

**Galena Park Independent School District
Employee Benefits Monthly Rates
Benefit Plan Year September 1, 2010 – August 31, 2011**

TRS-ActiveCare 1

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	297.00	225.00	72.00	36.00
Emp. & Children	474.00	225.00	249.00	124.50
Emp. & Spouse	677.00	225.00	452.00	226.00
Family	746.00	225.00	521.00	260.50
Two Employees	677.00	450.00	227.00	113.50
Two Emps. & Fam.	746.00	450.00	296.00	148.00

TRS-ActiveCare 1 HD

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	262.00	225.00	37.00	18.50
Emp. & Children	409.00	225.00	184.00	92.00
Emp. & Spouse	642.00	225.00	417.00	208.50
Family	840.00	225.00	615.00	307.50
Two Employees	642.00	450.00	192.00	96.00
Two Emps. & Fam.	840.00	450.00	390.00	195.00

TRS-ActiveCare 2

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	396.00	250.00	146.00	73.00
Emp. & Children	630.00	265.00	365.00	182.50
Emp. & Spouse	901.00	300.00	601.00	300.50
Family	991.00	300.00	691.00	345.50
Two Employees	901.00	600.00	301.00	150.50
Two Emps. & Fam.	991.00	600.00	391.00	195.50

TRS-ActiveCare 3

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	533.00	250.00	283.00	141.50
Emp. & Children	850.00	265.00	585.00	292.50
Emp. & Spouse	1213.00	300.00	913.00	456.50
Family	1334.00	300.00	1034.00	517.00
Two Employees	1213.00	600.00	613.00	306.50
Two Emps. & Fam.	1334.00	600.00	734.00	367.00

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

TASC online www.accesstasc.com, or customer service 800-422-4661, Client ID# J705

Benefit plan year – September 1, 2010 – August 31, 2011

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***

<u>EMPLOYEE OPTIONS:</u> <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&D match</u>		<u>SPOUSE LIFE ONLY</u> <u>OPTIONS: Increments of \$10,000 to a maximum of \$50,000 with E of I (No AD&D Match)</u>		<u>CHILD(REN) LIFE ONLY</u> <u>OPTIONS: \$5,000 OR \$10,000 (from age 14 days up to age 25) (No AD&D Match)</u>	
\$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				