Limitations</b>	Limited to either glasses or contacts once per year.	Limited to either glasses or contacts once per year.

Vision Plan Rates			
Low Plan		High Plan	
<b>Employee Only</b>	\$5.94	<b>Employee Only</b>	\$6.98
<b>Employee + 1 Child</b>	\$10.11	<b>Employee + 1 Child</b>	\$11.97
<b>Employee + Spouse</b>	\$10.11	<b>Employee + Spouse</b>	\$11.97
<b>Employee + Children</b>	\$14.86	<b>Employee + Children</b>	\$17.57
<b>Employee + Family</b>	\$14.86	<b>Employee + Family</b>	\$17.57

\*You can choose to receive care outside the network. Simply pay for the services up front and then submit a claim form to receive an amount up to the out of network reimbursement amounts listed above. Reimbursement will not exceed the provider's actual charge.



## Accident Insurance Plan

Accidents happen frequently and can be very costly. Even the best medical plans may leave you with additional out-of-pocket expenses when dealing with the unexpected. Accident insurance can help you be better prepared. There are over **150** covered events that could trigger benefits, including injuries, hospitalization, medical services and treatments. With benefits that are simple to understand and easy to use, MetLife can provide the right benefit plan for your needs.

For details regarding covered, excluded, and limited services, please refer to Canutillo's Benefits Webpage at [www.canutilloisd.org](http://www.canutilloisd.org).

You may also contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST

Accident Plan Rates			
Low Plan		High Plan	
<b>Employee Only</b>	\$8.47	<b>Employee Only</b>	\$12.22
<b>Employee + Spouse</b>	\$16.71	<b>Employee + Spouse</b>	\$24.00
<b>Employee + Child(ren)</b>	\$18.85	<b>Employee + Child(ren)</b>	\$26.95
<b>Employee + Spouse/Child(ren)</b>	\$23.36	<b>Employee + Spouse/Child(ren)</b>	\$33.44



## CISD Life Insurance Options

### Basic Group Term Life Coverage (Employer Paid)

Every benefit eligible employee who is contributing to TRS is provided with a \$10,000 Basic Term Life Insurance to include AD&D coverage at no cost to the employee. The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through Canutillo ISD gives an extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that decreases your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.

## Supplemental Life Insurance

You may choose to purchase additional supplemental life insurance for yourself and spouse. Life insurance premiums are age based and will increase as you move into a higher age bracket.

New Hires are eligible for a **ONE-TIME** Guaranteed Issue of up to \$400,000 for self and a **ONE-TIME** Guaranteed Issue of up to \$75,000 for spouse without Evidence of Insurability.

Employees may purchase up to \$500,000 in life insurance coverage in increments of \$10,000 for self and up to \$250,000, for their spouse in increments of \$5,000. Spousal Life Insurance may not exceed 50% of the amount purchased for the employee.

### When will I be subject to submit Evidence of Insurability?

- Any existing employee who enrolls more than 31 days after the date you are hired.
- Any amount over \$400,000 for self-employees and \$75,000 for spouse will be subject to will be subject to Evidence of Insurability.
- All applications for increases exceeding \$10,000 for employee, and \$5,000 for spouse will be subject to will be subject to Evidence of Insurability.

Remember, any amount over the Guarantee Issue will require you to complete an EOI form. The EOI will be emailed to your Canutillo ISD email address directly from Hartford Life ([medical.uw@hartfordlife.com](mailto:medical.uw@hartfordlife.com)). **Coverage will not** be increased or approved without a confirmation letter from The Hartford.

**Please note:** If you leave the district, you can convert your Canutillo ISD group life insurance to a personal life policy.

## Child Life Insurance

You may purchase life insurance for children; however, the **employee must** be enrolled for at least \$10,000 employee supplemental life insurance in order to request dependent life insurance.

## Benefit Reduction

Term Life & AD&D Insurance Benefits reduce by 35% at age 65, further reduce by 50% of the original amount at age 70, and further reduce to 70% of the original amount at age 75. Benefits terminate at retirement.

## Employee & Spouse Rates

Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

<b>SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D) INSURANCE</b>												
<b>Monthly Premium Amount (Cost per Pay Period – 12/Year)</b>												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.67	\$0.67	\$0.82	\$0.89	\$0.95	\$1.17	\$1.52	\$1.95	\$3.09	\$6.61	\$13.34	\$20.35
\$20,000	\$1.34	\$1.34	\$1.64	\$1.78	\$1.90	\$2.34	\$3.04	\$3.90	\$6.18	\$13.22	\$26.68	\$40.70
\$30,000	\$2.01	\$2.01	\$2.46	\$2.67	\$2.85	\$3.51	\$4.56	\$5.85	\$9.27	\$19.83	\$40.02	\$61.05
\$40,000	\$2.68	\$2.68	\$3.28	\$3.56	\$3.80	\$4.68	\$6.08	\$7.80	\$12.36	\$26.44	\$53.36	\$81.40
\$50,000	\$3.35	\$3.35	\$4.10	\$4.45	\$4.75	\$5.85	\$7.60	\$9.75	\$15.45	\$33.05	\$66.70	\$101.75
\$60,000	\$4.02	\$4.02	\$4.92	\$5.34	\$5.70	\$7.02	\$9.12	\$11.70	\$18.54	\$39.66	\$80.04	\$122.10
\$70,000	\$4.69	\$4.69	\$5.74	\$6.23	\$6.65	\$8.19	\$10.64	\$13.65	\$21.63	\$46.27	\$93.38	\$142.45
\$80,000	\$5.36	\$5.36	\$6.56	\$7.12	\$7.60	\$9.36	\$12.16	\$15.60	\$24.72	\$52.88	\$106.72	\$162.80
\$90,000	\$6.03	\$6.03	\$7.38	\$8.01	\$8.55	\$10.53	\$13.68	\$17.55	\$27.81	\$59.49	\$120.06	\$183.15
\$100,000	\$6.70	\$6.70	\$8.20	\$8.90	\$9.50	\$11.70	\$15.20	\$19.50	\$30.90	\$66.10	\$133.40	\$203.50
\$110,000	\$7.37	\$7.37	\$9.02	\$9.79	\$10.45	\$12.87	\$16.72	\$21.45	\$33.99	\$72.71	\$146.74	\$223.85
\$120,000	\$8.04	\$8.04	\$9.84	\$10.68	\$11.40	\$14.04	\$18.24	\$23.40	\$37.08	\$79.32	\$160.08	\$244.20
\$130,000	\$8.71	\$8.71	\$10.66	\$11.57	\$12.35	\$15.21	\$19.76	\$25.35	\$40.17	\$85.93	\$173.42	\$264.55
\$140,000	\$9.38	\$9.38	\$11.48	\$12.46	\$13.30	\$16.38	\$21.28	\$27.30	\$43.26	\$92.54	\$186.76	\$284.90
\$150,000	\$10.05	\$10.05	\$12.30	\$13.35	\$14.25	\$17.55	\$22.80	\$29.25	\$46.35	\$99.15	\$200.10	\$305.25
\$160,000	\$10.72	\$10.72	\$13.12	\$14.24	\$15.20	\$18.72	\$24.32	\$31.20	\$49.44	\$105.76	\$213.44	\$325.60
\$170,000	\$11.39	\$11.39	\$13.94	\$15.13	\$16.15	\$19.89	\$25.84	\$33.15	\$52.53	\$112.37	\$226.78	\$345.95
\$180,000	\$12.06	\$12.06	\$14.76	\$16.02	\$17.10	\$21.06	\$27.36	\$35.10	\$55.62	\$118.98	\$240.12	\$366.30
\$190,000	\$12.73	\$12.73	\$15.58	\$16.91	\$18.05	\$22.23	\$28.88	\$37.05	\$58.71	\$125.59	\$253.46	\$386.65
\$200,000	\$13.40	\$13.40	\$16.40	\$17.80	\$19.00	\$23.40	\$30.40	\$39.00	\$61.80	\$132.20	\$266.80	\$407.00
\$210,000	\$14.07	\$14.07	\$17.22	\$18.69	\$19.95	\$24.57	\$31.92	\$40.95	\$64.89	\$138.81	\$280.14	\$427.35
\$220,000	\$14.74	\$14.74	\$18.04	\$19.58	\$20.90	\$25.74	\$33.44	\$42.90	\$67.98	\$145.42	\$293.48	\$447.70
\$230,000	\$15.41	\$15.41	\$18.86	\$20.47	\$21.85	\$26.91	\$34.96	\$44.85	\$71.07	\$152.03	\$306.82	\$468.05
\$240,000	\$16.08	\$16.08	\$19.68	\$21.36	\$22.80	\$28.08	\$36.48	\$46.80	\$74.16	\$158.64	\$320.16	\$488.40
\$250,000	\$16.75	\$16.75	\$20.50	\$22.25	\$23.75	\$29.25	\$38.00	\$48.75	\$77.25	\$165.25	\$333.50	\$508.75
\$260,000	\$17.42	\$17.42	\$21.32	\$23.14	\$24.70	\$30.42	\$39.52	\$50.70	\$80.34	\$171.86	\$346.84	\$529.10
\$270,000	\$18.09	\$18.09	\$22.14	\$24.03	\$25.65	\$31.59	\$41.04	\$52.65	\$83.43	\$178.47	\$360.18	\$549.45
\$280,000	\$18.76	\$18.76	\$22.96	\$24.92	\$26.60	\$32.76	\$42.56	\$54.60	\$86.52	\$185.08	\$373.52	\$569.80
\$290,000	\$19.43	\$19.43	\$23.78	\$25.81	\$27.55	\$33.93	\$44.08	\$56.55	\$89.61	\$191.69	\$386.86	\$590.15
\$300,000	\$20.10	\$20.10	\$24.60	\$26.70	\$28.50	\$35.10	\$45.60	\$58.50	\$92.70	\$198.30	\$400.20	\$610.50
\$310,000	\$20.77	\$20.77	\$25.42	\$27.59	\$29.45	\$36.27	\$47.12	\$60.45	\$95.79	\$204.91	\$413.54	\$630.85
\$320,000	\$21.44	\$21.44	\$26.24	\$28.48	\$30.40	\$37.44	\$48.64	\$62.40	\$98.88	\$211.52	\$426.88	\$651.20
\$330,000	\$22.11	\$22.11	\$27.06	\$29.37	\$31.35	\$38.61	\$50.16	\$64.35	\$101.97	\$218.13	\$440.22	\$671.55
\$340,000	\$22.78	\$22.78	\$27.88	\$30.26	\$32.30	\$39.78	\$51.68	\$66.30	\$105.06	\$224.74	\$453.56	\$691.90
\$350,000	\$23.45	\$23.45	\$28.70	\$31.15	\$33.25	\$40.95	\$53.20	\$68.25	\$108.15	\$231.35	\$466.90	\$712.25
\$360,000	\$24.12	\$24.12	\$29.52	\$32.04	\$34.20	\$42.12	\$54.72	\$70.20	\$111.24	\$237.96	\$480.24	\$732.60
\$370,000	\$24.79	\$24.79	\$30.34	\$32.93	\$35.15	\$43.29	\$56.24	\$72.15	\$114.33	\$244.57	\$493.58	\$752.95
\$380,000	\$25.46	\$25.46	\$31.16	\$33.82	\$36.10	\$44.46	\$57.76	\$74.10	\$117.42	\$251.18	\$506.92	\$773.30
\$390,000	\$26.13	\$26.13	\$31.98	\$34.71	\$37.05	\$45.63	\$59.28	\$76.05	\$120.51	\$257.79	\$520.26	\$793.65
\$400,000	\$26.80	\$26.80	\$32.80	\$35.60	\$38.00	\$46.80	\$60.80	\$78.00	\$123.60	\$264.40	\$533.60	\$814.00
\$410,000	\$27.47	\$27.47	\$33.62	\$36.49	\$38.95	\$47.97	\$62.32	\$79.95	\$126.69	\$271.01	\$546.94	\$834.35
\$420,000	\$28.14	\$28.14	\$34.44	\$37.38	\$39.90	\$49.14	\$63.84	\$81.90	\$129.78	\$277.62	\$560.28	\$854.70
\$430,000	\$28.81	\$28.81	\$35.26	\$38.27	\$40.85	\$50.31	\$65.36	\$83.85	\$132.87	\$284.23	\$573.62	\$875.05
\$440,000	\$29.48	\$29.48	\$36.08	\$39.16	\$41.80	\$51.48	\$66.88	\$85.80	\$135.96	\$290.84	\$586.96	\$895.40
\$450,000	\$30.15	\$30.15	\$36.90	\$40.05	\$42.75	\$52.65	\$68.40	\$87.75	\$139.05	\$297.45	\$600.30	\$915.75
\$460,000	\$30.82	\$30.82	\$37.72	\$40.94	\$43.70	\$53.82	\$69.92	\$89.70	\$142.14	\$304.06	\$613.64	\$936.10
\$470,000	\$31.49	\$31.49	\$38.54	\$41.83	\$44.65	\$54.99	\$71.44	\$91.65	\$145.23	\$310.67	\$626.98	\$956.45
\$480,000	\$32.16	\$32.16	\$39.36	\$42.72	\$45.60	\$56.16	\$72.96	\$93.60	\$148.32	\$317.28	\$640.32	\$976.80
\$490,000	\$32.83	\$32.83	\$40.18	\$43.61	\$46.55	\$57.33	\$74.48	\$95.55	\$151.41	\$323.89	\$653.66	\$997.15
\$500,000	\$33.50	\$33.50	\$41.00	\$44.50	\$47.50	\$58.50	\$76.00	\$97.50	\$154.50	\$330.50	\$667.00	\$1,017.50

## SPOUSE/PARTNER SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Monthly Premium Amount (Cost per Pay Period – 12/Year)

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.77	\$0.77	\$0.92	\$0.99	\$1.05	\$1.27	\$1.62	\$2.05	\$3.19	\$6.71	\$13.44	\$20.45
\$20,000	\$1.54	\$1.54	\$1.84	\$1.98	\$2.10	\$2.54	\$3.24	\$4.10	\$6.38	\$13.42	\$26.88	\$40.90
\$30,000	\$2.31	\$2.31	\$2.76	\$2.97	\$3.15	\$3.81	\$4.86	\$6.15	\$9.57	\$20.13	\$40.32	\$61.35
\$40,000	\$3.08	\$3.08	\$3.68	\$3.96	\$4.20	\$5.08	\$6.48	\$8.20	\$12.76	\$26.84	\$53.76	\$81.80
\$50,000	\$3.85	\$3.85	\$4.60	\$4.95	\$5.25	\$6.35	\$8.10	\$10.25	\$15.95	\$33.55	\$67.20	\$102.25
\$60,000	\$4.62	\$4.62	\$5.52	\$5.94	\$6.30	\$7.62	\$9.72	\$12.30	\$19.14	\$40.26	\$80.64	\$122.70
\$70,000	\$5.39	\$5.39	\$6.44	\$6.93	\$7.35	\$8.89	\$11.34	\$14.35	\$22.33	\$46.97	\$94.08	\$143.15
\$80,000	\$6.16	\$6.16	\$7.36	\$7.92	\$8.40	\$10.16	\$12.96	\$16.40	\$25.52	\$53.68	\$107.52	\$163.60
\$90,000	\$6.93	\$6.93	\$8.28	\$8.91	\$9.45	\$11.43	\$14.58	\$18.45	\$28.71	\$60.39	\$120.96	\$184.05
\$100,000	\$7.70	\$7.70	\$9.20	\$9.90	\$10.50	\$12.70	\$16.20	\$20.50	\$31.90	\$67.10	\$134.40	\$204.50
\$110,000	\$8.47	\$8.47	\$10.12	\$10.89	\$11.55	\$13.97	\$17.82	\$22.55	\$35.09	\$73.81	\$147.84	\$224.95
\$120,000	\$9.24	\$9.24	\$11.04	\$11.88	\$12.60	\$15.24	\$19.44	\$24.60	\$38.28	\$80.52	\$161.28	\$245.40
\$130,000	\$10.01	\$10.01	\$11.96	\$12.87	\$13.65	\$16.51	\$21.06	\$26.65	\$41.47	\$87.23	\$174.72	\$265.85
\$140,000	\$10.78	\$10.78	\$12.88	\$13.86	\$14.70	\$17.78	\$22.68	\$28.70	\$44.66	\$93.94	\$188.16	\$286.30
\$150,000	\$11.55	\$11.55	\$13.80	\$14.85	\$15.75	\$19.05	\$24.30	\$30.75	\$47.85	\$100.65	\$201.60	\$306.75
\$160,000	\$12.32	\$12.32	\$14.72	\$15.84	\$16.80	\$20.32	\$25.92	\$32.80	\$51.04	\$107.36	\$215.04	\$327.20
\$170,000	\$13.09	\$13.09	\$15.64	\$16.83	\$17.85	\$21.59	\$27.54	\$34.85	\$54.23	\$114.07	\$228.48	\$347.65
\$180,000	\$13.86	\$13.86	\$16.56	\$17.82	\$18.90	\$22.86	\$29.16	\$36.90	\$57.42	\$120.78	\$241.92	\$368.10
\$190,000	\$14.63	\$14.63	\$17.48	\$18.81	\$19.95	\$24.13	\$30.78	\$38.95	\$60.61	\$127.49	\$255.36	\$388.55
\$200,000	\$15.40	\$15.40	\$18.40	\$19.80	\$21.00	\$25.40	\$32.40	\$41.00	\$63.80	\$134.20	\$268.80	\$409.00
\$210,000	\$16.17	\$16.17	\$19.32	\$20.79	\$22.05	\$26.67	\$34.02	\$43.05	\$66.99	\$140.91	\$282.24	\$429.45
\$220,000	\$16.94	\$16.94	\$20.24	\$21.78	\$23.10	\$27.94	\$35.64	\$45.10	\$70.18	\$147.62	\$295.68	\$449.90
\$230,000	\$17.71	\$17.71	\$21.16	\$22.77	\$24.15	\$29.21	\$37.26	\$47.15	\$73.37	\$154.33	\$309.12	\$470.35
\$240,000	\$18.48	\$18.48	\$22.08	\$23.76	\$25.20	\$30.48	\$38.88	\$49.20	\$76.56	\$161.04	\$322.56	\$490.80
\$250,000	\$19.25	\$19.25	\$23.00	\$24.75	\$26.25	\$31.75	\$40.50	\$51.25	\$79.75	\$167.75	\$336.00	\$511.25

## Child Life Insurance

### Dependent Rates:

\$5,000 coverage for all children. Total monthly premium \$0.68

\$10,000 coverage for all children. Total monthly premium \$1.35

5962a NS 08/16 © 2016. The Hartford Financial Services Group, Inc. All rights reserved. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

**Prepare. Protect. Prevail. With The Hartford. ®**

The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.



## Critical Illness Insurance

The MetLife Critical Illness insurance plan provides multiple benefit payments for the same or different illness.

Below are the covered critical illnesses. For details regarding covered, excluded, and limited services, please refer to Canutillo's Benefits Webpage at [www.canutillo-isd.org](http://www.canutillo-isd.org) or contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Individuals with a TTY may call 1-800-855-2880

The benefit amount may be used for:
Medical Expenses: deductibles, co-pays, coinsurance, prescription drugs, experimental treatments
Lost income
Mortgage and household expenses
Childcare and elder expenses
Travel expenses
Rehabilitation and home health services
Additional covered illness can be found on our website.

Covered Critical Illness	% of Benefit Amount Paid
Full Benefit Cancer	100%
Partial Benefit Cancer	25%
Heart Attack	100%
Stroke	100%
Coronary Artery Bypass Graft	100%
Kidney Failure	100%
Alzheimer's Disease	100%
Major Organ Transplant	100%
22 Additional Conditions Covered	25%

\$15,000				
Age	EE	ES	EC	F
0-24	\$ 4.95	\$ 9.90	\$ 12.00	\$ 17.10
25-29	\$ 5.25	\$ 11.10	\$ 12.30	\$ 18.15
30-34	\$ 7.20	\$ 15.30	\$ 14.40	\$ 22.50
35-39	\$ 10.05	\$ 22.05	\$ 17.25	\$ 29.10
40-44	\$ 15.00	\$ 33.30	\$ 22.20	\$ 40.35
45-49	\$ 22.35	\$ 49.95	\$ 29.40	\$ 57.15
50-54	\$ 31.65	\$ 72.60	\$ 38.85	\$ 79.65
55-59	\$ 43.65	\$ 102.75	\$ 50.70	\$ 109.95
60-64	\$ 62.40	\$ 150.15	\$ 69.30	\$ 157.20
65-69	\$ 93.60	\$ 225.90	\$ 100.65	\$ 232.95
70+	\$ 144.90	\$ 339.60	\$ 152.10	\$ 346.80

\$30,000				
Age	EE	ES	EC	F
0-24	\$ 9.90	\$ 19.80	\$ 24.00	\$ 34.20
25-29	\$ 10.50	\$ 22.20	\$ 24.60	\$ 36.30
30-34	\$ 14.40	\$ 30.60	\$ 28.80	\$ 45.00
35-39	\$ 20.10	\$ 44.10	\$ 34.50	\$ 58.20
40-44	\$ 30.00	\$ 66.60	\$ 44.40	\$ 80.70
45-49	\$ 44.70	\$ 99.90	\$ 58.80	\$ 114.30
50-54	\$ 63.30	\$ 145.20	\$ 77.70	\$ 159.30
55-59	\$ 87.30	\$ 205.50	\$ 101.40	\$ 219.90
60-64	\$ 124.80	\$ 300.30	\$ 138.60	\$ 314.40
65-69	\$ 187.20	\$ 451.80	\$ 201.30	\$ 465.90
70+	\$ 289.80	\$ 679.20	\$ 304.20	\$ 693.60



## Disability Insurance

**Long-term Disability (LTD) insurance** helps protect your paycheck after a serious accident or serious illness. On or off the job, anyone can become disabled and that can mean months without a paycheck. But if you have LTD, you can have:

- **A percentage of your income** each month, depending on how much protection you have.
- **Professional help** for disability-related challenges from legal specialists, and financial and therapeutic counselors.
- **Affordable group rates** through your employer with convenient payroll deduction.

### Premium Options

The Benefit Duration is the maximum time for which we pay benefits for disability resulting from injury or sickness. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary. The following schedule applies to disabilities resulting from either **injury** or **sickness**:

Age Disability	Prior to Age 63	Age 63	Age 64	Age 65	Age 66	Age 67	Age 68	Age 69 and over
Benefits Payable	To Normal Retirement Age or 48 months if greater	To Normal Retirement Age or 42 months if greater	36 months	30 months	27 months	24 months	21 months	18 months

### Select Options

The Benefit Duration is the maximum time for which we pay benefits for disability resulting from injury or sickness. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary.

#### Schedule for disability caused by injury:

Age Disability	Prior to Age 63	Age 63	Age 64	Age 65	Age 66	Age 67	Age 68	Age 69 and over
Benefits Payable	To Normal Retirement Age or 48 months if greater	To Normal Retirement Age or 42 months if greater	36 months	30 months	27 months	24 months	21 months	18 months

#### Schedule for disability caused by sickness:

Age Disability	Prior to age 65	65-69	70 and over
Benefits Payable	60 months	To age 70, but not less than one year	12 months

High Plan		Low Plan	
Tier	Rates	Tier	Rates
Employee Only	\$12.20	Employee Only	\$8.47
EE + Spouse	\$24.00	EE + Spouse	\$16.71
EE + Child	\$26.95	EE + Child	\$18.85
Family	\$33.44	Family	\$23.36

Normal Retirement Age means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act. It is determined by the date of birth as follows:

Year of Birth	1937	1938	1939	1940	1941	1942	1943 thru 1954	1955	1956	1957	1958	1959	1960 or after
Normal Retirement Age + additional months	65	65+2	65+4	65+6	65+8	65+10	66	66+2	66+4	66+6	66+8	66+10	67

For details regarding covered, excluded, and limited services, please refer to Canutillo's Benefits Webpage at [www.canutillo-isd.org](http://www.canutillo-isd.org) or by visiting us at [www.TheHartford.com/employeebenefits](http://www.TheHartford.com/employeebenefits) 1-866-547-9124.

## Disability Insurance for Educators

Annual Earnings	Maximum Monthly Benefit	Accident/Sickness Benefit Waiting Period Premium - Semi-Monthly Cost						Accident/Sickness Benefit Waiting Period Select - Semi-Monthly Cost					
		0/7	14 /14	30/30	60/60	90/90	180/180	0/7	14 /14	30/30	60/60	90/90	180/180
\$3,600	\$200.00	\$3.55	\$3.00	\$2.62	\$2.13	\$1.23	\$0.87	\$3.23	\$2.70	\$2.27	\$1.75	\$0.97	\$0.67
\$5,400	\$300.00	\$5.33	\$4.50	\$3.93	\$3.20	\$1.85	\$1.31	\$4.85	\$4.05	\$3.41	\$2.63	\$1.46	\$1.01
\$7,200	\$400.00	\$7.10	\$6.00	\$5.24	\$4.26	\$2.46	\$1.74	\$6.46	\$5.40	\$4.54	\$3.50	\$1.94	\$1.34
\$9,000	\$500.00	\$8.88	\$7.50	\$6.55	\$5.33	\$3.08	\$2.18	\$8.08	\$6.75	\$5.68	\$4.38	\$2.43	\$1.68
\$10,800	\$600.00	\$10.65	\$9.00	\$7.86	\$6.39	\$3.69	\$2.61	\$9.69	\$8.10	\$6.81	\$5.25	\$2.91	\$2.01
\$12,600	\$700.00	\$12.43	\$10.50	\$9.17	\$7.46	\$4.31	\$3.05	\$11.31	\$9.45	\$7.95	\$6.13	\$3.40	\$2.35
\$14,400	\$800.00	\$14.20	\$12.00	\$10.48	\$8.52	\$4.92	\$3.48	\$12.92	\$10.80	\$9.08	\$7.00	\$3.88	\$2.68
\$16,200	\$900.00	\$15.98	\$13.50	\$11.79	\$9.59	\$5.54	\$3.92	\$14.54	\$12.15	\$10.22	\$7.88	\$4.37	\$3.02
\$18,000	\$1,000.00	\$17.75	\$15.00	\$13.10	\$10.65	\$6.15	\$4.35	\$16.15	\$13.50	\$11.35	\$8.75	\$4.85	\$3.35
\$19,800	\$1,100.00	\$19.53	\$16.50	\$14.41	\$11.72	\$6.77	\$4.79	\$17.77	\$14.85	\$12.49	\$9.63	\$5.34	\$3.69
\$21,600	\$1,200.00	\$21.30	\$18.00	\$15.72	\$12.78	\$7.38	\$5.22	\$19.38	\$16.20	\$13.62	\$10.50	\$5.82	\$4.02
\$23,400	\$1,300.00	\$23.08	\$19.50	\$17.03	\$13.85	\$8.00	\$5.66	\$21.00	\$17.55	\$14.76	\$11.38	\$6.31	\$4.36
\$25,200	\$1,400.00	\$24.85	\$21.00	\$18.34	\$14.91	\$8.61	\$6.09	\$22.61	\$18.90	\$15.89	\$12.25	\$6.79	\$4.69
\$27,000	\$1,500.00	\$26.63	\$22.50	\$19.65	\$15.98	\$9.23	\$6.53	\$24.23	\$20.25	\$17.03	\$13.13	\$7.28	\$5.03
\$28,800	\$1,600.00	\$28.40	\$24.00	\$20.96	\$17.04	\$9.84	\$6.96	\$25.84	\$21.60	\$18.16	\$14.00	\$7.76	\$5.36
\$30,600	\$1,700.00	\$30.18	\$25.50	\$22.27	\$18.11	\$10.46	\$7.40	\$27.46	\$22.95	\$19.30	\$14.88	\$8.25	\$5.70
\$32,400	\$1,800.00	\$31.95	\$27.00	\$23.58	\$19.17	\$11.07	\$7.83	\$29.07	\$24.30	\$20.43	\$15.75	\$8.73	\$6.03
\$34,200	\$1,900.00	\$33.73	\$28.50	\$24.89	\$20.24	\$11.69	\$8.27	\$30.69	\$25.65	\$21.57	\$16.63	\$9.22	\$6.37
\$36,000	\$2,000.00	\$35.50	\$30.00	\$26.20	\$21.30	\$12.30	\$8.70	\$32.30	\$27.00	\$22.70	\$17.50	\$9.70	\$6.70
\$37,800	\$2,100.00	\$37.28	\$31.50	\$27.51	\$22.37	\$12.92	\$9.14	\$33.92	\$28.35	\$23.84	\$18.38	\$10.19	\$7.04
\$39,600	\$2,200.00	\$39.05	\$33.00	\$28.82	\$23.43	\$13.53	\$9.57	\$35.53	\$29.70	\$24.97	\$19.25	\$10.67	\$7.37
\$41,400	\$2,300.00	\$40.83	\$34.50	\$30.13	\$24.50	\$14.15	\$10.01	\$37.15	\$31.05	\$26.11	\$20.13	\$11.16	\$7.71
\$43,200	\$2,400.00	\$42.60	\$36.00	\$31.44	\$25.56	\$14.76	\$10.44	\$38.76	\$32.40	\$27.24	\$21.00	\$11.64	\$8.04
\$45,000	\$2,500.00	\$44.38	\$37.50	\$32.75	\$26.63	\$15.38	\$10.88	\$40.38	\$33.75	\$28.38	\$21.88	\$12.13	\$8.38
\$46,800	\$2,600.00	\$46.15	\$39.00	\$34.06	\$27.69	\$15.99	\$11.31	\$41.99	\$35.10	\$29.51	\$22.75	\$12.61	\$8.71
\$48,600	\$2,700.00	\$47.93	\$40.50	\$35.37	\$28.76	\$16.61	\$11.75	\$43.61	\$36.45	\$30.65	\$23.63	\$13.10	\$9.05
\$50,400	\$2,800.00	\$49.70	\$42.00	\$36.68	\$29.82	\$17.22	\$12.18	\$45.22	\$37.80	\$31.78	\$24.50	\$13.58	\$9.38
\$52,200	\$2,900.00	\$51.48	\$43.50	\$37.99	\$30.89	\$17.84	\$12.62	\$46.84	\$39.15	\$32.92	\$25.38	\$14.07	\$9.72
\$54,000	\$3,000.00	\$53.25	\$45.00	\$39.30	\$31.95	\$18.45	\$13.05	\$48.45	\$40.50	\$34.05	\$26.25	\$14.55	\$10.05
\$55,800	\$3,100.00	\$55.03	\$46.50	\$40.61	\$33.02	\$19.07	\$13.49	\$50.07	\$41.85	\$35.19	\$27.13	\$15.04	\$10.39
\$57,600	\$3,200.00	\$56.80	\$48.00	\$41.92	\$34.08	\$19.68	\$13.92	\$51.68	\$43.20	\$36.32	\$28.00	\$15.52	\$10.72
\$59,400	\$3,300.00	\$58.58	\$49.50	\$43.23	\$35.15	\$20.30	\$14.36	\$53.30	\$44.55	\$37.46	\$28.88	\$16.01	\$11.06
\$61,200	\$3,400.00	\$60.35	\$51.00	\$44.54	\$36.21	\$20.91	\$14.79	\$54.91	\$45.90	\$38.59	\$29.75	\$16.49	\$11.39
\$63,000	\$3,500.00	\$62.13	\$52.50	\$45.85	\$37.28	\$21.53	\$15.23	\$56.53	\$47.25	\$39.73	\$30.63	\$16.98	\$11.73
\$64,800	\$3,600.00	\$63.90	\$54.00	\$47.16	\$38.34	\$22.14	\$15.66	\$58.14	\$48.60	\$40.86	\$31.50	\$17.46	\$12.06
\$66,600	\$3,700.00	\$65.68	\$55.50	\$48.47	\$39.41	\$22.76	\$16.10	\$59.76	\$49.95	\$42.00	\$32.38	\$17.95	\$12.40

## Disability Insurance for Educators

Annual Earnings	Maximum Monthly Benefit	Accident/Sickness Benefit Waiting Period Premium - Semi-Monthly Cost						Accident/Sickness Benefit Waiting Period Select - Semi-Monthly Cost					
		0/7	14 /14	30/30	60/60	90/90	180/180	0/7	14 /14	30/30	60/60	90/90	180/180
\$68,400	\$3,800.00	\$67.45	\$57.00	\$49.78	\$40.47	\$23.37	\$16.53	\$61.37	\$51.30	\$43.13	\$33.25	\$18.43	\$12.73
\$70,200	\$3,900.00	\$69.23	\$58.50	\$51.09	\$41.54	\$23.99	\$16.97	\$62.99	\$52.65	\$44.27	\$34.13	\$18.92	\$13.07
\$72,000	\$4,000.00	\$71.00	\$60.00	\$52.40	\$42.60	\$24.60	\$17.40	\$64.60	\$54.00	\$45.40	\$35.00	\$19.40	\$13.40
\$73,800	\$4,100.00	\$72.78	\$61.50	\$53.71	\$43.67	\$25.22	\$17.84	\$66.22	\$55.35	\$46.54	\$35.88	\$19.89	\$13.74
\$75,600	\$4,200.00	\$74.55	\$63.00	\$55.02	\$44.73	\$25.83	\$18.27	\$67.83	\$56.70	\$47.67	\$36.75	\$20.37	\$14.07
\$77,400	\$4,300.00	\$76.33	\$64.50	\$56.33	\$45.80	\$26.45	\$18.71	\$69.45	\$58.05	\$48.81	\$37.63	\$20.86	\$14.41
\$79,200	\$4,400.00	\$78.10	\$66.00	\$57.64	\$46.86	\$27.06	\$19.14	\$71.06	\$59.40	\$49.94	\$38.50	\$21.34	\$14.74
\$81,000	\$4,500.00	\$79.88	\$67.50	\$58.95	\$47.93	\$27.68	\$19.58	\$72.68	\$60.75	\$51.08	\$39.38	\$21.83	\$15.08
\$82,800	\$4,600.00	\$81.65	\$69.00	\$60.26	\$48.99	\$28.29	\$20.01	\$74.29	\$62.10	\$52.21	\$40.25	\$22.31	\$15.41
\$84,600	\$4,700.00	\$83.43	\$70.50	\$61.57	\$50.06	\$28.91	\$20.45	\$75.91	\$63.45	\$53.35	\$41.13	\$22.80	\$15.75
\$86,400	\$4,800.00	\$85.20	\$72.00	\$62.88	\$51.12	\$29.52	\$20.88	\$77.52	\$64.80	\$54.48	\$42.00	\$23.28	\$16.08
\$88,200	\$4,900.00	\$86.98	\$73.50	\$64.19	\$52.19	\$30.14	\$21.32	\$79.14	\$66.15	\$55.62	\$42.88	\$23.77	\$16.42
\$90,000	\$5,000.00	\$88.75	\$75.00	\$65.50	\$53.25	\$30.75	\$21.75	\$80.75	\$67.50	\$56.75	\$43.75	\$24.25	\$16.75
\$91,800	\$5,100.00	\$90.53	\$76.50	\$66.81	\$54.32	\$31.37	\$22.19	\$82.37	\$68.85	\$57.89	\$44.63	\$24.74	\$17.09
\$93,600	\$5,200.00	\$92.30	\$78.00	\$68.12	\$55.38	\$31.98	\$22.62	\$83.98	\$70.20	\$59.02	\$45.50	\$25.22	\$17.42
\$95,400	\$5,300.00	\$94.08	\$79.50	\$69.43	\$56.45	\$32.60	\$23.06	\$85.60	\$71.55	\$60.16	\$46.38	\$25.71	\$17.76
\$97,200	\$5,400.00	\$95.85	\$81.00	\$70.74	\$57.51	\$33.21	\$23.49	\$87.21	\$72.90	\$61.29	\$47.25	\$26.19	\$18.09
\$99,000	\$5,500.00	\$97.63	\$82.50	\$72.05	\$58.58	\$33.83	\$23.93	\$88.83	\$74.25	\$62.43	\$48.13	\$26.68	\$18.43
\$100,800	\$5,600.00	\$99.40	\$84.00	\$73.36	\$59.64	\$34.44	\$24.36	\$90.44	\$75.60	\$63.56	\$49.00	\$27.16	\$18.76
\$102,600	\$5,700.00	\$101.18	\$85.50	\$74.67	\$60.71	\$35.06	\$24.80	\$92.06	\$76.95	\$64.70	\$49.88	\$27.65	\$19.10
\$104,400	\$5,800.00	\$102.95	\$87.00	\$75.98	\$61.77	\$35.67	\$25.23	\$93.67	\$78.30	\$65.83	\$50.75	\$28.13	\$19.43
\$106,200	\$5,900.00	\$104.73	\$88.50	\$77.29	\$62.84	\$36.29	\$25.67	\$95.29	\$79.65	\$66.97	\$51.63	\$28.62	\$19.77
\$108,000	\$6,000.00	\$106.50	\$90.00	\$78.60	\$63.90	\$36.90	\$26.10	\$96.90	\$81.00	\$68.10	\$52.50	\$29.10	\$20.10
\$109,800	\$6,100.00	\$108.28	\$91.50	\$79.91	\$64.97	\$37.52	\$26.54	\$98.52	\$82.35	\$69.24	\$53.38	\$29.59	\$20.44
\$111,600	\$6,200.00	\$110.05	\$93.00	\$81.22	\$66.03	\$38.13	\$26.97	\$100.13	\$83.70	\$70.37	\$54.25	\$30.07	\$20.77
\$113,400	\$6,300.00	\$111.83	\$94.50	\$82.53	\$67.10	\$38.75	\$27.41	\$101.75	\$85.05	\$71.51	\$55.13	\$30.56	\$21.11
\$115,200	\$6,400.00	\$113.60	\$96.00	\$83.84	\$68.16	\$39.36	\$27.84	\$103.36	\$86.40	\$72.64	\$56.00	\$31.04	\$21.44
\$117,000	\$6,500.00	\$115.38	\$97.50	\$85.15	\$69.23	\$39.98	\$28.28	\$104.98	\$87.75	\$73.78	\$56.88	\$31.53	\$21.78
\$118,800	\$6,600.00	\$117.15	\$99.00	\$86.46	\$70.29	\$40.59	\$28.71	\$106.59	\$89.10	\$74.91	\$57.75	\$32.01	\$22.11
\$120,600	\$6,700.00	\$118.93	\$100.50	\$87.77	\$71.36	\$41.21	\$29.15	\$108.21	\$90.45	\$76.05	\$58.63	\$32.50	\$22.45
\$122,400	\$6,800.00	\$120.70	\$102.00	\$89.08	\$72.42	\$41.82	\$29.58	\$109.82	\$91.80	\$77.18	\$59.50	\$32.98	\$22.78
\$124,200	\$6,900.00	\$122.48	\$103.50	\$90.39	\$73.49	\$42.44	\$30.02	\$111.44	\$93.15	\$78.32	\$60.38	\$33.47	\$23.12
\$126,000	\$7,000.00	\$124.25	\$105.00	\$91.70	\$74.55	\$43.05	\$30.45	\$113.05	\$94.50	\$79.45	\$61.25	\$33.95	\$23.45
\$127,800	\$7,100.00	\$126.03	\$106.50	\$93.01	\$75.62	\$43.67	\$30.89	\$114.67	\$95.85	\$80.59	\$62.13	\$34.44	\$23.79
\$129,600	\$7,200.00	\$127.80	\$108.00	\$94.32	\$76.68	\$44.28	\$31.32	\$116.28	\$97.20	\$81.72	\$63.00	\$34.92	\$24.12
\$131,400	\$7,300.00	\$129.58	\$109.50	\$95.63	\$77.75	\$44.90	\$31.76	\$117.90	\$98.55	\$82.86	\$63.88	\$35.41	\$24.46
\$133,200	\$7,400.00	\$131.35	\$111.00	\$96.94	\$78.81	\$45.51	\$32.19	\$119.51	\$99.90	\$83.99	\$64.75	\$35.89	\$24.79
\$135,000	\$7,500.00	\$133.13	\$112.50	\$98.25	\$79.88	\$46.13	\$32.63	\$121.13	\$101.25	\$85.13	\$65.63	\$36.38	\$25.13

\*Rates are subject to change



## Group Cancer Insurance

Nearly everyone has experienced or knows somebody who has experienced a cancer diagnosis in their family. The good news is that cancer screenings and cancer-fighting technologies have gotten a lot better in recent years. However, with advanced technology come high costs. CISD is offering a new Group Cancer Insurance to all benefit eligible employees. For details regarding covered, excluded, and limited services, please refer to Canutillo's Benefits Webpage at [www.canutillo-isd.org](http://www.canutillo-isd.org).

Group Cancer Insurance			
Plan Level 2 (Age 17-70)		Plan Level 3 (Age 17-70)	
<b>Employee Only</b>	\$13.85	<b>Employee Only</b>	\$20.45
<b>Employee + Family</b>	\$23.10	<b>Employee + Family</b>	\$34.00

### By enrolling in Colonial Life benefits you are affirming the following:

- You are actively at work at least 20 hours per week.
- You consent to the electronic delivery of insurance documents, including legally required disclosure and policy documents. You have an email address and an electronic device such as a computer or a smart phone to access the Internet and view and retain PDF documents. You can withdraw your consent, update your email address and request, free of charge, a paper copy of any document at any time by contacting Colonial Life & Accident Insurance Company.
- You attest to having access to the Important Notice to Persons on Medicare document. If you or any covered family member are Medicare eligible, please review the document. You may also reference the official U.S. government Medicare handbook at <https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>.



## Employee Assistance Program

Canutillo ISD provides all employees and their immediate family members with the services of an Employee Assistance Program. Aetna provides **free** confidential assessments and short-term counseling.

Aetna Resources For Living is an employer sponsored program, available at **no cost** to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home.

Services are confidential and available 24 hours a day, 7 days a week.

### Employee Assistance Program (EAP)

To access services:

**1-888-866-4827**

**Resourcesforliving.com**

**Username: CanutilloISD**

**Password: CanutilloEAP**

## Contact Us

Employee Benefits Office Contact Information E-mail [juranga @canutillo-isd.org](mailto:juranga@canutillo-isd.org)

Phone: (915) 877-7408

Fax: (915) 877-7525

Canutillo ISD Human Resources Division

7965 Artcraft Rd. | El Paso, Texas 79932