

# 2018-2019 BENEFIT RATE INFORMATION

## Medical Insurance – FirstCare and TRS-ActiveCare

Premiums Include Employer Contribution of \$275.00, per eligible employee.

<u>TRS-ActiveCare HD-1</u>	<u>Monthly Rate</u>
Employee Only	\$92.00
Employee and Spouse	\$760.00
Employee and Children	\$426.00
Family	\$1,099.00
<u>TRS-ActiveCare Select</u>	<u>Monthly Rate</u>
Employee Only	\$265.00
Employee and Spouse	\$1,052.00
Employee and Children	\$601.00
Family	\$1,393.00
<u>TRS-ActiveCare 2</u>	<u>Monthly Rate</u>
Employee Only	\$507.00
Employee and Spouse	\$1,580.00
Employee and Children	\$888.00
Family	\$1,919.00
<u>FirstCare</u>	<u>Monthly Rate</u>
Employee Only	\$259.04
Employee and Spouse	\$1,073.92
Employee and Children	\$574.76
Family	\$1,110.36

## Medical Gap Insurance - Benefit Connect

### 2 PLAN OPTIONS:

Plan 1 - \$1,500 Inpatient and \$200 Outpatient Annual Benefit

Plan 2 - \$1,500 Inpatient, \$1,500 Outpatient Annual Benefit

Age	Under 40		40-49		50 & Above	
	1	2	1	2	1	2
Employee Only	\$14.80	\$26.89	\$19.79	\$35.41	\$41.49	\$74.37
Employee + Spouse	\$27.17	\$49.44	\$36.33	\$65.05	\$76.26	\$136.65
Employee + Child	\$37.89	\$64.64	\$40.69	\$69.58	\$74.36	\$128.15
Family	\$49.94	\$86.57	\$56.82	\$98.44	\$107.83	\$188.80

# 2018-2019 BENEFIT RATE INFORMATION

## Dental Insurance – Ameritas Network – The Standard

No Waiting Periods for Benefits and Covered Services.

<u>Low Plan</u>	<u>Monthly Rate</u>
Employee Only	\$21.71
Employee and Spouse	\$41.97
Employee and Children	\$54.37
Family	\$74.62

Includes Child Orthodontics

<u>High Plan</u>	<u>Monthly Rate</u>
Employee Only	\$39.64
Employee and Spouse	\$77.26
Employee and Children	\$100.06
Family	\$137.55

## Disability Insurance – The Standard

Insurance for your paycheck in the event of an accident or illness.

<u>Option A</u>	<u>\$1,000 Monthly Benefit – Rates</u>
0-7 Day Elimination Period	\$38.40
14 Day Elimination Period	\$33.80
30 Day Elimination Period	\$28.70
60 Day Elimination Period	\$18.60
90 Day Elimination Period	\$16.10
180 Day Elimination Period	\$11.80

<u>Option B</u>	<u>\$1,000 Monthly Benefit – Rates</u>
0-7 Day Elimination Period	\$36.00
14 Day Elimination Period	\$31.30
30 Day Elimination Period	\$27.00
60 Day Elimination Period	\$17.50
90 Day Elimination Period	\$14.90
180 Day Elimination Period	\$11.40

# 2018-2019 BENEFIT RATE INFORMATION

## Group Base and Voluntary Term Life Insurance – Lincoln Financial

\$10,000 policy is provided by Pampa ISD to eligible employees, at no cost.

## Permanent Life Insurance – Texas Life

Permanent Life to Age 121. Express Issue (no medical) for coverage up to \$150K for Ages 17-49 and \$75K for Age 50-65

**Employees may select Voluntary Term and/or Permanent Life Insurance.**

*Please see agent or call 877.730.7780 or 972.772.0900 to enroll in Texas Life*

## Cancer Insurance – Colonial Life

Rates include \$5,000 Initial Diagnosis and Dreaded Disease Benefits.

<u>Level 4</u>	<u>Monthly Rate</u>
Employee Only	\$29.85
Family	\$49.55

## Critical Illness Insurance – Lincoln Financial

\$10K - \$25K benefit for covered event or illness.  
Rate includes \$100 annual health assessment.

Please refer to page 44 for coverage information and rates.

# 2018-2019 BENEFIT RATE INFORMATION

## Accident Insurance - Allstate

Pays over and above major medical insurance, directly to the participant.

<u>Tier Option</u>	<u>Monthly Rate</u>	
	<u>LOW</u>	<u>HIGH</u>
Employee Only	\$12.52	\$13.76
Employee and Spouse	\$18.36	\$19.80
Employee and Children	\$25.26	\$27.96
Family	\$31.58	\$34.96

## Vision Insurance - Superior Vision

\$10 Office Copay - Exam every 12 months, \$25 Materials Copay. Lenses every 12 months. Frames every 24 months.

<u>Tier Option</u>	<u>Monthly Rate</u>
Employee Only	\$6.57
Employee and One	\$13.16
Family	\$21.16

