## LISD Benefit Plan Rate

PLAN YEAR Sept. 1, 2022- Aug. 31, 2023

## lisd.net/benefits

## For complete Plan Summaries

TRS M	ledical Insi	urance									
				Before you decide							
Tier		ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2*	Baylor Scott & White	The TRS Activecare Primary and				
Employee	e only	\$91.00	\$103.00	\$167.00	\$655.00	\$211.24	Primary+ plans are State Network Only, so there are no out				
Employee	e + spouse	\$788.00	\$821.00	\$896.00	\$2,014.00	\$1,043.08	of network benefits. Both require you to provide a Primary Care Physician when you enroll. Look up				
Employee	e + children	\$379.00	\$400.00	\$473.00	\$1135.00	\$543.65					
Employee	e + family	\$1,012.00	\$1,052.00	\$1,221.00	\$2,448.00	\$1,254.24	TRS-ActiveCare Primary + Plan provide				
. ,	•		Somi monthly nav rates. Facility Services								
Employee	e only	\$45.50	\$51.50	\$ 83.50	\$327.50	\$105.62	Find a Doctor tab.  Search our online Provider				
Employee	e + spouse	\$394.00	\$410.50	\$448.00	\$1,007.00	\$521.54	Finder directory to see doctors and facilities a				
	e + children	\$189.50	\$200.00	\$236.50	\$567.50	\$271.83	network. If you need help for the TRS medical plans, please call a Personal Health Guide at				
Employee		\$506.00	\$526.00	\$610.50	\$1,224.00	\$627.12					
Limployou	o · ranniy	·	·	,		Ψ021.12	1-886-355-5999				
F				Extended School Day,		¢122.41	Also, there are no out- benefits with Baylor So				
Employee	e only	\$57.47	\$65.05	\$105.47	\$413.68	\$133.41	White HMO. You must	choose			
	e + spouse	\$497.68	\$518.53	\$565.89	\$1,272.00	\$658.79	from a limited network of doctors located in the Dallas-Fort Worth area. Look up HMO providers at trs.swhp.org before chosing this				
Employee	e + children	\$239.37	\$252.63	\$298.74	\$716.84	\$343.36					
Employee	e + family	\$639.16	\$664.42	\$771.16	\$1,546.11	\$792.15	health plan.				
Pooled	d Rates pe	r Month	*Active	Care 2 is a closed plan: N	lo New Enrollments		To be eligible for poo	oled rates,			
		ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	BS&W HMO	both employee and s must work for LISD.	spouse			
Employee		\$677.00	\$717.00	\$886.00	\$2,113.00	\$919.24					
Vision						MASA Emer	gent Transport				
United Healthcare Vision			Monthly pay rates		19 pay rates	Employee Monthly r	y rates Semi-Monthly 19 pay rates				
Employee only Employee + spouse			\$8.38 \$15.33	\$4.19 \$7.66	\$5.29 \$9.68	+ family \$14.00	\$7.00	\$8.85			
Employee + spouse  Employee + children			\$16.06	\$8.03	\$10.14	Flexible Spending Accounts					
Employee + family			\$24.78	\$12.39	\$15.65	Flexible Spelluli					
Hospi	tal Indemn	ity				If you are enrolled	d in a Flexible Spend	ding			
AFLAC Hospital Indemnity			Monthly pay rates	Semi-monthly	19 pay rates		Account, you are limited to how much income you can set aside each year.				
Employee	e only	•	\$17.44	\$8.72	\$11.01	you can set aside	each year.				
Employee	e + spouse		\$33.09	\$16.55	\$20.90	Health care reimbu	Health care reimbursement limit \$2				
' '	e + children		\$26.78	\$13.39	\$16.91	Dependent care rei	Dependent care reimbursement limit \$5,000				
	e + family		\$42.43	\$21.22	\$26.80	Health Savings	Accounts				
Cigna	Critical Illne					Vou must be enro	olled in TRS-Active (	Care 1_HD			
Age		rtes shown are for \$10,000 Iment system for other age bands	Monthly pay rates	Semi-monthly	19 pay rates		how much income				
<29	Employee only		\$2.05 \$4.19	\$1.03 \$2.10	\$1.29 \$2.65	aside each year.					
	Employee + spouse Employee + children		\$4.74	\$2.10	\$2.99	Employee only \$3,6					
-20	Employee + family		\$6.88	\$3.44	\$4.35						
120	Employee + fa			\$2.02	\$2.78	Age 55 and older		\$4,650			
-20	Employee + fa	1	\$4.04	ΨΖ.02							
30-39	Employee only	oouse	\$7.82	\$3.91	\$4.91	Family		\$7,300			
	Employee only Employee + sp Employee + cl	oouse nildren	\$7.82 \$6.72	\$3.91 \$3.36	\$4.24						
	Employee only Employee + sp Employee + cl Employee + fa	oouse nildren milly	\$7.82 \$6.72 \$10.50	\$3.91 \$3.36 \$5.25	\$4.24 \$6.63	Family Age 55 and older		\$7,300 \$8,300			
30-39	Employee only Employee + si Employee + ci Employee + fa Employee only	oouse nildren mily	\$7.82 \$6.72 \$10.50 \$6.75	\$3.91 \$3.36 \$5.25 \$3.38	\$4.24 \$6.63 \$4.26						
	Employee only Employee + sp Employee + cl Employee + fa	oouse nildren mily / oouse	\$7.82 \$6.72 \$10.50	\$3.91 \$3.36 \$5.25	\$4.24 \$6.63						



Dental Plans								
MetLife Standard Dental maximum of \$1,500 per insured person		Monthly pay rates		Semi-month	nly 19 pay	rates		<b>√</b> ★
Employee only		\$42.68		\$21.34	\$26	96		SD
Employee + spouse		\$85.3	8	\$42.69	\$53	92		SD
Employee + children		\$87.1	0	\$43.55	\$55	01		
Employee + family		\$129.8	0	\$64.90	\$81	98		
MetLife Basic Dental maximum of \$1,000 per insu							MDLi	ve-New
Employee only			6	\$11.23	\$14	19	Employee only	\$8.00
Employee + spouse		\$44.9	0	\$22.45	\$28.	36	Family	\$12.00
Employee + children	\$45.82		\$22.91	\$28	94	Family	\$12.00	
Employee + family		\$68.2	.28 \$34.14 \$43		12	Benefits	Phone & Website	
UNUM Voluntary Life	e		NY Life	Long Term [	Disability			
New Hires within 31 days of Hire - Employee guarantee issue: \$250,000 or 7x salary Spouse guarantee issue: \$50,000			NY Life Long Term Disability  Guarantee issue open enrollment every year  Waiver of elimination period upon hospitalization				Medical	866-355-5999
Child guarantee issue: \$10,0				y elimination per covered same	as any illness - 1:	2 month	www	.bcbstx.com/trsactivecare
Age Rates	s per month per \$10	0,000	pre-existing limitation Can elect up to 70% of salary to a max of \$8,000			Dental	800-638-5433	
Under 30	\$.36				3,000		www.metlife.com	
30-34	\$.45	Describer Dian and side and Side and Side		Vision	800-638-3120			
35-39	\$.63 \$.99		Premium Plan - pays sickness & injury to age 65			www.myuhcvision.com		
40-44			( 0,		Rate per month \$100 of coverage	te per month per	MDLive	888-365-1663
45-49	\$1.71				\$2.74		Disability	www.mdlive.com/fbsbh
50-54	\$2.97 \$4.23 \$5.04		14 day 30 day 60 day 90 day		\$2.32		Disability	800-225-5695
55-59					\$1.50			www.newyorklife.com
60-64					\$1.30		Medical Transport	800-423-3226
65-69	\$9.00		Select Plan - pays sickness for 5 years & injury to age 65			iury to age 65	C ::: 1 III	www.masamts.com
70-74	\$15.39				-		Critical Illness	800-244-6224
75+	\$30.87		Elimination period	(waiting)	Rate per month \$100 of coverage			www.cigna.com
UNUM Child Life	ψου.στ		14 day		\$2.42		Hospital Indemnity	800-992-3522 www.aflac.com
	erage amount Child rates per month		30 day 60 day		\$2.08		Individual	800-283-9233
\$2,000					\$1.35		Permanent Life	www.texaslife.com
\$4,000	\$.40		90 day		\$1.16		Crawa Life	
\$6,000	\$.60		l enales	ase Legal Pl	an		Group Life	800-445-0402 www.unum.com
\$8,000			Legalease Legal Plan				Legal Plan	888-416-4313
\$10,000	\$1.00		Monthly		\$15.18		J	www.legaleaseplan.com
UNUM Voluntary AD	<u> </u>		Semi-mon	ithly	\$7.59		457 and 403(b)	800-943-9179
Rate per month per \$10,000 \$.30					\$9.59		Retirement Plans	www.tcgservices.com
Texas Life - Permanen			10 pay		<b>43.00</b>		Flexible Spending	855-399-3035
Employees Express Issue co		00 coverage	e; varies bas	ed on employee	9		Accounts (FSA)	www.nbsbenefits.com
age Spousal Express issue (				Health Saving Accounts (HSA)	817-882-0800			
Sick Leave Bank All new members, or if you u	ised any SLR days d	V		www.eecu.org				
7 ar now members, or ir you u	acca arry old days u	aring the 20	LI-LL you		1 local da	J		