LISD Benefit Plan Rate

PLAN YEAR Sept. 1, 2023- Aug. 31, 2024

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	only	\$135.00	\$149.00	\$183.00	\$655.00	\$238.96	Primary+ plans are State Network Only, so there are no out		
Employee	e + spouse	\$857.00	\$895.00	\$1,019.00	\$2,014.00	\$1,113.90	of network benefits. Both require		
Employee + children \$412.00			\$436.00	\$548.00	\$1,135.00	\$588.68	you to provide a Primary Care Physician when you enroll. Look up		
Employee	e + family	\$1,175.00	\$1,222.00	\$1,393.00	\$2,448.00	\$1,335.86	TRS-ActiveCare Primary and Primary + Plan providers at		
, ,	•		Semi-monthly pay ra	tes - Facility Services			bcbstx.com/trsactivecare under the		
Employee	e only	\$67.50	\$74.50	\$ 91.50	\$327.50	\$119.48	Find a Doctor tab. Search our online Provider		
Employee	e + spouse	\$428.50	\$447.50	\$509.50	\$1,007.00	\$556.95	Finder directory to see which doctors and facilities are in-		
	e + children	\$206.00	\$218.00	\$274.00	\$567.50	\$294.34	network. If you need h TRS medical plans, pl	elp for the	
Employee		\$587.50	\$611.00	\$696.50	\$1,224.00	\$667.93	Personal Health Guide at		
Lilipioyo	, iaiiiiy	·	·	·	. ,	ψ007.93	1-886-355-5999		
ГI				Extended School Day, \$115.58	-	\$150.92	Also, there are no out-of-network benefits with Baylor Scott &		
Employee	e only	\$85.26	\$94.11	·	\$413.68	·	White HMO. You must	choose	
	e + spouse	\$541.26	\$565.26	\$643.58	\$1,272.00	\$703.52	from a limited network of doctors located in the Dallas-Fort Worth area. Look up HMO providers at trs.swhp.org before chosing this health plan.		
Employee	+ children	\$260.21	\$275.37	\$346.11	\$716.84	\$371.80			
Employee	e + family	\$742.11	\$771.79	\$879.79	\$1,546.11	\$843.70			
Pooled	d Rates pe	r Month	*Active	Care 2 is a closed plan: N	No New Enrollments		To be eligible for poo	oled rates,	
ActiveCare Primary		ActiveCare HD ActiveCare Primary +		ActiveCare 2	both employee and spo must work for LISD.		spouse		
Employee		\$840.00	\$887.00	\$1,058.00	\$2,113.00	\$1,000.86			
Vision						MASA Emer	gent Transport		
Superior Vision by MetLife			Monthly pay rates	•	19 pay rates	Employee Monthly r	rates Semi-Monthly 19 pay rates		
Employee only			\$7.54	\$3.77	\$4.76 \$8.72	+ family \$14.00	\$7.00	\$8.85	
Employee + spouse Employee + children			\$13.80 \$14.45	\$6.90 \$7.23	\$9.13	Flexible Spending Accounts			
Employee + family			\$22.30	\$11.15	\$14.08	Flexible Spending Accounts			
Hospi	tal Cash					If you are enrolled	I in a Flexible Spend	ding	
CHUBB Hospital Cash			Monthly pay rates	Semi-monthly	19 pay rates	Account, you are	Account, you are limited to how much income		
Employee			\$17.44	\$8.72	\$11.01	you can set aside	you can set aside each year.		
Employee	e + spouse		\$33.09 \$16.55 \$20.90 Health care reimb				sement limit	\$3,050	
Employee + children			\$26.78	\$13.39	\$16.91	Dependent care rei	Dependent care reimbursement limit \$5,000		
Employee	e + family		\$42.43	\$21.22	\$26.80	Health Savings	Accounts		
Cigna	Critical Illne					Vou must be enre	llad in TDC Active (Caro 1 UD	
Age		rtes shown are for \$10,000 Iment system for other age bands	Monthly pay rates	Semi-monthly	19 pay rates		Illed in TRS-Active (how much income		
-00	Employee only		\$2.05 \$4.19	\$1.03 \$2.10	\$1.29 \$2.65	aside each year.			
<29	Employee + spouse Employee + children		\$4.74	\$2.10	\$2.99	Employee only \$3,85			
	Employee + family		\$6.88	\$3.44	\$4.35				
	Employee only		\$4.04	\$2.02	\$2.78			\$4,850	
30-39	Employee + spouse		\$7.82	\$3.91	\$4.91	Family \$		\$7,750	
30-39	Employee + children Employee + family		\$6.72 \$10.50	\$3.36 \$5.25	\$4.24 \$6.63	Age 55 and older \$8		\$8,750	
30-39		IIIIIV		Ψυ.Δυ	φυ.υδ				
30-39	Employee + fa			\$3.38	\$4.26				
			\$6.75 \$13.35	\$3.38 \$6.68	\$4.26 \$8.43				
30-39	Employee + fa	pouse nildren	\$6.75						



Dental Plans								
MetLife Standard Dental maximum of \$1,500 per insured person		Monthly pay rates		Semi-month	hly	19 pay rates		.*
Employee only	Employee only		\$42.68			\$26.96		SD
Employee + spouse		\$85.3	8	\$42.69		\$53.92		SD
Employee + children	Employee + children		\$87.10			\$55.01		
Employee + family	ployee + family \$1		0	\$64.90		\$81.98		
MetLife Basic Dental maximum of \$1,000 per insured person								ive-New
Employee only	Employee only		\$22.46			\$14.19	Employee only	\$8.00
Employee + spouse	Employee + spouse		\$44.90			\$28.36	Family	\$12.00
Employee + children		\$45.82		\$22.91		\$28.94		,
Employee + family		\$68.28		\$34.14		\$43.12	Benefits	Phone & Website
UNUM Voluntary	Life		NY Life	Long Term I	Disabilit	ty		
New HIres within 31 days of Hire - Employee guarantee issue: \$250,000 or 7x salary Spouse guarantee issue: \$50,000			Guarantee issue open enrollment every year Waiver of elimination period upon hospitalization with 30 day elimination period or less			ospitalization	Medical www	866-355-5999 v.bcbstx.com/trsactivecare
Child guarantee issue: \$		2 000	Pregnancy covered same as any illness - 12 month			ess - 12 month	Dental	800-438-6388
	Rates per month per \$10	J,000		ing limitation t up to 70% of salary to a max of \$8,000		50.1	www.metlife.com	
Under 30	\$.36				Vision	833-393-5433		
30-34	\$.45		Premium Plan - pays sickness & injury to age 65			ury to age 65		www.metlife.com/vision
35-39	\$.63 \$.99 \$1.71 \$2.97		` 0/		Rate per	month per	MDLive Disability	888-365-1663
40-44					\$100 of 0	coverage		www.mdlive.com/fbsbh
45-49					\$2.	74		888-842-4462
50-54					\$2.	32		www.newyorklife.com
55-59	\$4.23		60 day		\$1.	50	Medical Transport	800-423-3226
60-64	\$5.04		90 day		\$1.	30		www.masamts.com
65-69	\$9.00		Select Plan	n - pays sickne	ess for 5 years & injury to age 65		Critical Illness	800-244-6224
70-74	\$15.39		Elimination	(waiting)	Rate per	month per		www.cigna.com
75+	\$30.87				\$100 of 6	coverage	Hospital Cash	800-252-4670
UNUM Child Life			14 day		\$2.	42		w <u>ww.chubb.com</u>
Coverage amount	Child rates per mont	h	30 day		\$2.08		Individual Permanent Life	800-283-9233
\$2,000	\$.20		60 day		\$1.	35	T CITICITE EIIC	www.texaslife.com
\$4,000	\$.40		90 day		\$1.	16	Group Life	800-445-0402
\$6,000	\$.60		Legalease Legal Plan					www.unum.com
\$8,000	\$.80						Legal Plan	888-416-4313
\$10,000	\$1.00		Monthly		\$15	5.18		www.legaleaseplan.com
UNUM Voluntary	Semi-monthly \$7.59		59	457 and 403(b)	800-943-9179			
Rate per month per \$10,	19-pay \$9.59		59	Retirement Plans	www.tcgservices.com			
Texas Life - Permar	nent Portable Life						Flexible Spending Accounts (FSA)	855-399-3035
	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							www.nbsbenefits.com 817-882-0800
Sick Leave Bank		(HSA)						
All new members, or if you	ou used any SLB days d	local day		www.eecu.org				