

Rate Sheets

TRS MEDICAL INSURANCE

12 Pay Rates- Professional & Paraprofessional

Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White HMO
Employee Only	\$0	\$11	\$128	\$551	\$165.10
Employee + Spouse	\$703	\$734	\$878	\$1,836	\$996.06
Employee + Children	\$309	\$329	\$448	\$1,007	\$497.50
Employee + Family	\$915	\$952	\$1,202	\$2,241	\$1,092.56

24 Pay Rates - Facilities Services & Operations

Employee Only	\$0	\$5.50	\$64	\$275.50	\$82.55
Employee + Spouse	\$351.50	\$367	\$439	\$918	\$498.03
Employee + Children	\$154.50	\$164.50	\$224	\$503.50	\$248.75
Employee + Family	\$457.50	\$476	\$601	\$1,120.50	\$546.28

17 Pay Rates - Food Service & CAO's

Employee Only	\$0	\$7.76	\$90.35	\$388.94	\$116.54
Employee + Spouse	\$496.24	\$518.12	\$619.76	\$1,296	\$703.10
Employee + Children	\$218.12	\$232.24	\$316.24	\$710.82	\$351.18
Employee + Family	\$645.88	\$672	\$848.47	\$1,581.88	\$771.22

Split Rates (Employee + Family)

	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	Active Care 2	Scott & White HMO
Employee + Family	\$264.50	\$283	\$408	\$927.50	\$353.28

Employee works for Irving ISD and their spouse works at another school district offering TRS-ActiveCare Medical.

Pooled Rates (Employee + Family)

Employee + Family	\$529	\$566	\$816	\$1,855	\$706.56
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Both employee and their spouse work for Irving ISD.

FSA Maximum Contribution

Healthcare	\$2,750.00
Dependent Care	\$5,000.00

HSA Maximum Contribution

Individual	\$3,550.00
Family	\$7,100.00

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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.			
Tier	12 Pay Rates	24 Pay Rates	17 Pay Rates
Emp Only	\$34.54	\$17.27	\$23.02
Emp + Spouse	\$59.14	\$29.57	\$39.42
Emp + Children	\$82.30	\$41.15	\$54.86
Emp + Family	\$115.82	\$57.91	\$77.21
Low MAC Plan			
Calendar year maximum of: \$750 per insured person.			
Tier	12 Pay Rates	24 Pay Rates	17 Pay Rates
Emp Only	\$24.20	\$12.10	\$16.13
Emp + Spouse	\$41.50	\$20.75	\$27.66
Emp + Children	\$57.74	\$28.87	\$38.49
Emp + Family	\$81.24	\$40.62	\$54.16
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	\$18.28	\$36.09
Employee + Spouse	\$32.41	\$64.07
Employee + Children	\$30.00	\$59.36
Employee + Family	\$44.13	\$87.34