

East Texas Coop 2019-20 Benefit Rate Sheet

Health Savings Account		
2019 Individual Maximum	\$3,500	
2019 Family Maximum	\$7,000	
Flexible Spending Account (FSA)		
2019 Maximum	\$2,700	
Telehealth		
Employee Only	\$9.00	
Family	\$9.00	
Dental		
	LOW	HIGH
Employee Only	\$21.62	\$27.83
Employee and Spouse	\$45.94	\$59.15
Employee and Child(ren)	\$59.45	\$76.55
Family	\$81.07	\$104.38
Disability (per \$100 in coverage)		
WAITING PERIOD	PREMIUM PLAN	SELECT PLAN
0/7	\$3.81	\$3.04
14/14	\$3.04	\$2.33
30/30	\$2.60	\$1.88
60/60	\$2.10	\$1.47
90/90	\$1.86	\$1.26
180/180	\$1.47	\$0.96
Voluntary Group Life (per \$10,000 in coverage)		
	EMPLOYEE	SPOUSE
0-29	\$0.40	\$0.40
30-34	\$0.60	\$0.60
35-39	\$0.70	\$0.70
40-44	\$0.90	\$0.90
45-49	\$1.40	\$1.40
50-54	\$2.10	\$2.10
55-59	\$4.00	\$4.00
60-64	\$6.10	\$6.10
65-69	\$11.11	\$11.11
70-74	\$17.70	\$17.70
Voluntary Group Life - Child(ren)		
0-26	\$1.60 per \$10,000 in coverage	
AD&D (per \$10,000 in coverage)		
	Employee	Spouse & Child(ren)
0-85	\$0.17	\$0.17

Emergency Transportation		
	EMERGENT GROUND	PLATINUM
Employee	\$9.00	\$24.50
Family	\$9.00	\$32.50
Identity Theft		
	1B PLAN	PLATINUM PLAN
Employee	\$7.95	\$11.95
Family	\$14.95	\$22.95
Accident		
	GOLD PLAN	PLATINUM PLAN
Employee Only	\$13.64	\$18.19
Employee and Spouse	\$20.22	\$26.96
Employee and Child(ren)	\$18.39	\$24.52
Family	\$24.97	\$33.29
Cancer		
		WITH ICU
Plan A		
Employee Only	\$16.61	\$18.93
Employee and Spouse	\$28.10	\$32.50
Employee and Child(ren)	\$20.55	\$23.75
Family	\$28.10	\$32.50
Plan B		
Employee Only	\$26.09	\$28.42
Employee and Spouse	\$43.39	\$47.79
Employee and Child(ren)	\$31.34	\$34.53
Family	\$43.39	\$47.79
Plan C		
Employee Only	\$35.02	\$37.35
Employee and Spouse	\$57.83	\$62.23
Employee and Child(ren)	\$41.52	\$44.72
Family	\$57.83	\$62.23
Vision		
Employee Only	\$7.63	
Employee and Spouse	\$16.90	
Employee and Child(ren)	\$16.97	
Family	\$21.94	

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HOW TO
ENROLL

Critical Illness (Per \$10,000)				
Employee Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<20	\$1.37	\$3.17	\$1.37	\$3.17
20-24	\$1.77	\$4.03	\$1.77	\$4.03
25-29	\$2.44	\$5.21	\$2.44	\$5.21
30-34	\$3.13	\$6.80	\$3.13	\$6.80
35-39	\$4.13	\$9.26	\$4.13	\$9.26
40-44	\$6.02	\$13.62	\$6.02	\$13.62
45-49	\$9.03	\$20.67	\$9.03	\$20.67
50-54	\$14.42	\$32.11	\$14.42	\$32.11
55-59	\$20.72	\$47.86	\$20.72	\$47.86
60-64	\$30.35	\$67.24	\$30.35	\$67.24
65-69	\$41.24	\$90.11	\$41.24	\$90.11
70+	\$48.17	\$109.70	\$48.17	\$109.70

Hospital Indemnity			
	OPTION 1—\$1,500	OPTION 2—\$3,000	OPTION 3—\$5,000
Employee Only	\$21.83	\$36.02	\$57.21
Employee and Spouse	\$45.59	\$73.39	\$115.99
Employee and Child(ren)	\$31.05	\$50.79	\$80.41
Family	\$50.34	\$81.77	\$129.33

Enrollment Guide General Disclaimer:

This summary of benefits for employees is meant only as a brief description of some of the programs for which employees may be eligible. This summary does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at ETXEBE Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

Rate Sheet General Disclaimer:

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at ETXEBE Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.