

## Abilene Independent School District TRS ActiveCare Rates for 2019-2020

The chart below shows the new premium rates, current level of district contribution, and net employee cost for each plan that is offered by TRS-ActiveCare.

Hopefully this will make it easier for you as an employee to select the appropriate coverage and budget accordingly.

\*AISD has elected to contribute \$410 per month as a participating district in TRS-ActiveCare, rather than the minimum requirement of \$225.

TRS-ActiveCare Aetna POS II Plans Rates	TRS ActiveCare 1-HD \$2,750 Deductible employee only \$5,500 Deductible family				TRS ActiveCare SELECT (network only) \$1,200 Deductible employee only \$3,600 Deductible family				TRS ActiveCare 2 - no new enrollments \$1,000 Deductible employee only \$3,000 Deductible family			
	Monthly Premium	*District Contribution	Employee Cost/month	Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Cost/pay ck
Employee ONLY	\$378.00	\$378.00	\$0.00	\$0.00	\$556.00	\$410.00	\$146.00	\$73.00	\$852.00	\$410.00	\$442.00	\$221.00
Employee & Spouse	\$1,066.00	\$410.00	\$656.00	\$328.00	\$1,367.00	\$410.00	\$957.00	\$478.50	\$2,020.00	\$410.00	\$1,610.00	\$805.00
Employee & Child(ren)	\$722.00	\$410.00	\$312.00	\$156.00	\$902.00	\$410.00	\$492.00	\$246.00	\$1,267.00	\$410.00	\$857.00	\$428.50
Employee & Family (incl spouse)	\$1,415.00	\$410.00	\$1,005.00	\$502.50	\$1,718.00	\$410.00	\$1,308.00	\$654.00	\$2,389.00	\$410.00	\$1,979.00	\$989.50
Two employees & family coverage (both spouses employed by AISD)	\$1,415.00	\$820.00	\$595.00	\$297.50	\$1,718.00	\$820.00	\$898.00	\$449.00	\$2,389.00	\$820.00	\$1,569.00	\$784.50
Split Prem w/other district	\$707.50	\$410.00	\$297.50	\$148.75	\$859.00	\$410.00	\$449.00	\$224.50	\$1,194.50	\$410.00	\$784.50	\$392.25

TRS-ActiveCare FirstCare HMO Plan Rates	First Care HMO (network only) \$950 Deductible employee only \$2,850 Deductible family			
	Monthly Premium	*District Contribution	Employee Cost/month	Cost/pay ck
Employee ONLY	\$560.50	\$410.00	\$150.50	\$75.25
Employee & Spouse	\$1,416.52	\$410.00	\$1,006.52	\$503.26
Employee & Child(ren)	\$892.16	\$410.00	\$482.16	\$241.08
Employee & Family (incl spouse)	\$1,454.80	\$410.00	\$1,044.80	\$522.40
Two employees & family coverage (both spouses employed by AISD)	\$1,454.80	\$820.00	\$634.80	\$317.40
Split Prem w/other district	\$727.40	\$410.00	\$317.40	\$158.70