



BROWNSVILLE

INDEPENDENT SCHOOL DISTRICT

1900 E. Price Road, Brownsville, Tx. 78521
(956) 548-8000 | www.bisd.us



A Notice To Full-Time BISD Employees

MANDATORY

Health Insurance Enrollment September 5–20, 2019

Brownsville ISD will provide group medical insurance with Blue Cross Blue Shield as the third party administrator for the 2019-2020 school year. The **mandatory** open enrollment period is **September 5–20, 2019**. You may enroll for the first time or make changes during this time period.

All employees are required to participate in the open enrollment and select the healthcare plan that best meets their medical needs. Employees may waive coverage if they choose to do so.

Each employee is required to enter their dependents' information, including their social security numbers. Information gathered is reported to the IRS under the Affordable Care Act (ACA) Tax Provision.

A dependent audit to review eligibility will follow where appropriate documentation will be required (birth certificates, marriage license and/or official court documentation).

Enrollment is available online. All changes must be submitted via the online enrollment system no later than **September 20, 2019**.

To qualify for the two employee rate, both employees must meet the definition of Spouse or Domestic Partner. A separate application must be completed to receive the discount. Upon verification, the discount will be applied. The Two-employee Discount Application must be submitted annually to receive the discount. The application is located on the Employee Benefits website. <http://texasbisd.wixsite.com/employeebenefits>

REVISED RATES

Premium per paycheck	Plan A	Plan B	Plan C
Rate			
Employee Only	\$15.00	\$170.08	\$319.62
Employee & Spouse	\$404.41	\$810.04	\$1,120.70
Employee & Child(ren)	\$291.82	\$584.86	\$895.52
2 Employee & Child(ren)	\$247.98	\$520.15	\$804.94
Employee & Family	\$584.32	\$1,076.46	\$1,485.42
Bi-Weekly Rate per paycheck			
Employee Only	\$7.50	\$85.04	\$159.81
Employee & Spouse	\$202.21	\$405.02	\$560.35
Employee & Child(ren)	\$145.91	\$292.43	\$447.76
2 Employee & Child(ren)	\$123.99	\$268.08	\$402.47
Employee & Family	\$292.16	\$538.23	\$742.71
9-Month Rate per paycheck			
Employee Only	\$10.00	\$113.39	\$213.08
Employee & Spouse	\$269.61	\$540.03	\$747.13
Employee & Child(ren)	\$194.55	\$389.91	\$597.01
2 Employee & Child(ren)	\$165.32	\$346.73	\$536.63
Employee & Family	\$389.55	\$717.64	\$990.28

Enrollment for voluntary and optional insurances such as vision, dental, and cancer, etc. will be held from **October 7-November 21, 2019**.

For more information, contact the BISD Employee Benefits/Risk Management Department at **548-8061** or visit www.bisd.us.