# LAMPASAS COUNTY 10-1-18 THRU 9-30-19 EMPLOYEE INSURANCE PAYROLL DEDUCTIONS

# **HEALTH INSURANCE (TAC/BLUE CROSS BLUE SHIELD)**

EMPLOYEE	1 CHILD	CHILDREN +	SPOUSE +	FAMILY +
<b>COVERAGE PAID</b>	+EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE
BY COUNTY	DEDUCTION	DEDUCTION	DEDUCTION	DEDUCTION
(\$745.94)	PRE TAX 02B	PRE TAX 02C	PRE TAX 02A	PRE TAX 02D
biweekly	\$83.70	\$137.25	\$202.79	\$274.52

# LIFE INSURANCE (TAC/VOYA)

EMPLOYEE LIFE INSURANCE (PAID BY COUNTY)	1x YOUR ANNUAL SALARY	(TERM INSURANCE)
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DEPENDENT LIFE INSURANCE \$1.85 PAY PERIOD \$25,000 –SPOUSE; \$10,000 PER CHILD (TERM)

ADDITIONAL TERM LIFE INSURANCE AVAILABLE \$10,000 - \$100,000 (INCREMENTS OF \$10,000)

# **GROUP DENTAL (METLIFE)**

Employee	\$18.52	\$0.54 increase
Employee + Spouse	\$37.58	\$1.09 increase
Employee + Child(ren)	\$42.55	\$1.24 increase
Employee + Family	\$66.06	\$1.92 increase

### **GROUP VISION (METLIFE)**

Employee	\$	3.56
Employee + 1 dependent	\$	6.69
Employee + 2+ dependents	Ś	9.53

#### **ADDITIONAL BENEFITS AVAILABLE**

- FSA FLEXIBLE SPENDING ACCOUNT (MEDICAL) PRE TAX
- RETIREMENT ADDITIONAL VOLUNTARY RETIREMENT (NATIONWIDE)
- COLONIAL/NFC/LIBERTY ACCIDENT, SICKNESS/HOSPITALIZATION, CANCER, LIFE, OTHER
- AFLAC
- WELLNESS FITNESS, WEIGHT CONTROL, HEALTH MAINTENANCE, SMOKING CESSATION
  - o **EVOLVE FITNESS**
- EMPLOYEE ASSISTANCE PROGRAM
- GROUP DISCOUNT
  - VERIZON WIRELESS