LISD Benefit Plan Rate

PLAN YEAR Sept. 1, 2026- Aug. 31, 2027

www.mybenefitshub/com/lewisvilleisd
For complete Plan Summaries

TRS Medical Insurance

Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2*
Monthly pay rates				
Employee only	$212.00	$230.00	$320.00	$613.00
Employee + spouse	$1,253.00	$1,301.00	$1,472.00	$2,002.00
Employee + children	$641.00	$671.00	$824.00	$1,107.00
Employee + family	$1,681.00	$1,742.00	$1,976.00	$2,441.00
Sem -monthly pay rates - Facility Services, Transportation				
Employee only	$106.00	$115.00	$160.00	$306.50
Employee + spouse	$626.50	$650.50	$736.00	$1,001.00
Employee + children	$320.50	$335.50	$412.00	$553.50
Employee + family	$840.50	$871.00	$988.00	$1,220.50
19 pay rates - ex. Child Nutrition, Extended School Day				
Employee only	$133.90	$145.27	$202.11	$387.16
Employee + spouse	$791.37	$821.69	$929.69	$1,264.43
Employee + children	$404.85	$423.79	$520.43	$699.16
Employee + family	$1,061.69	$1,100.21	$1,248.00	$1,541.69

Before you decide . . .

The TRS Activecare Primary and Primary+ plans are State Network Only, so there are no out of network benefits. Both require you to provide a Primary Care Physician when you enroll. Look up TRS-ActiveCare Primary and Primary + providers at bcbstx.com/trsactivecare under the Find a Doctor Tab.

Search our online Provider Finder directory to see which doctors and facilities are in-network. If you need help with TRS medical plans, please call a Personal Health Guide at 1-886-355-5999.

Pooled Rates per Month

*Active Care 2 is a closed plan: No New Enrollments

	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2
Employee + family	$1,281.00	$1,342.00	$1,576.00	$2,041.00

To be eligible for pooled rates, both employee and spouse must work for LISD.

Vision Plan

Eye Med	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	$6.98	$3.49	$4.41
Employee + spouse	$13.10	$6.55	$8.72
Employee + children	$13.72	$6.86	$8.67
Employee + family	$21.18	$10.59	$13.38

Hospital Cash

CHUBB Hospital Cash	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	$17.44	$8.72	$11.01
Employee + spouse	$33.09	$16.55	$20.90
Employee + children	$26.78	$13.39	$16.91
Employee + family	$42.43	$21.22	$26.80

Cigna Critical Illness

Age	Sample rates shown are for $10,000 Please see enrollment system for other age bands	Monthly pay rates	Semi-monthly	19 pay rates
<29	Employee only	$2.05	$1.03	$1.29
	Employee + spouse	$4.19	$2.10	$2.65
	Employee + children	$4.74	$2.37	$2.99
	Employee + family	$6.88	$3.44	$4.35
30-39	Employee only	$4.04	$2.02	$2.78
	Employee + spouse	$7.82	$3.91	$4.91
	Employee + children	$6.72	$3.36	$4.24
	Employee + family	$10.50	$5.25	$6.63
40-49	Employee only	$6.75	$3.38	$4.26
	Employee + spouse	$13.35	$6.68	$8.43
	Employee + children	$9.04	$4.52	$5.71
	Employee + family	$15.63	$7.82	$9.87

MASA Emergent Transport

Employee + family	Monthly rates	Semi-Monthly	19 pay rates
	$14.00	$7.00	$8.85

Flexible Spending Accounts

If you are enrolled in a Flexible Spending Account, you are limited to how much income you can set aside each year.

Health care reimbursement limit	$3,400
Dependent care reimbursement limit (family)	$7,500

Health Savings Accounts

You must be enrolled in TRS-Active Care 1-HD. You are limited to how much income you can set aside each year.

Employee only	$4,400
Age 55 and older	$5,400
Family	$8,750
Age 55 and older	$9,750

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Dental Plans

Cigna High Dental maximum of $1,500 per insured person	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	$40.44	$20.22	$25.54
Employee + spouse	$80.90	$40.45	$51.09
Employee + children	$82.53	$41.27	$52.12
Employee + family	$122.98	$61.49	$77.67
Cigna Low Dental maximum of $1,000 per insured person			
Employee only	$21.28	$10.64	$13.44
Employee + spouse	$42.54	$21.27	$26.87
Employee + children	$43.41	$21.71	$27.42
Employee + family	$64.69	$32.35	$40.86

CHUBB Voluntary Life

New Hires within 31 days of Hire - Employee guarantee issue: $350,000 or 7x salary (max $750,000). Spouse guarantee issue: $50,000
Child guarantee issue: $10,000

Age	Rates per month per $1,000
Under 30	$.036
30-34	$.045
35-39	$.064
40-44	$.100
45-49	$.173
50-54	$.300
55-59	$.428
60-64	$.510
65-69	$.911
70-74	$1.558
75+	$3.124

CHUBB Child Life

Coverage amount	Child rates per month
$2,000	$.20
$4,000	$.40
$6,000	$.60
$8,000	$.80
$10,000	$1.00

CHUBB Voluntary AD&D

Rate per month per $10,000	$.30

NY Life Long Term Disability

Guarantee issue open enrollment every year
Waiver of elimination period upon hospitalization with 30 day elimination period or less
Pregnancy covered same as any sickness- 12 month pre-existing limitation
Can elect up to 70% of salary to a max of $8,000

Premium Plan - pays sickness & injury to age 65

Elimination (waiting) period	Rate per month per $100 of coverage
14 day	$2.74
30 day	$2.32
60 day	$1.50
90 day	$1.30

Select Plan - pays sickness for 5 years & injury to age 65

Elimination (waiting) period	Rate per month per $100 of coverage
14 day	$2.42
30 day	$2.08
60 day	$1.35
90 day	$1.16

Legalease Legal Plan

Monthly	$15.18
Semi-monthly	$7.59
19-pay	$9.59

Texas Life - Permanent Portable Life

Employees Express Issue coverage up to $150,000 coverage; varies based on employee age Spousal Express issue Coverage up to $50,000; varies based on spouse age

Sick Leave Bank

New members / Members who received an SLB award in 25-26	1 local day

LISD

RECURO - Telehealth

One Rate	$13.00

Benefits	Phone & Website
Medical	866-355-5999 www.bcbstx.com/trsactivecare
Dental	800-244-6224 www.mycigna.com
Vision	866-939-3633 www.eyemed.com
Recuro	855-673-2876 www.recurohealth.com
Disability	888-842-4462 www.newyorklife.com
Medical Transport	800-423-3226 www.masamts.com
Critical Illness	800-754-3207 www.mycigna.com
Hospital Cash	888-499-0425 www.chubb.com
Individual Permanent Life	800-283-9233 www.texaslife.com
Group Life	888-499-0425 www.chubb.com
Legal Plan	888-416-4313 www.legaleaseplan.com
457(b) and 403(b) Retirement Plans	800-943-9179 www.tcgservices.com
Flexible Spending Accounts (FSA)	855-399-3035 www.nbsbenefits.com
Health Saving Accounts (HSA)	817-882-0800 www.eecu.org

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