Calallen ISD 2025-26 Plan Rate Sheet

NEXT UP
CALALLEN ISD
PROMOTING EXCELLENCE • CREATING THE FUTURE

Hospital Indemnity	
Plan 1	
Employee Only	$8.21
Employee+Spouse	$17.66
Employee+Children	$10.97
Family	$20.42
Plan 2	
Employee Only	$9.87
Employee+Spouse	$20.73
Employee+Children	$11.56
Family	$22.42
Plan 3	
Employee Only	$12.87
Employee+Spouse	$27.02
Employee+Children	$14.94
Family	$29.09

Dental	
High PPO	
Employee Only	$18.34
Employee+Spouse	$35.73
Employee+Child(ren)	$46.28
Family	$63.74
Low PPO	
Employee Only	$9.27
Employee+Spouse	$18.30
Employee+Child(ren)	$24.34
Family	$33.36

Vision	
Employee Only	$3.72
Employee+Spouse	$7.07
Employee+Child(ren)	$7.44
Family	$10.94

Identity Theft Protection	
Premium	
Employee Only	$2.25
Family	$4.75
Elite	
Employee Only	$3.50
Family	$6.50

Short Term Disability	
Elimination Period	**Per $10 Weekly Benefit**
14/14	$0.39
30/30	$0.29
Long Term Disability	
Elimination Period	**Per $100 of Covered Monthly Payroll**
0-29	$0.09
30-34	$0.14
35-39	$0.23
40-44	$0.34
45-49	$0.48
50-54	$0.62
55-59	$0.79
60-64	$0.66
65-69	$0.52
70+	$0.45

Voluntary life	
Age	**per $10,000**
Under 24	$0.30
25-29	$0.35
30-34	$0.45
35-39	$0.55
40-44	$0.60
45-49	$0.84
50-54	$1.24
55-59	$2.24
60-64	$3.38
65-69	$6.41
70+	$5.17
Child(ren)	$2.00 for $10,000
AD&D Rates	(not included on the child, only offered on EE and Spouse

Critical Illness	$10,000	$20,000	$30,000
Under 25	$1.05	$2.10	$3.15
25-29	$1.50	$3.00	$4.50
30-34	$2.05	$4.10	$6.15
35-39	$2.85	$5.70	$8.55
40-44	$3.90	$7.80	$11.70
45-49	$5.10	$10.20	$15.30
50-54	$6.80	$13.60	$20.40
55-59	$9.40	$18.80	$28.20
60-64	$13.20	$26.40	$39.60
65-69	$19.35	$38.70	$58.05
70-74	$30.25	$60.50	$90.53

Cancer		
	Option 1	**Option 2**
Employee Only	$7.38	$13.73
Employee + Spouse	$14.25	$26.55
Employee + Children	$9.28	$17.17
Employee + Family	$16.61	$30.83

Emergency Medical Transport		
	Emergent	**Platinum**
Employee Only	$5.50	$19.50
Family	$5.50	$19.50

Accident		
	Option 1	**Option 2**
Employee Only	$2.91	$5.02
Employee+Spouse	$5.02	$8.65
Employee+Child(ren)	$6.94	$11.86
Family	$9.05	$15.48

Telehealth (Recuro)	
All Tiers	$14.00

The amounts above are **PER PAY CHECK**. Calallen ISD has **24 pay periods per year (2 checks a month).**