

**LACKLAND INDEPENDENT SCHOOL DISTRICT  
GROUP HEALTH, DENTAL AND GROUP TERM LIFE  
2017-2018**

Note. The \$460 per month district contribution for group health coverage was approved as part of the 2017-2018 budget. The Employee Cost rates are noted below:

Name of Company	<b>TRS ActiveCare</b>	
Type of Coverage	<b>Group Health Insurance</b>	
<b>District Contribution for participating employees = \$460.00 per month</b>		
<b>PLAN I-HD</b>	<b>Premium Amt</b>	<b>Employee Cost</b>
Employee Only	\$ 351.00	<b>\$0.00</b>
Employee/Child(ren)	\$ 671.00	\$ 211.00
Employee/Spouse	\$ 991.00	\$ 531.00
Employee/Family	\$ 1,316.00	\$ 856.00
<b>Select</b>	<b>Premium Amt</b>	<b>Employee Cost</b>
Employee Only	\$ 514.00	\$ 54.00
Employee/Child(ren)	\$ 834.00	\$ 374.00
Employee/Spouse	\$ 1,264.00	\$ 804.00
Employee/Family	\$ 1,589.00	\$ 1,129.00
<b>PLAN 2</b>	<b>Premium Amt</b>	<b>Employee Cost</b>
Employee Only	\$ 714.00	\$ 254.00
Employee/Child(ren)	\$ 1,062.00	\$ 602.00
Employee/Spouse	\$ 1,694.00	\$ 1,234.00
Employee/Family	\$ 2,004.00	\$ 1,544.00
<b>Employees that select the Plan I HD will receive \$109 per month (or \$1,308 per year) deposited in a flexible spending account (FSA)</b>		
Name of Company	<b>MET-LIFE</b>	
Type of Coverage	<b>Dental Insurance Plan</b>	
<b>District Contribution for participating employees = \$37.72 per month</b>		
	<b>Premium Amt</b>	<b>Employee Cost</b>
Employee Only	\$37.72	<b>\$0.00</b>
Employee/Spouse	\$50.52	\$12.80
Employee/Child	\$ 55.46	\$17.74
Employee/Family	\$ 83.08	\$45.36
Name of Company	<b>MET-LIFE</b>	
Type of Coverage	<b>Group Term Life Insurance</b>	
<b>District Contribution for participating employees = \$6.40 per month</b>		
	<b>Premium Amt</b>	<b>Employee Cost</b>
Employee Only	\$ 6.40	<b>\$0</b>

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

