

**FORT WORTH INDEPENDENT SCHOOL DISTRICT
2009-2010 PREMIUMS**

TRS-ACTIVECARE PREMIUMS, FOR COVERAGE SEPTEMBER 2009 THRU AUGUST 2010
Premiums Begin August 2009 Paycheck

<u>TRS-ActiveCare Plans</u>	12 Checks				18 Checks				24 Checks			
	<u>Plan 1</u>	<u>Plan 1-HD</u>	<u>Plan 2</u>	<u>Plan 3</u>	<u>Plan 1</u>	<u>Plan 1-HD</u>	<u>Plan 2</u>	<u>Plan 3</u>	<u>Plan 1</u>	<u>Plan 1-HD</u>	<u>Plan 2</u>	<u>Plan 3</u>
Employee Only	\$41.00	\$8.00	\$133.00	\$261.00	\$27.34	\$5.34	\$88.67	\$174.00	\$20.50	\$4.00	\$66.50	\$130.50
Employee and Spouse	\$396.00	\$363.00	\$605.00	\$897.00	\$264.00	\$242.00	\$403.34	\$598.00	\$198.00	\$181.50	\$302.50	\$448.50
Employee and Child(ren)	\$206.00	\$145.00	\$352.00	\$557.00	\$137.34	\$96.67	\$234.67	\$371.33	\$103.00	\$72.50	\$176.00	\$278.50
Employee and Family	\$460.00	\$548.00	\$689.00	\$1,010.00	\$306.67	\$365.33	\$459.34	\$673.33	\$230.00	\$274.00	\$344.50	\$505.00
Spousal - Both Employees of FWISD*	\$223.00	\$311.00	\$452.00	\$773.00	\$148.67	\$207.33	\$301.34	\$515.33	\$111.50	\$155.50	\$226.00	\$386.50
Spousal - One FWISD Employee and One Other District**	\$111.50	\$155.50	\$226.00	\$386.50	\$74.33	\$103.67	\$150.67	\$257.67	\$55.75	\$77.75	\$113.00	\$193.25

SPOUSAL PLANS INCLUDE COVERAGE FOR CHILDREN

*Both employees must complete an enrollment application, with one employee electing family coverage and the other declining. These forms must be submitted together.

**Both employee must complete an enrollment application, with one employee electing family coverage and the other declining. The non-FWISD employee must be working for a TRS - Active Care participating district. Premium will be deducted from each employee's paycheck as defined by their district. There is an additional form to be completed, Split Funding application.

THERE ARE NO "HMO" PLANS AVAILABLE IN TARRANT COUNTY OR THE IMMEDIATE SURROUNDING AREA.

IF YOU LIVE IN A COUNTY WHERE AN HMO (AS LISTED IN YOUR ENROLLMENT GUIDE) IS OFFERED CONTACT THE

EMPLOYEE BENEFITS OFFICE FOR PREMIUMS.

**FORT WORTH INDEPENDENT SCHOOL DISTRICT
2009-2010 PREMIUMS**

EMPLOYEE PREMIUMS 2009-2010 (CONT'D)
Premiums Begin August 2009 Paycheck

DENTAL PLANS

CompBenefits Managed Care Dental Plan Options-

	<u>MANAGED CARE PLAN</u>			<u>ADVANTAGE PLAN</u>		
	(Primary Dentist Required)			(Services Within Network)		
	<u>12 Checks</u>	<u>18 Checks</u>	<u>24 Checks</u>	<u>12 Checks</u>	<u>18 Checks</u>	<u>24 Checks</u>
Employee Only	\$11.60	\$7.73	\$5.80	\$17.14	\$11.43	\$8.57
Employee and Spouse	\$20.72	\$13.81	\$10.36	\$35.10	\$23.40	\$17.55
Employee and Child(ren)	\$21.98	\$14.65	\$10.99	\$35.66	\$23.77	\$17.83
Employee and Family	\$28.60	\$19.07	\$14.30	\$58.62	\$39.08	\$29.31

United Concordia - Indemnity Plan*

	<u>12 Checks</u>	<u>18 Checks</u>	<u>24 Checks</u>
Employee Only	\$35.51	\$23.67	\$17.76
Employee and Spouse	\$71.46	\$47.64	\$35.73
Employee and Child(ren)	\$79.29	\$52.86	\$39.65
Employee and Family	\$115.09	\$76.73	\$57.55

*NOTE UNITED CONCORDIA PLAN YEAR IS SEPTEMBER THROUGH AUGUST.
 UNITED CONCORDIA DEDUCTIBLE YEAR AND MAXIMUMS ARE CALENDAR YEAR.