



Employee Benefits Open Enrollment

Benefit Plan Year September 1, 2009 – August 31, 2010

Spring Open Enrollment May 4 – May 15, 2009

Fall Open Enrollment August 1 – August 31, 2009

Open enrollment will be for employees to make changes to current insurance coverage or to enroll into coverage. It is not necessary to re-enroll into any benefit at this time with the exception of Flexible Spending Accounts.

TRS-ActiveCare administered by BlueCross/BlueShield of Texas will continue as the Districts Medical Insurance Provider. Premiums will increase 4.5% for Medical Insurance only. There is no premium increase for Dental and Vision Insurance.
(See attached rate sheet).

CHOICE OF 4 PPO PLANS:

TRS-ActiveCare 1HD \$2,300 deductible plan – no prescription drug card

TRS-ActiveCare 1- \$1,100.00 deductible plan – no prescription drug card

TRS-ActiveCare2 -\$500.00 deductible plan – Medco prescription drug card

TRS-ActiveCare3 - \$0.00 deductible plan – Medco prescription drug card

Dental PPO, Dental DHMO, Life, and Vision Insurance will continue with
United Health Care

ASI Short and Long Term Disability Insurance

TASC Flexible Spending Account / Medical Reimbursement
(MUST RE-ENROLL)

Employees may submit changes to the benefits office as soon as this letter is received. Optional benefits will not have an Open Enrollment, but you may make changes to your plan during enrollment meetings. **In order to meet our payroll deadline for an August 31st deduction, all changes must be in the Employee Benefits office by August 14, 2009, or employees will have a double deduction on September 15, 2009.**

August 31, 2009 is the last day to make changes for the 2009 – 2010 benefit plan year

- TRS-ActiveCare administered by BlueShield / BlueCross of Texas
- United Healthcare PPO Dental, DHMO Dental
- United Healthcare Vision (formally Spectera Vision)
- ASI Short/Long Term Disability
- Flexible Spending/Medical Reimbursement (MUST RE-ENROLL)

Please find attached forms for your use in making enrollment changes. **If you do not wish to make any changes to your current Employee Benefits DO NOT SEND IN A FORM**, your current Employee Benefit selections will continue through August 31, 2010. Please complete the forms in their entirety. Changes cannot be processed in a timely manner if the forms are not complete. Employees may use inter-office mail, or leave changes in person at HRS front desk, attention “Employee Benefits”.

For questions please contact Diana Villasana at 832-386-1245 or e-mail dvillasana@galenaparkisd.com or Gina Martinez at 832-386-1276 or e-mail gmartinez@galenaparkisd.com

Benefit plan year – September 1, 2009 – August 31, 2010

Benefit information and plan documents may be found at

www.galenaparkisd.com/hr/benefits

**Galena Park Independent School District
Employee Benefits Monthly Rates**

Plan Year September 1, 2009 – August 31, 2010

TRS-ActiveCare 1

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	278.00	225.00	53.00	26.50
Emp. & Children	443.00	225.00	218.00	109.00
Emp. & Spouse	633.00	225.00	408.00	204.00
Family	697.00	225.00	472.00	236.00
Two Employees	633.00	450.00	183.00	91.50
Two Emps. & Fam.	697.00	450.00	247.00	123.50

TRS-ActiveCare 1 HD

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	245.00	225.00	20.00	10.00
Emp. & Children	382.00	225.00	157.00	78.50
Emp. & Spouse	600.00	225.00	375.00	187.50
Family	785.00	225.00	560.00	280.00
Two Employees	600.00	450.00	150.00	75.00
Two Emps. & Fam.	785.00	450.00	335.00	167.50

TRS-ActiveCare 2

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	370.00	250.00	120.00	60.00
Emp. & Children	589.00	265.00	324.00	162.00
Emp. & Spouse	842.00	300.00	542.00	271.00
Family	926.00	300.00	626.00	313.00
Two Employees	842.00	600.00	242.00	121.00
Two Emps. & Fam.	926.00	600.00	326.00	163.00

TRS-ActiveCare 3

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	498.00	250.00	248.00	124.00
Emp. & Children	794.00	265.00	529.00	264.50
Emp. & Spouse	1134.00	300.00	834.00	417.00
Family	1247.00	300.00	947.00	473.50
Two Employees	1134.00	600.00	534.00	267.00
Two Emps. & Fam.	1247.00	600.00	647.00	323.50

UNITED HEALTHCARE DENTAL PASSIVE PPO

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	29.08	6.00	23.08	11.54
Emp. & Children	56.71	6.00	50.71	25.36
Emp. & Spouse	58.71	6.00	52.71	26.36
Family	81.11	6.00	75.11	37.56
Two Employees	58.71	12.00	46.71	23.36
Two Emps. & Fam.	81.11	12.00	69.11	34.56

UNITED HEALTHCARE DENTAL DHMO SE350

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	10.17	6.00	4.17	2.09
Emp. & Children	17.27	6.00	11.27	5.64
Emp. & Spouse	19.00	6.00	13.00	6.50
Family	24.80	6.00	18.80	9.40
Two Employees	19.00	12.00	7.00	3.50
Two Emps. & Fam.	24.80	12.00	12.80	6.40

SPECTERA VISION 12/12/12 (\$10 / \$25)

Plan	Monthly Premium	Per P/Day
Employee Only	5.00	2.50
Employee & Children	18.15	9.08
Employee & Spouse	17.30	8.65
Family	22.50	11.25

All full-time employees have a benefit of \$25,000 district paid basic life insurance with a matching \$25,000 accidental death and dismemberment (AD&D)

The following products are voluntary with no district contribution.

ASI DISABILITY/TASC FLEXIBLE SPENDING ACCOUNT

Shelli Dean 832-878-2605 or shelliwdean@sbcglobal.net

TASC online www.accesstasc.com, or customer service 800-422-4661, Client ID# J705

Benefit plan year – January 1, 2009 – August 31, 2009

Benefit information and plan documents may be found at
www.galenaparkisd.com/HR/employee_benefits

***NOTE:** GPISD reserves the right to make changes to employee benefits and premium distributions at any time. All monthly premiums will be divided by the semi-monthly payroll deductions.

