

**LACKLAND INDEPENDENT SCHOOL DISTRICT
GROUP HEALTH, DENTAL AND GROUP TERM LIFE
2018-2019**

Note. The \$460 per month district contribution for group health coverage was approved as part of the 2018-2019 budget. The Employee Cost rates are noted below:

Name of Company	TRS ActiveCare	
Type of Coverage	Group Health Insurance	

District Contribution for participating employees = \$460.00 per month

PLAN I-HD	Premium Amt	Employee Cost
Employee Only	\$ 367.00	\$0.00
Employee/Child(ren)	\$ 701.00	\$ 241.00
Employee/Spouse	\$ 1,035.00	\$ 575.00
Employee/Family	\$ 1,374.00	\$ 914.00
Select	Premium Amt	Employee Cost
Employee Only	\$ 540.00	\$ 80.00
Employee/Child(ren)	\$ 876.00	\$ 416.00
Employee/Spouse	\$ 1,327.00	\$ 867.00
Employee/Family	\$ 1,668.00	\$ 1,208.00

PLAN 2	Premium Amt	Employee Cost
Employee Only	\$ 782.00	\$ 322.00
Employee/Child(ren)	\$ 1,163.00	\$ 703.00
Employee/Spouse	\$ 1,855.00	\$ 1,395.00
Employee/Family	\$ 2,194.00	\$ 1,734.00

Not open to new enrollees in 2018-19

Employees that select the Plan I HD will receive \$93 per month (or \$1,116.00 per year) deposited in a flexible spending account (FSA)

Name of Company	MET-LIFE	
Type of Coverage	Dental Insurance Plan	

District Contribution for participating employees = \$37.72 per month

	Premium Amt	Employee Cost
Employee Only	\$37.72	\$0.00
Employee/Spouse	\$50.52	\$12.80
Employee/Child	\$ 55.46	\$17.74
Employee/Family	\$ 83.80	\$46.08

Name of Company	MET-LIFE	
Type of Coverage	Group Term Life Insurance	

District Contribution for participating employees = \$6.40 per month

	Premium Amt	Employee Cost
Employee Only	\$ 6.40	\$0

Note. Total District contribution for participating employees is noted below:
Up to \$504.12 per month
Annual Total of \$6,049.44