

## 2025-2026 Benefits Insurance Rates

Effective September 1, 2025

Provider	Benefit Type	Coverage Tier	Employee Monthly Premium	Employee Premium (Semi-Monthly)	HCDE Contribution	Total Monthly Premium
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### TRS-ActiveCare-Blue Cross BlueShield of Texas (Pre-Tax)

Premiums for 2025-26 pending approval by HCDE Board Of Trustees on July 16, 2025.

#### ▲ Recuro Health (Pre-Tax)

TeleMedicine	Employee + Family	▲ \$11.00	\$5.50
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#### ▲ MASA

Medical Transport-Emergent Premier	Employee + Family	▲ \$19.00	\$9.50
Medical Transport-Platinum	Employee + Family	▲ \$39.00	\$19.50

#### First Financial (Pre-Tax)

Medical Flex Spending (FSA)	Employee + Family	1. Estimate your out-of pocket expenses for the plan year. (Sept.1, 2025-Aug. 31, 2026) 2. Chose your annual election amount 3. Your annual election is divided evenly across pay periods left for the planned year. EX: \$2000 x 24 pay periods = \$83.33 per paycheck * Funds must be used within the planned year. *	
Dependent Flex Spending (DFSA)	Employee + Family		
Health Savings Account (HSA)	Employee + Family		

#### ▲ Cigna (Pre-Tax)

Dental-DHMO	Employee Only	▲ \$14.06	\$7.03
	Employee + One	▲ \$26.72	\$13.36
	Employee + Family	▲ \$40.08	\$20.04
Dental-PPO-High	Employee Only	\$42.42	\$21.21
	Employee + One	\$83.74	\$41.87
	Employee + Family	\$146.72	\$73.36
Dental-PPO-Low	Employee Only	\$30.22	\$15.11
	Employee + One	\$59.64	\$29.82
	Employee + Family	\$104.50	\$52.25

#### ▲ MetLife Superior (Pre-Tax)

Vision	Employee Only	▲ \$9.76	\$4.88
	Employee + Family	▲ \$22.44	\$11.22

#### MetLife-Accident (Pre-Tax)

Accident-Low	Employee Only	\$7.88	\$3.94
	Employee + Spouse	\$11.90	\$5.95
	Employee + Children	\$15.26	\$7.63
	Employee + Family	\$19.62	\$9.81
Accident-High	Employee Only	\$7.88	\$3.94
	Employee + Spouse	\$11.90	\$5.95
	Employee + Children	\$15.26	\$7.63
	Family	\$19.62	\$9.81

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Effective September 1, 2025

Provider	Benefit Type	Coverage Tier	Employee Monthly Premium	Employee Premium (Semi-Monthly)	HCDE Contribution	Total Monthly Premium
<b><u>MetLife-Hospital Indemnity (Pre-Tax)</u></b>						
	Hospital Indemnity-Low	Employee Only	\$16.36	\$8.18		
		Employee + Spouse	\$27.02	\$13.51		
		Employee + Children	\$27.02	\$13.51		
		Employee + Family	\$39.28	\$19.64		
	Hospital Indemnity-High	Employee Only	\$33.18	\$16.59		
		Employee + Spouse	\$54.82	\$27.41		
		Employee + Children	\$54.82	\$27.41		
		Employee + Family	\$79.70	\$39.85		
<b><u>American Fidelity (Pre-Tax)</u></b>						
	Cancer-Basic	Employee Only	\$15.80	\$7.90		
		Employee + Family	\$26.86	\$13.43		
	Cancer-Enhanced Plus	Employee Only	\$31.62	\$15.81		
		Employee + Family	\$53.80	\$26.90		
<b><u>The Standard Life</u></b>						
	Long Term Disability	Employee Only	LTD Benefit amount is based on employee salary, plan and waiting period selected. Premiums are provided in Benefit Solver.		\$0.00	
<b><u>The Standard Life</u></b>						
	Basic Term Life	Employee Only			\$1.20	\$1.20
	<i>HCDE provides a Group Basic Life and Accidental Death and Dismemberment Insurance coverage amount at \$20,000 for employee only at no cost to employee. Life Age Reduction starts at age 65.</i>					
	Voluntary Term Life	Employee Only Spouse Children	Additional life benefits, coverage amount, and premium amount may vary please visit Benefit Solver for a more accurate premium			
<b><u>Texas Life-Permanent Life</u></b>						
	Permanent Life	Employee Only Spouse Children	Coverage amounts and premiums are provided in Benefit Solver			
<b><u>iLock-360</u></b>						
	Identity Theft Protection-Plus	Employee Only	\$8.00	\$4.00		
		Employee + Spouse	\$15.00	\$7.50		
		Employee + Children	\$13.00	\$6.50		
		Employee + Family	\$20.00	\$10.00		
	Identity Theft Protection-Premium	Employee Only	\$15.00	\$7.50		
		Employee + Spouse	\$22.00	\$11.00		
		Employee + Children	\$20.00	\$10.00		
		Employee + Family	\$27.00	\$13.50		
<b><u>MetLaw</u></b>						
	Legal Plans	Employee + Family	\$18.00	\$9.00		

