

LISD Benefit Plan Rate

PLAN YEAR Sept. 1, 2021- Aug. 31, 2022

lisd.net/benefits

For complete Plan Summaries

TRS Medical Insurance

Monthly pay rates					
Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2*	Scott & White HMO
Employee only	\$91.00	\$103.00	\$184.00	\$655.00	\$184.48
Employee + spouse	\$788.00	\$821.00	\$946.00	\$2,014.00	\$974.70
Employee + children	\$379.00	\$400.00	\$507.00	\$1135.00	\$500.16
Employee + family	\$1,012.00	\$1,052.00	\$1,282.00	\$2,448.00	\$1,175.42
Semi-monthly pay rates - Facility Services					
Employee only	\$45.50	\$51.50	\$92.00	\$327.50	\$92.24
Employee + spouse	\$394.00	\$410.50	\$473.00	\$1,007.00	\$487.35
Employee + children	\$189.50	\$200.00	\$253.50	\$567.50	\$250.08
Employee + family	\$506.00	\$526.00	\$641.00	\$1,224.00	\$587.71
19 pay rates - Child Nutrition, Extended School Day, Security					
Employee only	\$57.47	\$65.05	\$116.21	\$413.68	\$116.51
Employee + spouse	\$497.68	\$518.53	\$597.47	\$1,272.00	\$615.60
Employee + children	\$239.37	\$252.63	\$320.21	\$716.84	\$315.89
Employee + family	\$639.16	\$664.42	\$809.68	\$1,546.11	\$742.37

Before you decide . . .

The NEW 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 + Plan providers at bcbs.tx.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 for the TRS medical plans, please call a Personal Health Guide at 1-886-355-5999

Also, there are no out-of-network benefits with Scott & White HMO. You must choose from a limited network of doctors located in the Dallas-Fort Worth area. Look up Scott & White HMO providers at trs.swhp.org before choosing this health plan.

Pooled Rates per Month

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

	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White HMO
Employee + family	\$677.00	\$717.00	\$947.00	\$2,113.00	\$840.42

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

Vision Plan -

United Healthcare Vision	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	\$8.38	\$4.19	\$5.29
Employee + spouse	\$15.33	\$7.66	\$9.68
Employee + children	\$16.06	\$8.03	\$10.14
Employee + family	\$24.78	\$12.39	\$15.65

New - MASA Emergent Transport

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

Hospital Indemnity -

AFLAC Hospital Indemnity	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

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	\$2,750
Dependent care reimbursement limit	\$5,000

New - 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

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	\$3,600
Age 55 and older	\$4,600
Family	\$7,200
Age 55 and older	\$8,200

...
**REAL
 INNOVATION.
 LIMITLESS
 OPPORTUNITY.**



Benefit	Phone & Web Site
Medical	866-355-5999 www.bcbstx.com/trsactivecare
Dental	800-942-0854 www.metlife.com
Vision	800-638-3120 www.myuhcvision.com
Disability	800-362-4462 www.cigna.com
Medical Transport	800-423-3226 www.masamts.com
Critical Illness	800-362-4462 www.cigna.com
Hospital Indemnity	800-992-3522 www.aflac.com
Individual Permanent Life	800-283-9233 www.texaslife.com
Group Life	800-421-0344 www.unum.com
Legal Plan	800-248-9000 www.legaleaseplan.com
457 and 403(b) Retirement Plans	800-943-9179 www.tcgservices.com
Flexible Spending Accounts (FSA)	800-274-0503 www.nbsbenefits.com
Health Saving Accounts (HSA)	817-882-0800 www.eecu.org

Dental Plans

MetLife Standard Dental maximum of \$1,500 per insured person	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	\$42.68	\$21.34	\$26.96
Employee + spouse	\$85.38	\$42.69	\$53.92
Employee + children	\$87.10	\$43.55	\$55.01
Employee + family	\$129.80	\$64.90	\$81.98
MetLife Basic Dental maximum of \$1,000 per insured person			
Employee only	\$22.46	\$11.23	\$14.19
Employee + spouse	\$44.90	\$22.45	\$28.36
Employee + children	\$45.82	\$22.91	\$28.94
Employee + family	\$68.28	\$34.14	\$43.12

UNUM Voluntary Life

New Hires within 31 days of Hire -
 Employee guarantee issue: \$250,000 or 7x salary
 Spouse guarantee issue: \$50,000
 Child guarantee issue: \$10,000

Age	Rates per month per \$10,000
Under 30	\$.36
30-34	\$.45
35-39	\$.63
40-44	\$.99
45-49	\$ 1.71
50-54	\$ 2.97
55-59	\$ 4.23
60-64	\$ 5.04
65-69	\$ 9.00
70-74	\$ 15.39
75+	\$ 30.87

UNUM Child Life

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

UNUM Voluntary AD&D

Rate per month per \$10,000	\$.30
-----------------------------	--------

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

All new members, or if you used any SLB days during the 2020-21 year 1 local day

Cigna 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 illness - 12 month pre-existing limitation
 Can elect up to 66 2/3% of salary to a max of \$8,000

Plan A - 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

Plan B - 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

2021-22 TRS-ActiveCare Plan Highlights Sept. 1, 2021 – Aug. 31, 2022



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

How to Calculate Your Monthly Premium

Total Monthly Premium

− Your District and State Contributions

= **Your Premium**

Ask your Benefits Administrator for your district's premiums.

Wellness Benefits at No Extra Cost

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia® pregnancy support
- TRS Virtual Health
- Mental health support
- And much more!

Available for all plans. See your Benefits Booklet for more details.

Things to Know

- TRS's Texas-sized purchasing power creates broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan summary	<ul style="list-style-type: none"> • Lowest premium of the plans • Copays for doctor visits before you meet deductible • Statewide network • PCP referrals required to see specialists • Not compatible with a health savings account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium than the other plans • Statewide network • PCP referrals required to see specialists • Not compatible with a health savings account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Compatible with a health savings account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$417	\$	\$542	\$	\$429	\$
Employee and Spouse	\$1,176	\$	\$1,334	\$	\$1,209	\$
Employee and Children	\$751	\$	\$879	\$	\$772	\$
Employee and Family	\$1,405	\$	\$1,675	\$	\$1,445	\$

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$7,000/\$14,000	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
Primary Care Provider (PCP) Required	Yes	Yes	No	

Doctor Visits				
Primary Care	\$30 copay	\$30 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible
TRS Virtual Health	\$0 per consultation	\$0 per consultation	\$30 per consultation	

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health	\$0 per consultation	\$0 per consultation	\$30 per consultation	

Prescription Drugs				
Drug Deductible	Integrated with medical	\$200 brand deductible	Integrated with medical	
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 for certain generics	
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	
Specialty	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in this plan • Lower deductible • Copays for many drugs and services • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible
\$0 per consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per consultation	

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
You pay 20% after deductible (\$200 min/\$900 max)

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 per procedure copay	You pay 40% after deductible + \$100 per procedure copay
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay 30% after deductible + \$500 copay	You pay 50% after deductible + \$500 copay	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility – You pay 30% after deductible	Facility – You pay 20% after deductible	Not Covered	Not Covered	Facility – You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services – You pay \$5,000 copay + 30% after deductible	Professional Services – You pay \$5,000 copay + 20% after deductible			Professional Services – You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility.	Only covered if rendered at a BDC+ facility.			Only covered if rendered at a BDC+ facility.	
Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact your Personal Health Guide at 1-866-355-5999 with questions.

2021-22 Health Maintenance Organizations: Premiums for Regional Plans

REMEMBER:

When you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas another option.

	Central and North Texas Scott and White Care Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMOSM <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMOSM <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$542.48	\$	\$524.90	\$	\$596.54	\$
Employee and Spouse	\$1,362.70	\$	\$1,264.28	\$	\$1,443.66	\$
Employee and Children	\$872.16	\$	\$819.60	\$	\$936.18	\$
Employee and Family	\$1,568.42	\$	\$1,345.58	\$	\$1,532.74	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$1,150/\$3,450	\$500/\$1,000	\$950/\$2,850
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 25% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,450/\$14,900	\$4,500/\$9,000	\$7,450/\$14,900

Doctor Visits			
Primary Care	\$20 copay	\$25 copay	\$20 copay
Specialist	\$70 copay	\$60 copay	\$70 copay

Immediate Care			
Urgent Care	\$50 copay	\$75 copay	\$50 copay
Emergency Care	\$500 copay after deductible	You pay 20% after deductible	\$500 copay before deductible and 25% after deductible

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	\$100	\$150
Days Supply	30-day supply/90-day supply	30-day supply/90-day supply	30-day supply/90-day supply
Generics	\$10/\$25 copay	\$10/\$30 copay	\$5/\$12.50 copay; \$0 for certain generics
Preferred Brand	You pay 30% after deductible	\$40/\$120 copay	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	\$65/\$195 copay	You pay 50% after deductible
Specialty	You pay 15%/25% after deductible (preferred/non-preferred)	You pay 20% after deductible	You pay 15%/25% after deductible (preferred/non-preferred)

trs.texas.gov

Revised 06/02/21

What's New and What's Changing

Effective: Sept. 1, 2021

This year, we have the same popular plan features that make TRS-ActiveCare plans stand out, including **broad networks, low copays for primary care and TRS Virtual Health, and specialty drug coverage.**

		2020-21 Total Premium	New 2021-22 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$386	\$417	\$31	<p>No benefits changes! This plan still has the lowest monthly costs and copays. Your Primary Care Provider copay is \$30 and TRS Virtual Health is \$0.</p>
	Employee and Spouse	\$1,089	\$1,176	\$87	
	Employee and Children	\$695	\$751	\$56	
	Employee and Family	\$1,301	\$1,405	\$104	
TRS-ActiveCare HD	Employee Only	\$397	\$429	\$32	<ul style="list-style-type: none"> • In-network deductible rose by \$200 for individuals and \$400 for families • In-network coinsurance rate rose from 20% to 30% • Out of network coinsurance rate rose from 40% to 50% • In-network maximum out-of-pocket rose by \$100 for individuals and \$200 for families <p><i>*All changes are for medical only. There are no changes to prescription drug coinsurance rates.</i></p>
	Employee and Spouse	\$1,120	\$1,209	\$89	
	Employee and Children	\$715	\$772	\$57	
	Employee and Family	\$1,338	\$1,445	\$107	
TRS-ActiveCare Primary+	Employee Only	\$514	\$542	\$28	<p>No benefits changes! This plan still has copays and the lowest deductibles, maximum out-of-pockets, and coinsurance rates. Your Primary Care Provider copay is \$30 and TRS Virtual Health is \$0.</p>
	Employee and Spouse	\$1,264	\$1,334	\$70	
	Employee and Children	\$834	\$879	\$45	
	Employee and Family	\$1,588	\$1,675	\$87	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$937	\$1,013	\$76	<p>No benefits changes! This plan is still closed to new enrollees.</p>
	Employee and Spouse	\$2,222	\$2,402	\$180	
	Employee and Children	\$1,393	\$1,507	\$114	
	Employee and Family	\$2,627	\$2,841	\$214	

At a Glance

	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Texas network	Nationwide network	Texas network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

