

2018-2019 BENEFIT RATE INFORMATION

Medical Insurance – TRS-ActiveCare

Premiums are Net of Employer Contribution - \$300 for hourly and \$225 for professional eligible employee

<u>TRS-ActiveCare HD-1</u>	<u>Hourly Monthly Rate</u>	<u>Professional Monthly Rate</u>
Employee Only	\$67.00	\$142.00
Employee and Spouse	\$735.00	\$810.00
Employee and Children	\$401.00	\$476.00
Family	\$1,074.00	\$1,149.00
<u>TRS-ActiveCare Select</u>		
Employee Only	\$240.00	\$315.00
Employee and Spouse	\$1,027.00	\$1,102.00
Employee and Children	\$576.00	\$651.00
Family	\$1,368.00	\$1,443.00
<u>TRS-ActiveCare 2</u>		
Employee Only	\$482.00	\$557.00
Employee and Spouse	\$1,555.00	\$1,630.00
Employee and Children	\$863.00	\$938.00
Family	\$1,894.00	\$1,969.00

Medical Gap Insurance - Benefit Connect

\$1,500 Inpatient and \$1,500 Outpatient Annual Benefit

Age	Under 40	40-49	50 & Above
Employee Only	\$26.89	\$35.41	\$74.37
Employee + Spouse	\$49.44	\$65.05	\$136.65
Employee + Child	\$64.64	\$69.58	\$128.15
Family	\$86.57	\$98.44	\$188.80

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Disability Insurance – The Standard

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

Option A

\$1,000 Monthly Benefit – Rates

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

Option B

\$1,000 Monthly Benefit – Rates

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

Supplemental Term - Voluntary Term Life Insurance – Lincoln Financial

Guarantee issue \$100,000 Employee, \$30,000 Spouse & \$10,000 Child Non Medical Maximums

Up to 5X Annual Earnings or \$500,000 Maximum Coverage

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 – Allstate

Rates include \$2,000 Initial Diagnosis and \$100 Annual Wellness benefit

	<u>Monthly Rate</u>
Employee	\$23.33
Employee & Spouse	\$36.15
Employee & Children	\$32.51
Family	\$49.55

Accident Insurance – Combined

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

	<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 - Exam every 12 months, \$25 Materials Copay. Lenses every 12 months. Frames every 24 months.

<u>Tier Option</u>	<u>Monthly Rate</u>
Employee Only	\$9.00
Employee + One	\$14.40
Employee + Children	\$14.69
Employee + Family	\$23.69