

2015-2016 BENEFIT RATE INFORMATION

Medical Insurance – FirstCare and TRS-ActiveCare

Premiums Include Employer Contribution of \$275.00, per eligible employee.

<u>FirstCare</u>	<u>Monthly Rate</u>
Employee Only	\$143.80
Employee and Spouse	\$775.44
Employee and Children	\$389.74
Family	\$785.84

<u>TRS-ActiveCare HD-1</u>	<u>Monthly Rate</u>
Employee Only	\$66.00
Employee and Spouse	\$639.00
Employee and Children	\$340.00
Family	\$956.00

<u>TRS-ActiveCare Select</u>	<u>Monthly Rate</u>
Employee Only	\$198.00
Employee and Spouse	\$847.00
Employee and Children	\$487.00
Family	\$1,056.00

<u>TRS-ActiveCare 2</u>	<u>Monthly Rate</u>
Employee Only	\$339.00
Employee and Spouse	\$1,203.00
Employee and Children	\$717.00
Family	\$1,246.00

Dental Insurance – Delta Dental

No Waiting Periods for Benefits and Covered Services.

<u>Low Plan</u>	<u>Monthly Rate</u>
Employee Only	\$18.54
Employee and Spouse	\$35.83
Employee and Children	\$46.43
Family	\$63.72

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Dental Insurance – Delta Dental

No Waiting Periods for Benefits and Covered Services.

<u>High Plan</u>	<u>Monthly Rate</u>
Employee Only	\$33.96
Employee and Spouse	\$65.98
Employee and Children	\$85.46
Family	\$117.47

Disability Insurance – The Standard

Insurance for your paycheck in the event of an accident or illness.

<u>Option A</u>	<u>\$1,000 Monthly Benefit – Rates</u>
0-7 Day Elimination Period	\$38.40
14 Day Elimination Period	\$33.80
30 Day Elimination Period	\$28.70
60 Day Elimination Period	\$18.60
90 Day Elimination Period	\$16.10
180 Day Elimination Period	\$11.80

<u>Option B</u>	<u>\$1,000 Monthly Benefit – Rates</u>
0-7 Day Elimination Period	\$36.00
14 Day Elimination Period	\$31.30
30 Day Elimination Period	\$27.00
60 Day Elimination Period	\$17.50
90 Day Elimination Period	\$14.90
180 Day Elimination Period	\$11.40

Group Base and Voluntary Term Life Insurance – Lincoln Financial

\$10,000 policy is provided by Pampa ISD to eligible employees, at no cost.

Permanent Life Insurance – Texas Life

Permanent Life to Age 121. Express Issue (no medical) for coverage up to \$150K for Ages 17-49 and \$75K for Age 50-65

Employees may select Voluntary Term and/or Permanent Life Insurance. Premiums are calculated in the enrollment system

Please see agent or enroll online at www.in-roll.com for additional information.

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Cancer Insurance – Colonial Life

Rates include \$5,000 Initial Diagnosis and Dreaded Disease Benefits.

<u>Level 4</u>	<u>Monthly Rate</u>
Employee Only	\$29.85
Family	\$49.55

Critical Illness Insurance – Lincoln Financial

Pays over and above major medical insurance.

**Employees can buy up with Critical Illness Insurance,
at an additional cost.**

Please see agent or enroll online at www.in-roll.com for additional benefit and rate information.

Accident Insurance – Combined Insurance Group

Pays over and above major medical insurance, directly to the participant.

<u>Tier Option</u>	<u>Monthly Rate</u>
Employee Only	\$16.60
Employee and Spouse	\$30.36
Employee and Children	\$32.08
Family	\$45.84

Vision Insurance – VSP

\$10 Office Copay every 12 months, \$25 Materials Copay 12-24 months.

<u>Tier Option</u>	<u>Monthly Rate</u>
Employee Only	\$7.82
Employee and One	\$15.66
Family	\$25.19