

# 2020

katybenefits.org  
866-222-KISD (5473)



## Rates per paycheck

based on 24 pay periods for all plans



### Medical Plans

	Consumer Basic Limited	Consumer Basic Choice		Consumer Plus Limited	Consumer Plus Choice	
	Memorial Hermann network only	Tier I	Tier II	Memorial Hermann network only	Tier I	Tier II
<b>RATES</b>						
Based on 24 Pay Periods						
Employee Only	\$32	\$43		\$46	\$67	
Employee + Spouse	\$235	\$250		\$262	\$325	
Employee + Child(ren)	\$145	\$165		\$168	\$213	
Employee + Family	\$303	\$344		\$348	\$433	



### Dental Plans

	Dental HMO	Dental PPO
Employee Only	\$7.27	\$24.00
Employee + Spouse	\$13.62	\$48.71
Employee + Child(ren)	\$10.35	\$43.68
Employee + Family	\$17.79	\$61.56



### Vision Plan

Employee Only	\$4.74
Employee + 1	\$7.97
Employee + Family	\$11.99



### Hospital Indemnity

Employee Only	\$12.36
Employee + Spouse	\$21.71
Employee + Child(ren)	\$19.35
Employee + Family	\$28.70



### Accident Insurance

Employee Only	\$6.80
Employee + Spouse	\$11.62
Employee + Child(ren)	\$12.22
Employee + Family	\$17.04



### Legal Protection Plan

Employee	\$7.25
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### Identity Theft Protection

Employee Only	\$3.97
Family	\$6.97



### Emergency Transport

	Emergent Ground	Emergent Plus	Platinum
Employee + Family	\$4.50	\$7.00	\$19.50



### Disability

14-day waiting period	\$1.19 per \$100 frozen* salary
90-day waiting period	\$0.53 per \$100 frozen* salary



### Life and Accidental Death and Dismemberment

Your Age January 1 of plan year	Supplemental Life and AD&D (rates are per \$10,000)									
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
	\$0.30	\$0.35	\$0.40	\$0.45	\$0.65	\$0.90	\$1.30	\$2.00	\$2.95	\$4.65
Benefit Level	Spouse Life			Child Life						
	\$10,000	\$20,000	\$35,000	\$5,000	\$10,000					
	\$0.70	\$1.40	\$2.45	\$0.20	\$0.40					



### Critical Illness

Your age January 1 of plan year	<30	30-39	40-49	50-59	60-69	70+
Employee Only \$10,000	\$3.15	\$4.45	\$8.30	\$14.75	\$22.40	\$43.50
Employee Only \$20,000	\$6.30	\$8.90	\$16.60	\$29.50	\$44.80	\$87.00
Employee Only \$30,000	\$9.45	\$13.35	\$24.90	\$44.25	\$67.20	\$130.50
Spouse \$5,000	\$1.55	\$2.23	\$4.15	\$7.38	\$11.20	\$21.73
Spouse \$10,000	\$3.10	\$4.45	\$8.30	\$14.75	\$22.40	\$43.45
Spouse \$15,000	\$4.65	\$6.68	\$12.45	\$22.13	\$33.60	\$65.18