## LACKLAND INDEPENDENT SCHOOL DISTRICT GROUP HEALTH, DENTAL AND GROUP TERM LIFE 2023-2024

	2023-2024	
Type of Coverage		up Health Insurance
District Contril	bution for participating employees =	\$497.00 per month
Primary Plan	Premium Amount	Employee Cost
Employee Only	\$376.00	\$0.00
Employee/Child(ren)	\$640.00	\$143.00
Employee/Spouse	\$1,016.00	\$519.00
Employee/Family	\$1,279.00	
HD Plan (formerly HD 1)	Premium Amount	Employee Cost
Employee Only	\$388.00	\$0.00
Employee/Child(ren)	\$660.00	
Employee/Spouse	\$1,048.00	
Employee/Family	\$1,320.00	•
Primary+ (formerly Select)	Premium Amount	Employee Cost
Employee Only	\$442.00	\$0.00
Employee/Child(ren)	\$752.00	-
Employee/Spouse	\$1,150.00	· ·
Employee/Family	\$1,459.00	•
ActiveCare 2 (Closed to new enrollees)	Premium Amount	Employee Cost
Employee Only	\$1,013.00	\$516.00
Employee/Child(ren)	\$1,507.00	
Employee/Spouse	\$2,402.00	
Employee/Spouse Employee/Family	\$2,841.00	
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	lan or HD Plan will receive \$100 per month (	
	d in a flexible spending account (FSA) if they	
Name of Company	MET-LIFE	
Type of Coverage Dental Insurance Plan		
District Contri	bution for participating employees =	\$37.72 per montn
	Premium Amount	Employee Cost
Employee Only	\$37.72	\$0.00
Employee/Spouse	\$50.52	\$12.80
Employee/Child(ren)	\$55.46	\$17.74
Employee/Family	\$83.80	\$46.08
Name of Company	Blue Cross Blue Shield	
Type of Coverage	Group Term Life Insurance (\$40,0	00 benefit or less due to age band)
District Contr	ibution for participating employees =	= \$1.92 per month
	Premium Amount	Employee Cost
Employee Only	\$1.92	\$0.00
Name of Company	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
	rict contribution for participating emplo	
Note. Total Dist	Up to 539.25 per month	yees is noted below.

Annual Total \$6471