

**GALENA PARK INDEPENDENT SCHOOL DISTRICT  
BENEFITS FOR 2008  
MONTHLY RATES**

**UNITED HEALTHCARE PPO 105**

Plan	Monthly Premium	District Pays	Employee Pays	Per P/Day
Employee Only	342.86	250.00	92.86	46.43
Emp. & Children	599.48	268.00	331.48	165.74
Emp. & Spouse	650.80	275.00	375.80	187.90
Family	856.10	297.00	559.10	279.55
Two Employees	650.80	550.00	100.80	50.40
Two Emps. & Fam.	856.10	550.00	306.10	153.05

**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 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

**SPECTERA VISION 12/12/12 (\$10 / \$25)**

Plan	Monthly Premium	Per P/Day
Employee Only	0.00	0.00
Employee & Children	18.15	9.08
Employee & Spouse	17.30	8.65
Family	22.50	11.25

**GALENA PARK INDEPENDENT SCHOOL DISTRICT  
OPTIONAL BENEFITS FOR 2008**

**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)**

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

**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

**The following products are personal policies and will not be payroll deducted.**

**NEW YORK WHOLE LIFE**

Mike Hood 713-624-6468 or [mshood@ft.newyorklife.com](mailto:mshood@ft.newyorklife.com)

**AMERICAN HERITAGE CANCER INSURANCE**

Mark Marks 713-455-7433 or [markm741@aol.com](mailto:markm741@aol.com)

**Benefit plan year – January 1, 2008 – December 31, 2008**

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.