

**Lufkin I.S.D.**

**2015-2016**

**Summary of Insurance Benefits**

**Employee eligibility is based on:**

- (1) Being employed for 10 or more hours per week, or
  - (2) Being an active contributing TRS member.
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**Lufkin ISD employee health benefits include:**

- A portion of employee's insurance paid by the district.
  - Eligibility for Group Insurance that include Dental, Disability, Cancer, Intensive Care Supplements, Life, Vision, Unreimbursed Medical and Dependent Care Expenses.
  - Participation in a district-wide Cafeteria Plan (the option of using pre-tax dollars to pay for health insurance costs versus using after tax dollars).
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The district pays for a \$10,000.00 Life/AD&D insurance policy for each full time employee.

You have the choice of 3 options to choose from on your Health Insurance.

The district contributions to our employee's health insurance are as follows:

- \$225.00 per month towards employee only
- \$225.00 per month towards employee/children
- \$259.00 per month towards employee/spouse
- \$314.00 per month towards employee/family

<b>A/C Plan 1HD</b>	<b>A/C Plan 2</b>	<b>A/C Select</b>
\$2,500.00 Deductible	\$1,000.00 Deductible	\$1,200.00 Deductible
No Co-Pays	Dr. Visit Co-Pays	Dr. Visit Co-Pays
	Prescription Co-Pays	Prescription Co-Pays
\$116.00 Employee Only	\$389.00 Employee Only	\$248.00 Employee Only
\$655.00 Employee/Spouse	\$1219.00 Employee/Spouse	\$863.00 Employee/Spouse
\$390.00 Employee/Children	\$767.00 Employee/Children	\$537.00 Employee/Children
\$917.00 Employee/Family	\$1,207.00 Employee/Family	\$1017.00 Employee/Family

Dental insurance is through Lincoln Financial Group.

**High Option** Dental Plan pays 100% on Preventative, 80% on Basic, and 50% on Major.

**Low Option** Dental Plan pays 100% on Preventative, 70% on Basic, and 40% on Major.

<b>Dental Plan</b>		
Options:	Low	High
Employee Only	\$19.77	\$29.95
Employee/Spouse	\$45.75	\$69.27
Employee/Children	\$41.25	\$68.56
Employee/Family	\$63.77	\$104.13

<b>Vision Care Plan</b>		
Options:	Low	High
Employee Only	\$10.00	\$20.00
Employee + One	\$19.00	\$39.00
Employee/Children	\$24.00	\$44.00
Employee/Family	\$27.00	\$54.00

<b>Claim Forms</b>	
<a href="#">Lincoln National Critical Illness Claim Form</a>	<a href="#">Lincoln National Accident Plan Claim Form</a>
<a href="#">Lincoln National Dental Claim Form</a>	<a href="#">Companion Life GAP Claim Form</a>

If you need assistance completing the forms, please do not hesitate to contact Demetra Bradley or Pam Clark.

***Payroll/ Benefits Department***

***Demetra Bradley 630-4333***

***Pam Clark 630-4321***