

Abilene Independent School District Medical Rates for 2020-21

The chart below shows the new premium rates, current level of district contribution, and net employee cost for each plan.
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 BCBS PPO Rates	TRS ActiveCare HD (HSA Eligible) \$2,800 Deductible Individual \$5,600 Deductible family \$6,900/\$13,800 Individual/Family MOOP				TRS ActiveCare Primary (network Only) \$2,500 Deductible Individual \$5,000 Deductible family \$8,150/\$16,300 Individual/Family MOOP				TRS ActiveCare Primary + (network Only) \$1,200 Deductible Individual \$3,600 Deductible family \$6,900/\$13,800 Individual/Family MOOP			
	Monthly Premium	*District Contribution	Employee		Monthly Premium	*District Contribution	Employee		Monthly Premium	*District Contribution	Employee	
			Cost/month	Cost/pay ck			Cost/month	Cost/pay ck			Cost/month	Cost/pay ck
Employee ONLY	\$397.00	\$397.00	\$0.00	\$0.00	\$386.00	\$386.00	\$0.00	\$0.00	\$514.00	\$410.00	\$104.00	\$52.00
Employee & Spouse	\$1,120.00	\$410.00	\$710.00	\$355.00	\$1,089.00	\$410.00	\$679.00	\$339.50	\$1,264.00	\$410.00	\$854.00	\$427.00
Employee & Child(ren)	\$715.00	\$410.00	\$305.00	\$152.50	\$695.00	\$410.00	\$285.00	\$142.50	\$834.00	\$410.00	\$424.00	\$212.00
Employee & Family (incl spouse)	\$1,338.00	\$410.00	\$928.00	\$464.00	\$1,301.00	\$410.00	\$891.00	\$445.50	\$1,588.00	\$410.00	\$1,178.00	\$589.00
Two employees & family coverage (both spouses employed by AISD)	\$1,338.00	\$820.00	\$518.00	\$259.00	\$1,301.00	\$820.00	\$481.00	\$240.50	\$1,588.00	\$820.00	\$768.00	\$384.00
Split Prem w/other district (E&F)	\$669.00	\$410.00	\$259.00	\$129.50	\$650.50	\$410.00	\$240.50	\$120.25	\$794.00	\$410.00	\$384.00	\$192.00

West Texas Blue Essentials HMO Plan Brought to you by TRS ActiveCare	WT Blue Essentials HMO (network only) \$950 Deductible Individual \$2,850 Deductible family \$7,450/\$14,900 Individual/Family MOOP			
	Monthly Premium	*District Contribution	Employee	
			Cost/month	Cost/pay ck
Employee ONLY	\$534.42	\$410.00	\$124.42	\$62.21
Employee & Spouse	\$1,287.58	\$410.00	\$877.58	\$438.79
Employee & Child(ren)	\$835.68	\$410.00	\$425.68	\$212.84
Employee & Family (incl spouse)	\$1,370.12	\$410.00	\$960.12	\$480.06
Two employees & family coverage (both spouses employed by AISD)	\$1,370.12	\$820.00	\$550.12	\$275.06
Split Prem w/other district (E&F)	\$685.06	\$410.00	\$275.06	\$137.53

TRS ActiveCare 2 - CLOSED to new enrollments			
\$1,000 Deductible Individual			
\$3,000 Deductible family			
\$7,900/\$15,800 Individual/Family MOOP			
Monthly Premium	*District Contribution	Employee	
		Cost/month	Cost/pay ck
\$937.00	\$410.00	\$527.00	\$263.50
\$2,222.00	\$410.00	\$1,812.00	\$906.00
\$1,393.00	\$410.00	\$983.00	\$491.50
\$2,627.00	\$410.00	\$2,217.00	\$1,108.50
\$2,627.00	\$820.00	\$1,807.00	\$903.50
\$1,313.50	\$410.00	\$903.50	\$451.75

Abilene ISD TSHBP Rates	TSHBP HD (HSA Eligible) \$3,000 Deductible Individual \$9,000 Deductible family \$3,000/\$9,000 Individual/Family MOOP				TSHBP CoPay \$3,500 Deductible Individual \$10,500 Deductible family \$3,500/\$10,500 Individual/Family MOOP			
	Monthly Premium	*District Contribution	Employee		Monthly Premium	*District Contribution	Employee	
			Cost/month	Cost/pay ck			Cost/month	Cost/pay ck
Employee ONLY	\$346.00	\$346.00	\$0.00	\$0.00	\$386.00	\$386.00	\$0.00	\$0.00
Employee & Spouse	\$970.00	\$410.00	\$560.00	\$280.00	\$1,095.00	\$410.00	\$685.00	\$342.50
Employee & Child(ren)	\$659.00	\$410.00	\$249.00	\$124.50	\$750.00	\$410.00	\$340.00	\$170.00
Employee & Family (incl spouse)	\$1,275.00	\$410.00	\$865.00	\$432.50	\$1,447.00	\$410.00	\$1,037.00	\$518.50
Two employees & family coverage (both spouses employed by AISD)	\$1,275.00	\$820.00	\$455.00	\$227.50	\$1,447.00	\$820.00	\$627.00	\$313.50