

**LACKLAND INDEPENDENT SCHOOL DISTRICT
GROUP HEALTH, DENTAL AND GROUP TERM LIFE
2016-2017**

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	\$ 341.00	\$0.00
Employee/Child(ren)	\$ 615.00	\$ 155.00
Employee/Spouse	\$ 914.00	\$ 454.00
Employee/Family	\$ 1,231.00	\$ 771.00
Select	Premium Amt	Employee Cost
Employee Only	\$ 484.00	\$ 24.00
Employee/Child(ren)	\$ 779.00	\$ 319.00
Employee/Spouse	\$ 1,147.00	\$ 687.00
Employee/Family	\$ 1,361.00	\$ 901.00
PLAN 2	Premium Amt	Employee Cost
Employee Only	\$ 645.00	\$ 185.00
Employee/Child(ren)	\$ 1,042.00	\$ 582.00
Employee/Spouse	\$ 1,552.00	\$ 1,092.00
Employee/Family	\$ 1,597.00	\$ 1,137.00

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	\$ 83.08	\$45.36

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**