

Benefit Enrollment

Guest Educators

All employees are required to log in to **THEbenefitsHUB** to enroll or decline benefits.
You will have **31 days** from your hire date to complete enrollment.

If you decline medical coverage and transition to a full-time position, you will have 31 days from the transition to enroll in medical and supplemental coverage. However, if you take **NO ACTION and transition to a full-time position, you will only be eligible for supplemental benefits.**

LOGIN INSTRUCTIONS

- 1** Go to:  OR SCAN
- 2** Click Login
- 3** Enter Username & Password

Username and **Password** are the same that you use to sign-in to your district computer, email, and the staff page of irvingisd.net.

Password Reset: Please contact the Help Desk at 972-600-5260 or Email techsupport@irvingisd.net

Declining Benefits:

After entering your personal information and adding your dependents, you can select the option to waive medical coverage. Simply select the circle next to “Employee waives enrollment in all available medical plans” and click “Sign & Continue” to view the declination page. At this point you must select a reason for declining coverage, for example Medicaid. Once you reach the **GREEN** check mark, you are done!

For questions, please contact the Benefits Office at 972-600-5241.



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Enrolling in Medical:

If you elect coverage, **you will be responsible for the full premium.** If your pay is not sufficient to cover the full premium, you must submit the difference to the district by the 10th of the following month. If you fail to make timely payments, the district will proceed with the coverage cancellation process.

Medical Rates (Bi-Weekly):

Guest Educators have a 17 pay-deduction calendar for medical benefits. The adjusted deduction will assist in continuation of coverage during the summer months while you are not working. The 17 deductions will account for a higher premium amount, however you will not be responsible for premiums during the summer.

Note: If you are hired after the beginning of the school year, you may be required to submit an additional payment upon your enrollment to make up for premiums not collected during the remaining deduction calendar.

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17 Pay Medical Rates (Bi-Weekly)					
Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White HMO
Employee Only	\$289.41	\$297.88	\$363.53	\$715.06	\$383.54
Employee + Spouse	\$816.71	\$837.88	\$888.71	\$1,695.53	\$963.47
Employee + Children	\$520.94	\$534.35	\$585.18	\$1,063.76	\$616.64
Employee + Family	\$976.94	\$1,001.65	\$1,118.12	\$2,005.41	\$1,108.93