

**LACKLAND INDEPENDENT SCHOOL DISTRICT
GROUP HEALTH, DENTAL AND GROUP TERM LIFE
2019-2020**

Note. The **\$478 per month** district contribution for group health coverage was approved as part of the 2019-2020 budget. The Employee Cost rates are noted below:

Name of Company	TRS ActiveCare	
Type of Coverage	Group Health Insurance	
District Contribution for participating employees = \$478.00 per month		
PLAN I-HD	Premium Amt	Employee Cost
Employee Only	\$ 378.00	\$0.00
Employee/Child(ren)	\$ 722.00	\$ 244.00
Employee/Spouse	\$ 1,066.00	\$ 588.00
Employee/Family	\$ 1,415.00	\$ 937.00
Select	Premium Amt	Employee Cost
Employee Only	\$ 556.00	\$ 78.00
Employee/Child(ren)	\$ 902.00	\$ 424.00
Employee/Spouse	\$ 1,367.00	\$ 889.00
Employee/Family	\$ 1,718.00	\$ 1,240.00
PLAN 2	Premium Amt	Employee Cost
Employee Only	\$ 852.00	\$ 374.00
Employee/Child(ren)	\$ 1,267.00	\$ 789.00
Employee/Spouse	\$ 2,020.00	\$ 1,542.00
Employee/Family	\$ 2,389.00	\$ 1,911.00
Employees that select the Plan I HD will receive \$100 per month (or \$1200.00 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	\$83.08	\$45.36
Name of Company	MET-LIFE	
Type of Coverage	Group Term Life Insurance (\$40,000 benefit or less due to age band)	
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 \$522.12 per month
Annual Total of \$6,265.44**