

2023-2024 Benefit Rate Sheet



RATE SHEET DISCLAIMER

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at Cleburne ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

Dental		
	Low	High
Employee Only	\$20.76	\$37.77
Employee and Spouse	\$47.00	\$83.58
Employee and Child(ren)	\$55.17	\$74.86
Employee and Family	\$86.87	\$129.19

Vision	
Employee Only	\$10.40
Employee and Spouse	\$20.80
Employee and Child(ren)	\$19.76
Employee and Family	\$31.04

Hospital Care		
	Low	High
Employee Only	\$17.22	\$29.98
Employee and Spouse	\$30.66	\$53.82
Employee and Child(ren)	\$27.18	\$47.78
Employee and Family	\$40.62	\$71.62

Telehealth	
Employee and Family	\$10.00

Voluntary Life and AD&D (per \$10,000)			
Age	Employee	Age	Spouse
18-29	\$0.60	18-29	\$0.60
30-34	\$0.70	30-34	\$0.70
35-39	\$0.90	35-39	\$0.90
40-44	\$1.30	40-44	\$1.30
45-49	\$2.00	45-49	\$2.00
50-54	\$3.10	50-54	\$3.10
55-59	\$4.70	55-59	\$4.70
60-64	\$6.10	60-64	\$6.10
65-69	\$9.70	65-69	\$9.70
70-74	\$16.90	70-74	\$16.90
75+	\$30.05	75+	\$30.05

Health Savings Account	
Individual	\$3,850.00
Family	\$7,750.00

Flexible Spending Account	
Individual	\$3,050.00

Cancer	
Employee Only	\$29.85
Employee and Spouse	\$49.55
Employee and Child(ren)	\$49.55
Employee and Family	\$49.55

Children Voluntary Life	
To age 26	
\$10,000.00	\$2.00

Disability						
	0/7	14/14	30/30	60/60	90/90	180/180
Monthly Benefit	\$4.02	\$3.55	\$3.01	\$1.95	\$1.69	\$1.23

TRS-ActiveCare Primary

Monthly Premiums	Total Premium	CISD Pays for you	YOU PAY
Employee Only	\$461	\$225	\$236
Employee and Spouse	\$1,245	\$225	\$1020
Employee and Children	\$784	\$225	\$559
Employee and Family	\$1,568	\$225	\$1343

TRS-ActiveCare Primary+

Monthly Premiums	Total Premium	CISD Pays for you	YOU Pay
Employee Only	\$541	\$225	\$316
Employee and Spouse	\$1,407	\$225	\$1182
Employee and Children	\$920	\$225	\$695
Employee and Family	\$1,786	\$225	\$1561

TRS-ActiveCare HD

Monthly Premiums	TOTAL	CISD Pays for you	YOU Pay
Employee Only	\$475	\$225	\$250
Employee and Spouse	\$1,283	\$225	\$1058
Employee and Children	\$808	\$225	\$583
Employee and Family	\$1,615	\$225	\$1390