

2018-2019 INSURANCE RATES

TRS-ACTIVE CARE 1-HD	TRS AMOUNT	2018-2019 LAMESA ISD	EMPLOYEE AMOUNT
			\$2,750 Ded./no Copay
PPO	2018-2019	District Will Fund	PER MONTH
EMPLOYEE ONLY	\$367.00	\$367.00	\$0.00
EMPLOYEE/SPOUSE	\$1,035.00	\$400.00	\$635.00
EMPLOYEE/CHILDREN	\$701.00	\$400.00	\$301.00
EMPLOYEE/FAMILY	\$1,374.00	\$400.00	\$974.00
BOTH EMPLOYEES/FAM	\$1,374.00	\$800.00	\$574.00

TRS-ACTIVE CARE 2	TRS AMOUNT	2018-2019 LAMESA ISD	EMPLOYEE AMOUNT
No new enrollments Allowed			\$1,000 Ded./\$30 Copay
PPO	2018-2019	District Will Fund	PER MONTH
EMPLOYEE ONLY	\$782.00	\$400.00	\$382.00
EMPLOYEE/SPOUSE	\$1,855.00	\$400.00	\$1,455.00
EMPLOYEE/CHILDREN	\$1,163.00	\$400.00	\$763.00
EMPLOYEE/FAMILY	\$2,194.00	\$400.00	\$1,794.00
BOTH EMPLOYEES/FAM	\$2,194.00	\$800.00	\$1,394.00

TRS-ACTIVE CARE Select	TRS AMOUNT	2018-2019 LAMESA ISD	EMPLOYEE AMOUNT
			\$1,200 Ded./\$30 Copay
HMO	2018-2019	District Will Fund	PER MONTH
EMPLOYEE ONLY	\$540.00	\$400.00	\$140.00
EMPLOYEE/SPOUSE	\$1,327.00	\$400.00	\$927.00
EMPLOYEE/CHILDREN	\$876.00	\$400.00	\$476.00
EMPLOYEE/FAMILY	\$1,668.00	\$400.00	\$1,268.00
BOTH EMPLOYEES/FAM	\$1,668.00	\$800.00	\$868.00

FIRST CARE	TRS AMOUNT	2018-2019 LAMESA ISD	EMPLOYEE AMOUNT
			\$750 Ded./\$20 Copay
HMO	2018-2019	District Will Fund	PER MONTH
EMPLOYEE ONLY	\$534.00	\$400.00	\$134.00
EMPLOYEE/SPOUSE	\$1,348.92	\$400.00	\$948.92
EMPLOYEE/CHILDREN	\$849.76	\$400.00	\$449.76
EMPLOYEE/FAMILY	\$1,385.36	\$400.00	\$985.36
BOTH EMPLOYEES/FAM	\$1,385.36	\$800.00	\$585.36