

2019 Employee Premium Summary

Medical Monthly Premium - BCBSTX (LISD contributes a separate \$330/month to all medical plans)

Medical Coverage Options	CDHP 2700	CDHP 1350	PPO 800
Employee Only	\$19.00	\$65.00	\$175.00
Employee + Spouse	\$720.00	\$906.00	\$1,204.00
Employee + Child(ren)	\$389.00	\$489.00	\$650.00
Family	\$848.00	\$1,067.00	\$1,417.00
Family (Married Employees)*	\$518.00	\$737.00	\$1,087.00

Medical Transport - MASA *New Benefit for 2019

Platinum	Emergent Plus	Emergent Ground
\$39/month	\$14/month	\$9/month

Dental Monthly Premium - CIGNA *New Carrier for 2019

Dental Coverage Options	Low Plan	High Plan
Employee Only	\$23.33	\$34.38
Employee + Spouse	\$42.34	\$62.55
Employee + Child(ren)	\$52.04	\$77.14
Employee + Family	\$70.83	\$104.77

Vision Monthly Premium - VSP

Coverage Options	Basic Plan
Employee Only	\$7.08
Employee + Spouse	\$14.14
Employee + Child(ren)	\$15.14
Employee + Family	\$24.20

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Disability Monthly Premiums - OneAmerica

Elimination Period	40%	50%	60%
0/7	\$1.89	\$2.12	\$2.49
14/14	\$1.52	\$1.70	\$2.00
30/30	\$1.21	\$1.37	\$1.61
60/60	\$0.81	\$0.91	\$1.08
90/90	\$0.71	\$0.79	\$0.93
180/180	\$0.54	\$0.61	\$0.72

Voluntary Group Life Rates - OneAmerica

Age	Employee Life Rates per \$10,000	Spouse Life Rates per \$10,000
0-19	\$0.37	\$0.37
20-24	\$0.37	\$0.37
25-29	\$0.37	\$0.37
30-34	\$0.48	\$0.48
35-39	\$0.68	\$0.68
40-44	\$1.02	\$1.02
45-49	\$1.53	\$1.53
50-54	\$2.45	\$2.45
55-59	\$3.73	\$3.73
60-64	\$4.47	\$4.47
65-69	\$6.59	\$6.59
70-74	\$13.91	\$13.91
75+	\$26.10	\$26.10

Child Option	Child(ren) 6 months to age 26	Child(ren) live birth to 6 months	Deduction Amount Child(ren)
Option 1	\$10,000	\$1,000	\$1.72

Voluntary AD&D Rates - OneAmerica

	Rate/ \$10,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$100,000	\$200,000	\$300,000	\$400,000	\$500,000
Employee Only	\$0.16	\$0.16	\$0.32	\$0.48	\$0.64	\$0.80	\$1.60	\$3.20	\$4.80	\$6.40	\$7.20
Employee + Family	\$0.27	\$0.27	\$0.54	\$0.81	\$1.08	\$1.35	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50

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Individual Life Rates - 5Star

Age on 1/1/2019	Employee Coverage Amounts					Spouse Coverage Amounts		
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$10,000	\$20,000	\$30,000
18-25	\$7.56	\$12.40	\$20.46	\$28.52	\$36.58	\$7.56	\$10.78	\$14.01
26	\$7.58	\$12.46	\$20.58	\$28.71	\$36.83	\$7.58	\$10.83	\$14.08
27	\$7.65	\$12.63	\$20.92	\$29.21	\$37.50	\$7.65	\$10.97	\$14.28
28	\$7.74	\$12.85	\$21.38	\$29.90	\$38.42	\$7.74	\$11.15	\$14.56
29	\$7.88	\$13.21	\$22.08	\$30.96	\$39.83	\$7.88	\$11.43	\$14.98
30	\$8.07	\$13.67	\$23.00	\$32.33	\$41.67	\$8.07	\$11.80	\$15.53
31	\$8.27	\$14.17	\$24.00	\$33.83	\$43.67	\$8.27	\$12.20	\$16.13
32	\$8.49	\$14.73	\$25.13	\$35.52	\$45.92	\$8.49	\$12.65	\$16.81
33	\$8.73	\$15.31	\$26.29	\$37.27	\$48.25	\$8.73	\$13.12	\$17.51
34	\$9.00	\$16.00	\$27.67	\$39.33	\$51.00	\$9.00	\$13.67	\$18.33
35	\$9.30	\$16.75	\$29.17	\$41.58	\$54.00	\$9.30	\$14.27	\$19.23
36	\$9.64	\$17.60	\$30.88	\$44.15	\$57.42	\$9.64	\$14.95	\$20.26
37	\$10.02	\$18.54	\$32.75	\$46.96	\$61.17	\$10.02	\$15.70	\$21.38
38	\$10.41	\$19.52	\$34.71	\$49.90	\$65.08	\$10.41	\$16.48	\$22.56
39	\$10.84	\$20.60	\$36.88	\$53.15	\$69.42	\$10.84	\$17.35	\$23.86
40	\$11.31	\$21.77	\$39.21	\$56.65	\$74.08	\$11.31	\$18.28	\$25.26
41	\$11.83	\$23.08	\$41.83	\$60.58	\$79.33	\$11.83	\$19.33	\$26.83
42	\$12.41	\$24.52	\$44.71	\$64.90	\$85.08	\$12.41	\$20.48	\$28.56
43	\$13.00	\$26.00	\$47.67	\$69.33	\$91.00	\$13.00	\$21.67	\$30.33
44	\$13.63	\$27.56	\$50.79	\$74.02	\$97.25	\$13.63	\$22.92	\$32.21
45	\$14.28	\$29.19	\$54.04	\$78.90	\$103.75	\$14.28	\$24.22	\$34.16
46	\$14.97	\$30.92	\$57.50	\$84.08	\$110.67	\$14.97	\$25.60	\$36.23
47	\$15.69	\$32.73	\$61.13	\$89.52	\$117.92	\$15.69	\$27.05	\$38.41
48	\$16.43	\$34.56	\$64.79	\$95.02	\$125.25	\$16.43	\$28.52	\$40.61
49	\$17.22	\$36.54	\$68.75	\$100.96	\$133.17	\$17.22	\$30.10	\$42.98
50	\$18.08	\$38.69	\$73.04	\$107.40	\$141.75	\$18.08	\$31.82	\$45.56
51	\$19.04	\$41.10	\$77.88	\$114.65	\$151.42	\$19.04	\$33.75	\$48.46
52	\$20.16	\$43.90	\$83.46	\$123.02	\$162.58	\$20.16	\$35.98	\$51.81
53	\$21.40	\$47.00	\$89.67	\$132.33	\$175.00	\$21.40	\$38.47	\$55.53
54	\$22.79	\$50.48	\$96.63	\$142.77	\$188.92	\$22.79	\$41.25	\$59.71
55	\$24.27	\$54.17	\$104.00	\$153.83	\$203.67	\$24.27	\$44.20	\$64.13
56	\$25.93	\$58.33	\$112.33	\$166.33	\$220.33	\$25.93	\$47.53	\$69.13
57	\$27.66	\$62.65	\$120.96	\$179.27	\$237.58	\$27.66	\$50.98	\$74.31
58	\$29.42	\$67.04	\$129.75	\$192.46	\$255.17	\$29.42	\$54.50	\$79.58
59	\$31.23	\$71.56	\$138.79	\$206.02	\$273.25	\$31.23	\$58.12	\$85.01
60	\$33.12	\$76.29	\$148.25	\$220.21	\$292.17	\$33.12	\$61.90	\$90.68
61	\$35.08	\$81.19	\$158.04	\$234.90	\$311.75	\$35.08	\$65.82	\$96.56
62	\$37.13	\$86.31	\$168.29	\$250.27	\$332.25	\$37.13	\$69.92	\$102.71
63	\$39.31	\$91.77	\$179.21	\$266.65	\$354.08	\$39.31	\$74.28	\$109.26
64	\$41.68	\$97.71	\$191.08	\$284.46	\$377.83	\$41.68	\$79.03	\$116.38
65	\$44.33	\$104.33	\$204.33	\$304.33	\$404.33	\$44.33	\$84.33	\$124.33
66*	\$44.93	\$105.81	\$207.29	\$308.77	\$410.25	\$44.93	\$85.52	\$126.11
67*	\$48.25	\$114.13	\$223.92	\$333.71	\$443.50	\$48.25	\$92.17	\$136.08
68*	\$52.03	\$123.58	\$242.83	\$362.08	\$481.33	\$52.03	\$99.73	\$147.43
69*	\$56.33	\$134.31	\$264.29	\$394.27	\$524.25	\$56.33	\$108.32	\$160.31
70*	\$61.17	\$146.42	\$288.50	\$430.58	\$572.67	\$61.17	\$118.00	\$174.83

2019 Employee Premium Summary

Employee Critical Illness Rates - Voya

Non-Tobacco User				Tobacco User			
Issue Age	\$10,000	\$20,000	\$30,000	Issue Age	\$10,000	\$20,000	\$30,000
Under 25	\$3.85	\$7.70	\$11.55	Under 25	\$5.90	\$11.80	\$17.70
25-29	\$3.85	\$7.70	\$11.55	25-29	\$5.90	\$11.80	\$17.70
30-34	\$5.78	\$11.56	\$17.35	30-34	\$8.40	\$16.80	\$25.20
35-39	\$8.19	\$16.38	\$24.57	35-39	\$11.85	\$23.69	\$35.54
40-44	\$12.87	\$25.74	\$38.61	40-44	\$18.00	\$36.00	\$54.00
45-49	\$18.43	\$36.86	\$55.30	45-49	\$26.88	\$53.76	\$80.64
50-54	\$25.44	\$50.88	\$76.32	50-54	\$38.41	\$76.82	\$115.23
55-59	\$33.06	\$66.13	\$99.19	55-59	\$54.06	\$108.11	\$162.17
60-64	\$41.31	\$82.62	\$123.93	60-64	\$68.67	\$137.34	\$206.01
65-69	\$47.85	\$95.70	\$143.55	65-69	\$81.30	\$162.60	\$243.90
70+	\$72.82	\$145.64	\$218.46	70+	\$104.76	\$209.52	\$314.28

Spouse Critical Illness Rates - Voya

Non-Tobacco User				Tobacco User			
Issue Age	\$5,000	\$10,000	\$15,000	Issue Age	\$5,000	\$10,000	\$15,000
Under 25	\$1.93	\$3.85	\$5.78	Under 25	\$2.95	\$5.90	\$8.85
25-29	\$1.93	\$3.85	\$5.78	25-29	\$2.95	\$5.90	\$8.85
30-34	\$2.89	\$5.78	\$8.67	30-34	\$4.20	\$8.40	\$12.60
35-39	\$4.10	\$8.19	\$12.29	35-39	\$5.92	\$11.85	\$17.77
40-44	\$6.44	\$12.87	\$19.31	40-44	\$9.00	\$18.00	\$27.00
45-49	\$9.22	\$18.43	\$27.65	45-49	\$13.44	\$26.88	\$40.32
50-54	\$12.72	\$25.44	\$38.16	50-54	\$19.21	\$38.41	\$57.62
55-59	\$16.53	\$33.06	\$49.59	55-59	\$27.03	\$54.06	\$81.09
60-64	\$20.66	\$41.31	\$61.97	60-64	\$34.34	\$68.67	\$103.01
65-69	\$23.93	\$47.85	\$71.78	65-69	\$40.65	\$81.30	\$121.96
70+	\$36.41	\$72.82	\$109.23	70+	\$52.38	\$104.76	\$157.14

2019 Employee Premium Summary

Cancer Monthly Premium - American Public Life

Coverage Options	Plan 1	Plan 2
Employee Only	\$11.62	\$19.68
Employee + Spouse	\$24.60	\$41.18
1 Parent Family	\$13.70	\$25.04
2 Parent Family	\$26.64	\$46.56

Accident Monthly Premiums - Voya

Coverage Options	Basic Option	Enhanced Option w/Hospital Benefit
Employee Only	\$13.91	\$21.64
Employee + Spouse	\$23.11	\$38.57
Employee + Child(ren)	\$26.98	\$40.72
Family	\$36.18	\$57.65

Legal/ID Protection Monthly Premiums - Texas Legal

Employee Only	Employee + Family
\$15.00	\$20.00

This is a general overview of your plan benefits. If the terms of this outline differ from your policy, the policy will govern. Additional plan details on covered expenses, limitations and exclusions are included in the summary plan description located on the Leander ISD Benefits Website: www.mybenefitshub.com/leanderisd