



NIKA BRUNK

Director of Benefits, Risk Management & HR Systems

MERITZA WEBB

Executive Director of Employee Services & HR Systems

TRS-ACTIVECARE MEDICAL INSURANCE

12 Pay Rates - Professional & Paraprofessional

Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White HMO
Employee Only	\$50.00	\$62.00	\$129.00	\$613.00	\$169.76
Employee + Spouse	\$815.00	\$848.00	\$976.00	\$2,002.00	\$1,032.42
Employee + Children	\$365.00	\$386.00	\$500.00	\$1,107.00	\$516.49
Employee + Family	\$1,130.00	\$1,171.00	\$1,346.00	\$2,441.00	\$1,248.78

24 Pay Rates - Facilities Services & Operations

Employee Only	\$25.00	\$31.00	\$64.50	\$306.50	\$84.88
Employee + Spouse	\$407.50	\$424.00	\$488.00	\$1,001.00	\$516.21
Employee + Children	\$182.50	\$193.00	\$250.00	\$553.50	\$258.25
Employee + Family	\$565.00	\$585.50	\$673.00	\$1,220.50	\$624.39

17 Pay Rates - Food Service & CAO's

Employee Only	\$35.29	\$43.76	\$91.06	\$432.71	\$119.83
Employee + Spouse	\$575.29	\$589.59	\$688.94	\$1,413.18	\$728.77
Employee + Children	\$257.65	\$272.47	\$352.94	\$781.41	\$364.58
Employee + Family	\$797.65	\$826.59	\$950.12	\$1,723.06	\$881.49

Irving ISD contributes \$400 per employee per month to eligible participants.



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TELEHEALTH			
Full Family Coverage is available at no cost for full-time employees that enroll in ActiveCare Primary and ActiveCare -HD or waive medical.			
VISION			
\$125 frame allowance or \$130 contact lens allowance. Exam/Lenses/Contacts: 12 months and Frames 12 months.			
Employee Only			\$7.98
Employee + Spouse			\$15.76
Employee + Children			\$15.44
Employee + Family			\$23.50
DENTAL			
High PPO			
Calendar year maximum of: \$1,500 per insured person. Calendar year maximum of: \$3,000 for implants per insured person.			
Tier	12 Pay Rates	24 Pay Rates	17 Pay Rates
Emp Only	\$36.33	\$18.17	\$25.64
Emp + Spouse	\$62.19	\$31.10	\$43.90
Emp + Children	\$86.55	\$43.28	\$61.09
Emp + Family	\$121.80	\$60.90	\$85.98
Low MAC Plan			
Calendar year maximum of: \$750 per insured person.			
Tier	12 Pay Rates	24 Pay Rates	17 Pay Rates
Emp Only	\$24.93	\$12.47	\$17.60
Emp + Spouse	\$42.75	\$21.38	\$30.18
Emp + Children	\$59.47	\$29.74	\$41.98
Emp + Family	\$83.68	\$41.84	\$59.07
DHMO			
Participant must choose an in-network primary care dentist.			
Tier	12 Pay Rates	24 Pay Rates	17 Pay Rates
Emp Only	\$15.56	\$7.78	\$10.98
Emp + Spouse	\$31.12	\$15.56	\$20.74
Emp + Children	\$39.84	\$19.92	\$26.56
Emp + Family	\$43.74	\$21.87	\$29.16



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LONG TERM DISABILITY	
Guarantee Issue open enrollment every year. Waiver of elimination period upon hospital confinement with 30/30 elimination or less. Pregnancy covered same as any illness. Can elect up to 66 2/3% of salary to a max of \$8,000.	
Plan A Ages 30-34 Elimination Period	(Pays to Age 65) Rates p/\$500
0/7	\$14.50
14/14	\$10.95
30/30	\$6.85
60/60	\$3.95
CANCER	
Two base plan Options with different benefit amounts. 12 Month Pre-existing condition limitation. Intensive Care Unit Rider	
Low Option Rates:	
Individual	\$14.20
1 Parent Family	\$20.01
Family	\$25.60
Low Option w/ ICU Rider Rates:	
Individual	\$17.50
1 Parent Family	\$24.60
Family	\$32.50
High Option Rates:	
Individual	\$27.40
1 Parent Family	\$38.50
Family	\$49.20
High Option w/ ICU Rider Rates:	
Individual	\$30.70
1 Parent Family	\$43.00
Family	\$56.10

VOLUNTARY LIFE			
Employee Guarantee Issue: \$250,000 or 5x Salary Spouse Guarantee Issue: \$50,000 Child Guarantee Issue: \$10,000			
Employee Rates p/\$10,000		Spouse Rates p/\$5,000	
Under 30	\$0.40	Under 30	\$0.20
30-34	\$0.55	30-34	\$0.28
35-39	\$0.60	35-39	\$0.30
40-44	\$1.00	40-44	\$0.50
45-49	\$1.60	45-49	\$0.80
50-54	\$2.50	50-54	\$1.25
55-59	\$4.80	55-59	\$2.40
60-64	\$6.90	60-64	\$3.45
65-69	\$11.60	65-69	\$5.80
70-74	\$18.20	70-74	N/A
75-79	\$28.80	75-79	N/A
80+	\$39.50	80+	N/A
Child Rates			
Per \$5,000		\$1.25	
VOLUNTARY AD&D			
Cost per \$10,000			
Employee Only		\$0.17	
Employee + Spouse		\$0.25	
Employee + Children		\$0.28	
Employee + Family		\$0.32	
MEDICAL SUPPLEMENT- HOSPITAL INDEMNITY PLAN			
Two Plan Options: \$1,500 and \$2,500			
Tier	\$1,500	\$2,500	
Employee Only	\$17.42	\$34.38	
Employee + Spouse	\$30.88	\$61.02	
Employee + Children	\$28.58	\$56.54	
Employee + Family	\$42.04	\$83.18	