

**Galena Park Independent School District  
Employee Benefits Monthly Rates**

**Plan Year September 1, 2009 – August 31, 2010**

**TRS-ActiveCare 1**

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	278.00	225.00	53.00	26.50
Emp. & Children	443.00	225.00	218.00	109.00
Emp. & Spouse	633.00	225.00	408.00	204.00
Family	697.00	225.00	472.00	236.00
Two Employees	633.00	450.00	183.00	91.50
Two Emps. & Fam.	697.00	450.00	247.00	123.50

**TRS-ActiveCare 1 HD**

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	245.00	225.00	20.00	10.00
Emp. & Children	382.00	225.00	157.00	78.50
Emp. & Spouse	600.00	225.00	375.00	187.50
Family	785.00	225.00	560.00	280.00
Two Employees	600.00	450.00	150.00	75.00
Two Emps. & Fam.	785.00	450.00	335.00	167.50

**TRS-ActiveCare 2**

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	370.00	250.00	120.00	60.00
Emp. & Children	589.00	265.00	324.00	162.00
Emp. & Spouse	842.00	300.00	542.00	271.00
Family	926.00	300.00	626.00	313.00
Two Employees	842.00	600.00	242.00	121.00
Two Emps. & Fam.	926.00	600.00	326.00	163.00

**TRS-ActiveCare 3**

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	498.00	250.00	248.00	124.00
Emp. & Children	794.00	265.00	529.00	264.50
Emp. & Spouse	1134.00	300.00	834.00	417.00
Family	1247.00	300.00	947.00	473.50
Two Employees	1134.00	600.00	534.00	267.00
Two Emps. & Fam.	1247.00	600.00	647.00	323.50

**UNITED HEALTHCARE DENTAL PASSIVE PPO**

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	29.08	6.00	23.08	11.54
Emp. & Children	56.71	6.00	50.71	25.36
Emp. & Spouse	58.71	6.00	52.71	26.36
Family	81.11	6.00	75.11	37.56
Two Employees	58.71	12.00	46.71	23.36
Two Emps. & Fam.	81.11	12.00	69.11	34.56

**UNITED HEALTHCARE DENTAL DHMO SE350**

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	10.17	6.00	4.17	2.09
Emp. & Children	17.27	6.00	11.27	5.64
Emp. & Spouse	19.00	6.00	13.00	6.50
Family	24.80	6.00	18.80	9.40
Two Employees	19.00	12.00	7.00	3.50
Two Emps. & Fam.	24.80	12.00	12.80	6.40

**UNITED HEALTH CARE (SPECTERA)VISION 12/12/12 (\$10 / \$25)**

Plan	Monthly Premium	Per P/Day
Employee Only	5.00	2.50
Employee & Children	18.15	9.08
Employee & Spouse	17.30	8.65
Family	22.50	11.25

**All full-time employees have a benefit of \$25,000 district paid basic life insurance with a matching \$25,000 accidental death and dismemberment (AD&D)**

**The following products are voluntary with no district contribution.**

**ASI DISABILITY/TASC FLEXIBLE SPENDING ACCOUNT**

Shelli Dean 832-878-2605 or [shelliwdean@sbcglobal.net](mailto:shelliwdean@sbcglobal.net)

TASC online [www.accesstasc.com](http://www.accesstasc.com), or customer service 800-422-4661, Client ID# J705

**Benefit plan year – September 1, 2009 – August 31, 2010**

Benefit information and plan documents may be found at

[www.galenaparkisd.com/HR/employee benefits](http://www.galenaparkisd.com/HR/employee%20benefits)

**\*NOTE:** GPISD reserves the right to make changes to employee benefits and premium distributions at any time. All monthly premiums will be divided by the semi-monthly payroll deductions.

**VOLUNTARY SUPPLEMENTAL LIFE and ACCIDENTAL DEATH & PERSONAL  
LOSS COVERAGE  
COVERAGE OPTIONS AND PREMIUM DEDUCTIONS *PER PAY PERIOD with no  
district contribution***

<b><u>EMPLOYEE OPTIONS:</u></b> <b><u>Increments of \$10,000 with a maximum of two times earnings (rounded up to next \$10,000) to \$300,000 with E of I and AD&amp;D match</u></b>		<b><u>SPOUSE LIFE ONLY</u></b> <b>OPTIONS: Increments of \$10,000 to a maximum of \$50,000 with E of I (No AD&amp;D Match)</b>		<b><u>CHILD(REN) LIFE ONLY</u></b> <b>OPTIONS: \$5,000 OR \$10,000 (from age 14 days up to age 25) (No AD&amp;D Match)</b>	
\$10,000	\$ 1.35	\$10,000	\$ 1.48	\$5,000	\$ .28
\$20,000	\$ 2.70	\$20,000	\$ 2.96	\$10,000	\$ .56
\$30,000	\$ 4.05	\$30,000	\$ 4.44		
\$40,000	\$ 5.40	\$40,000**	\$ 5.92		
\$50,000	\$ 6.75	\$50,000**	\$ 7.40		
\$60,000	\$ 8.10				
\$70,000	\$ 9.45				
\$80,000	\$ 10.80				
\$90,000	\$ 12.15				
\$100,000	\$ 13.50				
\$110,000	\$ 14.85				
\$120,000	\$ 16.20				
\$130,000	\$ 17.55				
\$140,000	\$ 18.90				
\$150,000	\$ 20.25				
\$160,000	\$ 21.60				
\$170,000	\$ 22.95				
\$180,000	\$ 24.30				
\$190,000	\$ 25.65				
\$200,000	\$ 27.00				
\$210,000*	\$ 28.35				
\$220,000*	\$ 29.70				
\$230,000*	\$ 31.05				
\$240,000*	\$ 32.40				
\$250,000*	\$ 33.75				
\$260,000*	\$ 35.10				
\$270,000*	\$ 36.45				
\$280,000*	\$ 37.80				
\$290,000*	\$ 39.15				
\$300,000*	\$ 40.50				