



2020 EMPLOYEE 12-MONTH BI-WEEKLY PREMIUM SUMMARY

MEDICAL – BCBSTX *LISD CONTRIBUTES A SEPARATE \$340/MONTH TO ALL MEDICAL PLANS			
	CDHP 2800	CDHP 1400	PPO 1000
Employee Only	\$9.50	\$32.50	\$87.50
Employee + Spouse	\$360.00	\$453.00	\$602.00
Employee + Child(ren)	\$194.50	\$244.50	\$325.00
Employee + Family	\$393.00	\$533.50	\$708.50
LISD Family (Married LISD Employees)	\$223.00	\$363.50	\$538.50

MEDICAL TRANSPORT - MASA		
EMERGENT GROUND	EMERGENT PLUS	PLATINUM
\$4.50	\$7.00	\$19.50

DENTAL – METLIFE *NEW CARRIER FOR 2020		
	LOW PLAN	HIGH PLAN
Employee Only	\$11.66	\$17.19
Employee + Spouse	\$21.17	\$31.27
Employee + Child(ren)	\$26.02	\$38.57
Employee + Family	\$35.41	\$52.38

VISION – METLIFE *NEW CARRIER FOR 2020 (SAME VSP NETWORK)	
	LOW LAN
Employee Only	\$4.38
Employee + Spouse	\$8.75
Employee + Child(ren)	\$9.37
Employee + Family	\$14.97

DISABILITY – THE HARTFORD *NEW CARRIER FOR 2020						
	Rates per \$100 of Monthly Benefit					
	0/7	14/14	30/30	60/60	90/90	180/180
40% of Monthly Salary	\$0.85	\$0.69	\$0.55	\$0.37	\$0.32	\$0.25
50% of Monthly Salary	\$0.96	\$0.77	\$0.62	\$0.41	\$0.36	\$0.28
60% of Monthly Salary	\$1.12	\$0.90	\$0.73	\$0.49	\$0.42	\$0.33
70% of Monthly Salary	\$1.50	\$1.20	\$0.97	\$0.65	\$0.56	\$0.44



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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/\$0.86	\$10,000/\$0.86
EMPLOYEE/SPOUSE RATES	PER \$10,000 OF COVERAGE	
Age <25		\$0.17
25-29		\$0.17
30-34		\$0.22
35-39		\$0.31
40-44		\$0.46
45-49		\$0.69
50-54		\$1.11
55-59		\$1.68
60-64		\$2.01
65-69		\$2.97
70-74		\$6.26
75+		\$11.75

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	\$0.08	\$0.16	\$0.24	\$0.32	\$0.40	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00
Employee + Family	\$0.14	\$0.27	\$0.41	\$0.54	\$0.68	\$1.35	\$2.70	\$4.05	\$5.40	\$6.75

PERMANENT INDIVIDUAL LIFE – CHUBB *NEW CARRIER FOR 2020	
AGE BANDED RATES	NON-TOBACCO, PER \$50,000 OF COVERAGE
25	\$10.84
35	\$16.02
45	\$27.11
55	\$50.67
65	\$110.08

CANCER - GUARDIAN *NEW CARRIER FOR 2020		
	PLAN 1	PLAN 2
Employee Only	\$5.76	\$9.92
Employee + Spouse	\$12.10	\$20.81
Employee + Child(ren)	\$6.57	\$11.13
Employee + Family	\$12.91	\$22.02



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CRITICAL ILLNESS - METLIFE *NEW CARRIER FOR 2020		
	PER \$10,000 OF COVERAGE	
ISSUE AGE	NON-TABACCO	TOBACCO USER
<25	\$1.90	\$2.95
25-29	\$1.90	\$2.95
30-34	\$2.85	\$4.20
35-39	\$4.00	\$5.90
40-44	\$5.70	\$9.00
45-50	\$7.80	\$13.20
50-54	\$10.70	\$18.95
55-59	\$14.05	\$26.45
60-64	\$18.70	\$33.35
65-69	\$23.05	\$39.95
70+	\$33.75	\$52.30

ACCIDENT – CHUBB *NEW CARRIER FOR 2020	
Employee Only	\$6.92
Employee + Spouse	\$11.20
Employee + Child(ren)	\$13.76
Employee + Family	\$21.50

HOSPITAL INDEMNITY – THE HARTFORD *NEW CARRIER FOR 2020		
	PLAN 1	PLAN 2
Employee Only	\$7.80	\$13.59
Employee + Spouse	\$14.16	\$24.54
Employee + Child(ren)	\$14.45	\$24.86
Employee + Family	\$21.90	\$37.68

LEGAL – TEXAS LEGAL	
Employee Only	\$6.00
Employee + Family	\$8.00