

Rate Sheet

HOW TO ENROLL

DENTAL			
High PPO			
Employee Only			\$34.64
Employee + Spouse			\$72.18
Employee + Children			\$78.53
Employee + Family			\$116.92
MAC Plan			
Employee Only			\$26.36
Employee + Spouse			\$52.76
Employee + Children			\$55.39
Employee + Family			\$84.75
DHMO Plan			
Employee Only			\$12.78
Employee + Spouse			\$20.21
Employee + Children			\$27.71
Employee + Family			\$32.91
VISION			
Employee Only			\$8.86
Employee + Spouse			\$15.09
Employee + Children			\$15.97
Employee + Family			\$23.95
CANCER			
Low Plan		Low Plan w/ ICU Rider	
Employee Only	\$16.30	Employee Only	\$19.60
Single Parent Fam.	\$22.80	Single Parent Fam.	\$27.30
Family	\$29.00	Family	\$35.90
High Plan		High Plan w/ ICU Rider	
Employee Only	\$32.40	Employee Only	\$35.70
Single Parent Fam.	\$44.60	Single Parent Fam.	\$49.10
Family	\$56.60	Family	\$63.50
ACCIDENT			
Employee Only			\$12.20
Employee + Spouse			\$19.00
Employee + Children			\$19.90
Employee + Family			\$26.70
DISABILITY			
Percentage of Salary			
Elimination Period	45%	55%	65%
0 / 7	\$2.24	\$2.43	\$2.70
14 / 14	\$1.89	\$2.06	\$2.28
30 / 30	\$1.62	\$1.76	\$1.95
60 / 60	\$1.29	\$1.41	\$1.56
90 / 90	\$0.73	\$0.80	\$0.89
180 / 180	\$0.51	\$0.56	\$0.62
<i>Rates shown are per \$100 of benefit</i>			
EMERGENCY MEDICAL TRANSPORTATION			
	Emergent	Platinum	
Employee + Family	\$14.00	\$39.00	

FLEXIBLE SPENDING ACCOUNT			
Healthcare Reimbursement Maximum: \$2,750			
Dependent Care Reimbursement Maximum: \$5,000			
HEALTH SAVINGS ACCOUNT			
Employee Only Maximum	\$3,600		
Family Maximum	\$7,200		
<i>*HSA not available at all Districts within the Cooperative.</i>			
HOSPITAL INDEMNITY			
	\$500 Plan ¹	\$1,000 Plan ²	\$2,000 Plan ²
Employee Only	\$0.00	\$15.04	\$25.41
Employee + Spouse	\$7.10	\$31.23	\$51.17
Single Parent Family	\$2.68	\$21.52	\$36.11
Family	\$8.34	\$34.86	\$57.91
¹ Available only for Employer Paid groups			
² Employer Paid groups decrease cost by \$6.06			
TELEHEALTH			
<i>Check with your district to see if your employer offers this benefit at no cost.</i>			
Employee Only	\$8.00		
Employee + Family	\$16.00		
TERM LIFE/AD&D			
Employee and Spouse Rates per \$10,000			
<29	\$0.45		
30-34	\$0.60		
35-39	\$0.70		
40-44	\$0.80		
45-49	\$1.20		
50-54	\$2.00		
55-59	\$3.30		
60-64	\$5.10		
65-69	\$9.50		
70-74	\$15.50		
Spouse rates are based on Spouse age and cannot exceed 100% of the employees supplemental life amount.			
Children			
\$5,000	\$0.90		
\$10,000	\$1.80		
AD&D Rates per \$10,000			
Employee Only	\$0.40		
Family	\$0.70		
IDENTITY THEFT PROTECTION			
	1B Plan	Platinum Plan	
Employee Only	\$7.95	\$11.95	
Employee + Family	\$14.95	\$22.95	

Individual Life policy available only at Aubrey ISD, Brock ISD, Little Elm ISD, and Maypearl ISD. Refer to your Benefits Website for more information.