



# 2020 EMPLOYEE 10-MONTH BI-WEEKLY PREMIUM SUMMARY

<b>MEDICAL – BCBSTX *LISD CONTRIBUTES A SEPARATE \$340/MONTH TO ALL MEDICAL PLANS</b>			
	<b>CDHP 2800</b>	<b>CDHP 1400</b>	<b>PPO 1000</b>
Employee Only	\$22.80	\$78.00	\$210.00
Employee + Spouse	\$864.00	\$1,087.20	\$1,444.80
Employee + Child(ren)	\$466.80	\$586.80	\$780.00
Employee + Family	\$943.20	\$1,280.40	\$1,700.40
LISD Family (Married LISD Employees)	\$535.20	\$872.40	\$1,292.40

<b>MEDICAL TRANSPORT - MASA</b>		
<b>EMERGENT GROUND</b>	<b>EMERGENT PLUS</b>	<b>PLATINUM</b>
\$10.80	\$16.80	\$46.80

<b>DENTAL – METLIFE *NEW CARRIER FOR 2020</b>		
	<b>LOW PLAN</b>	<b>HIGH PLAN</b>
Employee Only	\$27.98	\$41.26
Employee + Spouse	\$50.81	\$75.05
Employee + Child(ren)	\$62.45	\$92.57
Employee + Family	\$84.98	\$125.71

<b>VISION – METLIFE *NEW CARRIER FOR 2020 (SAME VSP NETWORK)</b>	
	<b>LOW LAN</b>
Employee Only	\$10.51
Employee + Spouse	\$20.99
Employee + Child(ren)	\$22.48
Employee + Family	\$35.93

<b>DISABILITY – THE HARTFORD *NEW CARRIER FOR 2020</b>						
	<b>Rates per \$100 of Monthly Benefit</b>					
	<b>0/7</b>	<b>14/14</b>	<b>30/30</b>	<b>60/60</b>	<b>90/90</b>	<b>180/180</b>
40% of Monthly Salary	\$2.04	\$1.64	\$1.31	\$0.88	\$0.77	\$0.59
50% of Monthly Salary	\$2.29	\$1.84	\$1.48	\$0.98	\$0.85	\$0.66
60% of Monthly Salary	\$2.69	\$2.16	\$1.74	\$1.16	\$1.01	\$0.78
70% of Monthly Salary	\$3.59	\$2.88	\$2.33	\$1.56	\$1.34	\$1.04



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VOLUNTARY GROUP LIFE - ONEAMERICA		
CHILD(REN) BENEFIT RATES	CHILD(REN) < 6 MONTH	CHILD(REN) 6 MONTHS TO AGE 26
	\$1,000/\$2.07	\$10,000/\$2.07
EMPLOYEE/SPOUSE RATES	PER \$10,000 OF COVERAGE	
Age <25		\$0.40
25-29		\$0.40
30-34		\$0.52
35-39		\$0.73
40-44		\$1.10
45-49		\$1.66
50-54		\$2.65
55-59		\$4.03
60-64		\$4.82
65-69		\$7.12
70-74		\$15.02
75+		\$28.19

VOLUNTARY AD&D RATES - ONEAMERICA										
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$100,000	\$200,000	\$300,000	\$400,000	\$500,000
Employee Only	\$0.19	\$0.38	\$0.58	\$0.77	\$0.96	\$1.92	\$3.84	\$5.76	\$7.68	\$9.60
Employee + Family	\$0.32	\$0.65	\$0.97	\$1.30	\$1.62	\$3.24	\$6.48	\$9.72	\$12.96	\$16.20

PERMANENT INDIVIDUAL LIFE – CHUBB *NEW CARRIER FOR 2020	
AGE BANDED RATES	NON-TOBACCO, PER \$50,000 OF COVERAGE
25	\$26.00
35	\$38.45
45	\$65.05
55	\$121.60
65	\$264.19

CANCER - GUARDIAN *NEW CARRIER FOR 2020		
	PLAN 1	PLAN 2
Employee Only	\$13.81	\$23.80
Employee + Spouse	\$29.04	\$49.94
Employee + Child(ren)	\$15.76	\$26.70
Employee + Family	\$30.98	\$52.85



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CRITICAL ILLNESS - METLIFE *NEW CARRIER FOR 2020		
ISSUE AGE	PER \$10,000 OF COVERAGE	
	NON-TABACCO	TOBACCO USER
<25	\$4.56	\$7.08
25-29	\$4.56	\$7.08
30-34	\$6.84	\$10.08
35-39	\$9.60	\$14.16
40-44	\$13.68	\$21.60
45-50	\$18.72	\$31.68
50-54	\$25.68	\$45.48
55-59	\$33.72	\$63.48
60-64	\$44.88	\$80.04
65-69	\$55.32	\$95.88
70+	\$81.00	\$125.52

ACCIDENT – CHUBB *NEW CARRIER FOR 2020	
Employee Only	\$16.61
Employee + Spouse	\$26.88
Employee + Child(ren)	\$33.02
Employee + Family	\$51.60

HOSPITAL INDEMNITY – THE HARTFORD *NEW CARRIER FOR 2020		
	PLAN 1	PLAN 2
Employee Only	\$18.72	\$32.62
Employee + Spouse	\$33.97	\$58.90
Employee + Child(ren)	\$34.67	\$59.66
Employee + Family	\$52.55	\$90.43

LEGAL – TEXAS LEGAL	
Employee Only	\$14.40
Employee + Family	\$19.20