

**LACKLAND INDEPENDENT SCHOOL DISTRICT
GROUP HEALTH, DENTAL AND GROUP TERM LIFE
2022-2023**

Type of Coverage	TRS ActiveCare Group Health Insurance	
District Contribution for participating employees = up to \$497.00 per month		
Primary Plan	Premium Amt	Employee Cost
Employee Only	\$ 346.00	\$0.00
Employee/Child(ren)	\$ 622.00	\$ 125.00
Employee/Spouse	\$ 976.00	\$ 479.00
Employee/Family	\$ 1,168.00	\$ 671.00
HD Plan (formerly HD 1)	Premium Amt	Employee Cost
Employee Only	\$ 357.00	\$0.00
Employee/Child(ren)	\$ 641.00	\$ 144.00
Employee/Spouse	\$ 1,005.00	\$ 508.00
Employee/Family	\$ 1,202.00	\$ 705.00
Primary+ (formerly Select)	Premium Amt	Employee Cost
Employee Only	\$ 434.00	\$0.00
Employee/Child(ren)	\$ 699.00	\$ 202.00
Employee/Spouse	\$ 1,062.00	\$ 565.00
Employee/Family	\$ 1,336.00	\$ 839.00
ActiveCare 2 (Closed to new enrollees)	Premium Amt	Employee Cost
Employee Only	\$ 1,013.00	\$ 516.00
Employee/Child(ren)	\$ 1,507.00	\$ 1,010.00
Employee/Spouse	\$ 2,402.00	\$ 1,905.00
Employee/Family	\$ 2,841.00	\$ 2,344.00
Employees that select the Primary Plan or HD Plan will receive \$100 per month (or \$1200.00 per year) and \$63 per month (\$756.00) for Primary + deposited in a flexible spending account (FSA) if they elect Employee Only coverage.		
Name of Company	MET-LIFE	
Type of Coverage	Dental Insurance Plan	
District Contribution for participating employees = \$37.72 per month		
	Premium Amt	Employee Cost
Employee Only	\$37.72	\$0.00
Employee/Spouse	\$50.52	\$12.80
Employee/Child	\$55.46	\$17.74
Employee/Family	\$83.80	\$46.08
Name of Company	MET-LIFE	
Type of Coverage	Group Term Life Insurance (\$40,000 benefit or less due to age band)	
District Contribution for participating employees = \$6.80 per month		
	Premium Amt	Employee Cost
Employee Only	\$ 6.80	\$0

**Note. Total District contribution for participating employees is noted below:
Up to \$541.52 per month
Annual Total of \$6,498.24**