



2020 EMPLOYEE MONTHLY PREMIUM SUMMARY

MEDICAL – BCBSTX *LISD CONTRIBUTES A SEPARATE \$340/MONTH TO ALL MEDICAL PLANS

	CDHP 2800	CDHP 1400	PPO 1000
Employee Only	\$19	\$65	\$175
Employee + Spouse	\$720	\$906	\$1,204
Employee + Child(ren)	\$389	\$489	\$650
Employee + Family	\$786	\$1,067	\$1,417
LISD Family (Married LISD Employees)	\$446	\$727	\$1,077

MEDICAL TRANSPORT - MASA

EMERGENT GROUND	EMERGENT PLUS	PLATINUM
\$9	\$14	\$39

DENTAL – METLIFE *NEW CARRIER FOR 2020

	LOW PLAN	HIGH PLAN
Employee Only	\$23.32	\$34.38
Employee + Spouse	\$42.34	\$62.54
Employee + Child(ren)	\$52.04	\$77.14
Employee + Family	\$70.82	\$104.76

VISION – METLIFE *NEW CARRIER FOR 2020 (SAME VSP NETWORK)

	LOW LAN
Employee Only	\$8.76
Employee + Spouse	\$17.49
Employee + Child(ren)	\$18.73
Employee + Family	\$29.94

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	\$1.70	\$1.37	\$1.09	\$0.73	\$0.64	\$0.49
50% of Monthly Salary	\$1.91	\$1.53	\$1.23	\$0.82	\$0.71	\$0.55
60% of Monthly Salary	\$2.24	\$1.80	\$1.45	\$0.97	\$0.84	\$0.65
70% of Monthly Salary	\$2.99	\$2.40	\$1.94	\$1.30	\$1.12	\$0.87



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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/\$1.72	\$10,000/1.72
EMPLOYEE/SPOUSE RATES	PER \$10,000 OF COVERAGE	
Age <25	\$0.33	
25-29	\$0.33	
30-34	\$0.43	
35-39	\$0.61	
40-44	\$0.92	
45-49	\$1.38	
50-54	\$2.21	
55-59	\$3.36	
60-64	\$4.02	
65-69	\$5.93	
70-74	\$12.52	
75+	\$23.49	

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	\$0.16	\$0.32	\$0.48	\$0.64	\$0.80	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00
Employee + Family	\$0.27	\$0.54	\$0.81	\$1.08	\$1.35	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50

PERMANENT INDIVIDUAL LIFE – CHUBB *NEW CARRIER FOR 2020	
AGE BANDED RATES	NON-TOBACCO, PER \$50,000 OF COVERAGE
25	\$21.67
35	\$32.04
45	\$54.21
55	\$101.33
65	\$220.16

CANCER - GUARDIAN *NEW CARRIER FOR 2020		
	PLAN 1	PLAN 2
Employee Only	\$11.51	\$19.83
Employee + Spouse	\$24.20	\$41.62
Employee + Child(ren)	\$13.13	\$22.25
Employee + Family	\$25.82	\$44.04



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CRITICAL ILLNESS - METLIFE *NEW CARRIER FOR 2020		
ISSUE AGE	PER \$10,000 OF COVERAGE	
	NON-TABACCO	TOBACCO USER
<25	\$3.80	\$5.90
25-29	\$3.80	\$5.90
30-34	\$5.70	\$8.40
35-39	\$8.00	\$11.80
40-44	\$11.40	\$18.00
45-50	\$15.60	\$26.40
50-54	\$21.40	\$37.90
55-59	\$28.10	\$52.90
60-64	\$37.40	\$66.70
65-69	\$46.10	\$79.90
70+	\$67.50	\$104.60

ACCIDENT – CHUBB *NEW CARRIER FOR 2020	
Employee Only	\$13.84
Employee + Spouse	\$22.40
Employee + Child(ren)	\$27.52
Employee + Family	\$43.00

HOSPITAL INDEMNITY – THE HARTFORD *NEW CARRIER FOR 2020		
	PLAN 1	PLAN 2
Employee Only	\$15.60	\$27.18
Employee + Spouse	\$28.31	\$49.08
Employee + Child(ren)	\$28.89	\$49.72
Employee + Family	\$43.79	\$75.36

LEGAL – TEXAS LEGAL	
Employee Only	\$12.00
Employee + Family	\$16.00