



Employee Name: \_\_\_\_\_ Badge ID#: \_\_\_\_\_

I acknowledge that I am electing medical benefits through Hays CISD as a Guest Teacher, Part-Time Employee or Non-Standard Hourly Employee for the 2023-2024 school year. I understand I am responsible for 100% of the **monthly** premiums for the medical plan selected. Failure to make payment by or before the 1<sup>st</sup> of each month will result in a lapse in coverage effective immediately.

Please select coverage selection and coverage tier below:

**BCBS TRS ACTIVECARE – PRIMARY PLAN**

- |                          |                      |         |
|--------------------------|----------------------|---------|
| <input type="checkbox"/> | Employee only        | \$395   |
| <input type="checkbox"/> | Employee + Spouse    | \$1,067 |
| <input type="checkbox"/> | Employee + Child/ren | \$672   |
| <input type="checkbox"/> | Employee + Family    | \$1,343 |

**BCBS TRS ACTIVECARE – HD PLAN**

- |                          |                      |         |
|--------------------------|----------------------|---------|
| <input type="checkbox"/> | Employee only        | \$408   |
| <input type="checkbox"/> | Employee + Spouse    | \$1,102 |
| <input type="checkbox"/> | Employee + Child/ren | \$694   |
| <input type="checkbox"/> | Employee + Family    | \$1,388 |

NOTE: The Primary and Primary Plus plans require the election of a Primary Care Provider (PCP) and the PCP ID#. Please visit the following site to elect the PCP and provide the PCP ID#, <https://www.bcbstx.com/trsactivecare/doctors-and-hospitals>

**BCBS TRS ACTIVECARE – PRIMARY + PLAN**

- |                          |                      |         |
|--------------------------|----------------------|---------|
| <input type="checkbox"/> | Employee only        | \$408   |
| <input type="checkbox"/> | Employee + Spouse    | \$1,102 |
| <input type="checkbox"/> | Employee + Child/ren | \$694   |
| <input type="checkbox"/> | Employee + Family    | \$1,388 |

PCP NAME: \_\_\_\_\_

PCP ID#: \_\_\_\_\_

**BAYLOR SCOT & WHITE – HMO PLAN**

- |                          |                      |            |
|--------------------------|----------------------|------------|
| <input type="checkbox"/> | Employee only        | \$515.37   |
| <input type="checkbox"/> | Employee + Spouse    | \$1,293.46 |
| <input type="checkbox"/> | Employee + Child/ren | \$828.11   |
| <input type="checkbox"/> | Employee + Family    | \$1,488.60 |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Hays Consolidated Independent School District provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Hays CISD complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.