

**LACKLAND INDEPENDENT SCHOOL DISTRICT  
GROUP HEALTH, DENTAL AND GROUP TERM LIFE  
2024-2025**

Type of Coverage	TRS ActiveCare Group Health Insurance	
<b>District Contribution for participating employees = \$554.00 per month</b>		
<b>Primary Plan</b>	Premium Amount	Employee Cost
Employee Only	\$426.00	\$0.00
Employee/Child(ren)	\$725.00	\$171.00
Employee/Spouse	\$1,151.00	\$597.00
Employee/Family	\$1,449.00	\$895.00
<b>HD Plan (formerly HD 1)</b>	Premium Amount	Employee Cost
Employee Only	\$437.00	\$0.00
Employee/Child(ren)	\$743.00	\$189.00
Employee/Spouse	\$1,180.00	\$626.00
Employee/Family	\$1,486.00	\$932.00
<b>Primary+ (formerly Select)</b>	Premium Amount	Employee Cost
Employee Only	\$499.00	\$0.00
Employee/Child(ren)	\$849.00	\$295.00
Employee/Spouse	\$1,298.00	\$744.00
Employee/Family	\$1,647.00	\$1,093.00
<b>ActiveCare 2 (Closed to new enrollees)</b>	Premium Amount	Employee Cost
Employee Only	\$1,013.00	\$459.00
Employee/Child(ren)	\$1,507.00	\$953.00
Employee/Spouse	\$2,402.00	\$1,848.00
Employee/Family	\$2,841.00	\$2,287.00
<b>Employees that select the Primary Plan or HD Plan will receive \$100 per month (or \$1200/per year) and \$55 per month (\$660/per year) for Primary+ deposited in a flexible spending account (FSA) if they elect Employee Only Coverage</b>		
<b>Name of Company</b>	<b>Ameritas Dental</b>	
<b>Type of Coverage</b>	<b>Dental Insurance Plan</b>	
<b>District Contribution for participating employees = \$37.72 per month</b>		
	Premium Amount	Employee Cost
Employee Only	\$37.72	\$0.00
Employee/Spouse	\$50.52	\$12.80
Employee/Child(ren)	\$55.46	\$17.74
Employee/Family	\$83.08	\$45.36
<b>Name of Company</b>	<b>Blue Cross Blue Shield</b>	
<b>Type of Coverage</b>	<b>Group Term Life Insurance (\$40,000 benefit or less due to age band)</b>	
<b>District Contribution for participating employees = \$1.92 per month</b>		
	Premium Amount	Employee Cost
Employee Only	\$1.92	\$0.00
<b>Name of Company</b>	<b>Deer Oaks</b>	
<b>Type of Coverage</b>	<b>Employee Assistance Provider Services - Up to 6 free visits per year</b>	
<b>District Contribution for participating employees = \$2.61 per month</b>		
	Premium Amount	Employee Cost
Employee Only	\$2.61	\$0.00
<b>Note: Total District contribution for participating employees is noted below: Up to 596.25 per month Annual Total \$7155</b>		