LACKLAND INDEPENDENT SCHOOL DISTRICT
GROUP HEALTH, DENTAL AND GROUP TERM LIFE
2026-2027

Type of Coverage	TRS ActiveCare Group Health Insurance	
District Contribution for participating employees = $636.00 per month		
Primary Plan	**Premium Amount**	**Employee Cost**
Employee Only	$499.00	$0.00
Employee/Child(ren)	$849.00	$213.00
Employee/Spouse	$1,348.00	$712.00
Employee/Family	$1,697.00	$1,061.00
HD Plan (formerly HD 1)	**Premium Amount**	**Employee Cost**
Employee Only	$515.00	$0.00
Employee/Child(ren)	$876.00	$240.00
Employee/Spouse	$1,391.00	$755.00
Employee/Family	$1,751.00	$1,115.00
Primary+ (formerly Select)	**Premium Amount**	**Employee Cost**
Employee Only	$586.00	$0.00
Employee/Child(ren)	$997.00	$361.00
Employee/Spouse	$1,524.00	$888.00
Employee/Family	$1,934.00	$1,298.00
ActiveCare 2 (Closed to new enrollees)	**Premium Amount**	**Employee Cost**
Employee Only	$1,013.00	$377.00
Employee/Child(ren)	$1,507.00	$871.00
Employee/Spouse	$2,402.00	$1,766.00
Employee/Family	$2,841.00	$2,205.00
Employees that select the Primary Plan or HD Plan will receive $100 per month (or $1200/per year) and $50 permonth ($600/per year) for Primary+ deposited in a flexible spending account (FSA) if they elect Employee Only Coverage		
Name of Company	**Cigna Dental**	
Type of Coverage	**Dental Insurance Plan**	
District Contribution for participating employees = $38.74 per month		
	Premium Amount	**Employee Cost**
Employee Only	$38.74	$0.00
Employee/Spouse	$51.89	$13.15
Employee/Child(ren)	$56.96	$18.22
Employee/Family	$85.33	$46.59
Name of Company	**Blue Cross Blue Shield**	
Type of Coverage	**Group Term Life Insurance ($40,000 benefit or less due to age band)**	
District Contribution for participating employees = $1.92 per month		
	Premium Amount	**Employee Cost**
Employee Only	$1.92	$0.00
Name of Company	**AllOne Health formally Deer Oaks**	
Type of Coverage	**Employee Assistance Provider Services - Up to 6 free visits per year**	
District Contribution for participating employees = $2.61 per month		
	Premium Amount	**Employee Cost**
Employee Only	$2.61	$0.00

Note: Total District contribution for participating employees is noted below:
Up to 679.27 per month
Annual Total $8151.24