## LISD Benefit Plan Rate

PLAN YEAR Sept. 1, 2024- Aug. 31, 2025

## **lisd.net/benefits**For complete Plan Summaries

TRS M	edical Insu	ırance							
			Mont	thly pay rates			Before you de	cide	
Tier		ActiveCare Primary	ActiveCare H	D Activ	reCare Primary +	ActiveCare 2*			
Employee	only	\$179.00	\$193.00		\$234.00	\$655.00	The TRS Activecare F		
Employee + spouse \$976.00			\$1,014.00		\$1,152.00	\$2,014.00		Primary+ plans are State Network Only, so there are no out	
Employee + children \$487.00			\$511.00		\$635.00		\$1,135.00 of network benefits. B you to provide a Prima Physician when you e		
Employee + Grillareri \$467.00  Employee + family \$1,324.00			\$1,372.00		\$1,561.00				
Employee	e + ramily	\$1,324.00		pay rates - Facili		ֆ2,440.00	TRS-ActiveCare Primary and		
		Primary + Plan providers at bcbstx.com/trsactivecare under the							
Employee	only	\$89.50	\$96.50		\$117.00	\$327.50	Find a Doctor Tab.		
Employee	loyee + spouse \$488.00		\$507.00		\$576.00	\$1,007.00		ur online Provider Finder to see which doctors and are in-network. If you	
Employee	ployee + children \$243.50		\$255.50		\$317.50	\$567.50	facilities are in-networ		
Employee	+ family	\$662.00	\$686.00		\$1,224.00	need help for the			
			TRS medical plans, please call a						
Employee	only	\$113.05	pay rates - Child Nutrit		\$147.79	\$413.68	Personal Health Guide at 1-886-355-5999		
Employee	+ spouse	\$616.42	\$640.42		\$727.58	\$1,272.00			
	+ children	\$307.58	\$322.74		\$401.05	\$716.84			
' '		\$836.21	·		\$985.89				
Employee	, in the second	·	\$866.53			\$1,546.11			
Pooled	l Rates per		*Active Care 2 is	a closed plan: No N	ew Enrollments		To be eligible for po		
F	ActiveCare Primary Employee + family \$989.00		ActiveCare H		eCare Primary +	ActiveCare 2	both employee and spouse must work for LISD.		
		φ909.00	\$1,037.00		\$1,226.00	\$2,113.00	and Tananad		
Vision		116.	Manthhamanatas	O continuo attal	40		rgent Transport		
	Superior Vision by MetLife		Monthly pay rates	Semi-monthly	19 pay rates	Employee Monthly	rates Semi-Monthly	19 pay rates	
	mployee only		\$7.54 \$13.80	\$3.77 \$6.90	\$4.76 \$8.72	+ family \$14.0	0 \$7.00	\$8.85	
Employee + spouse Employee + children			\$14.45	\$7.23	\$9.13	Elevible Chandi	******		
Employee + family			\$22.30	\$11.15	\$14.08	Flexible Spendi	If you are enrolled in a Flexible Spending Account, you are limited to how much income you can set aside each year.		
Hospital Cash				Ų i ii i	, , , ,	If you are enrolle			
CHUBB Hospital Cash			Monthly pay rates	Semi-monthly	40 may make	Account, you are			
Employee only			\$17.44	\$8.72	19 pay rates \$11.01	you can set aside			
	e + spouse		\$33.09	1		Health care reimbu	Health care reimbursement limit		
Employee + children			\$26.78	\$13.39	\$16.91	Dependent care re	Health care reimbursement limit \$3  Dependent care reimbursement limit \$5		
Employee + family			\$42.43	\$21.22	\$26.80	Health Savings	Health Savings Accounts		
Cigna	Critical Illne	ess							
Age		tes shown are for \$10,000 ment system for other age bands	Monthly pay rates	Semi-monthly	19 pay rates		olled in TRS-Active (		
	Employee only		\$2.05	\$1.03	\$1.29		You are limited to how much income you can set aside each year.		
<29	Employee + spouse		\$4.19	\$2.10	\$2.65	,			
	Employee + children Employee + family		\$4.74 \$6.88	\$2.37	\$2.99 \$4.35	Employee only		\$4,150	
	Employee + lamily Employee only		\$4.04	\$3.44 \$2.02	\$2.78	Age 55 and older	Age 55 and older		
30-39	Employee + spouse		\$7.82	\$3.91	\$4.91	Family		\$8,300	
	Employee + children		\$6.72	\$3.36	\$4.24	·			
	Employee + family		\$10.50	\$5.25	\$6.63	Age 55 and older	Age 55 and older \$9,300		
	Employee only		\$6.75	\$3.38	\$4.26				
40-49	Employee + spouse		\$13.35	\$6.68	\$8.43				
	Employee + children Employee + family		\$9.04 \$15.63	\$4.52 \$7.82	\$5.71 \$9.87				
Lilipioyee		iiii j	φ13.03	φ1.0∠	ф9.01				



Dental Plans								
MetLife Standard Domaximum of \$1,500 p	Monthly pay rates		Semi-monthl	y 19 pay rates			<b>4</b>	
Employee only	\$42.68		\$21.34	\$26.96			SD	
Employee + spouse	Employee + spouse			\$42.69	\$53.92			SD
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							Λ	MDLive
Employee only	\$22.46		\$11.23	\$14.19	* New - Or	e Rate	\$16.00	
Employee + spouse	Employee + spouse			\$22.45	\$28.36			
Employee + children	\$45.82		\$22.91	\$28.94				
Employee + family		\$68.2	\$68.28		\$43.12	Benefits		Phone & Website
UNUM Voluntar	ry Life		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			Guarantee issue open enrollment every year Waiver of elimination period upon hospitalization with 30 day elimination period or less			Medical		866-355-5999
Child guarantee issue					as any illness - 12 mont	h	ww	w.bcbstx.com/trsactivecare
Age	Rates per month per \$1	0,000	pre-existing limitation Can elect up to 70% of salary to a max of \$8,000			Dental	Dental	800-438-6388
Under 30	\$.36							www.metlife.com
30-34	0-34 \$.45		Premium Plan - pays sickness & injury to age 65			Vision		833-393-5433
35-39	\$.63 \$.99							www.metlife.com/vision
40-44			Elimination period	i (waiting)	Rate per month per \$100 of coverage	MDLive		888-365-1663 www.mdlive.com/fbsbh
45-49	\$1.71	\$1.71			\$2.74	Disability		888-842-4462
50-54	\$2.97 \$4.23		30 day		\$2.32			www.newyorklife.com
55-59			60 day		\$1.50	M I.T.		
60-64	\$5.04		90 day		\$1.30	Medical T	ransport	800-423-3226 www.masamts.com
65-69	69 \$9.00		Select Plan - pays sickness for 5 years & injury to age 65			age 65 Critical III	ness	800-244-6224
70-74	·		Elimination (waiting)		Rate per month per			www.cigna.com
75+			period	. (3)	\$100 of coverage	Hospital (	Cash	800-252-4670
UNUM Child Lif	ie		14 day		\$2.42	1 loopital (	20311	w <u>ww.chubb.com</u>
Coverage amount	Child rates per mon	th	30 day		\$2.08		Individual Permanent Life	800-283-9233
\$2,000	\$.20		60 day		\$1.35	Permaner	it Life	www.texaslife.com
\$4,000	\$.40		90 day \$1.16		Group Life	9	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		\$15.18			www.legaleaseplan.com
UNUM Voluntary AD&D			Semi-monthly		\$7.59	457 and 4		800-943-9179
Rate per month per \$10,000 \$.30			<b>19-pay</b> \$9.59		Retiremen		www.tcgservices.com	
Texas Life - Pern	Texas Life - Permanent Portable Life						pending (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
Sick Leave Bank		Health Say (HSA)	ring Accounts	s 817-882-0800				
	if you used any SLB days o			www.eecu.org				