

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

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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
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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