

# Abilene Independent School District

## Medical Rates for 2021-22

The chart below shows the new premium rates, current level of district contribution, and net employee cost for each plan.

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

	TRS Plans				Aetna Educators Plans			
	<b>TRS ActiveCare HD (HSA Eligible) PPO</b> \$3,000 Deductible Individual \$6,000 Deductible family \$7,000/\$14,000 Individual/Family MOOP				<b>Aetna Educators HD (HSA Eligible) PPO</b> \$3,000 Deductible Individual \$6,000 Deductible family \$7,000/\$14,000 Individual/Family MOOP			
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	\$429.00	\$410.00	\$19.00	\$9.50	\$389.80	\$389.80	\$0.00	\$0.00
Employee & Spouse	\$1,209.00	\$410.00	\$799.00	\$399.50	\$1,064.82	\$410.00	\$654.82	\$327.41
Employee & Child(ren)	\$772.00	\$410.00	\$362.00	\$181.00	\$681.32	\$410.00	\$271.32	\$135.66
Employee & Family (incl spouse)	\$1,445.00	\$410.00	\$1,035.00	\$517.50	\$1,301.72	\$410.00	\$891.72	\$445.86
Split Prem w/other district (E&F)	\$722.50	\$410.00	\$312.50	\$156.25	Split premium not available			

	<b>WT Blue Essentials HMO (network only)</b> \$950 Deductible Individual \$2,850 Deductible family \$7,450/\$14,900 Individual/Family MOOP				<b>Aetna Educators Select PPO</b> \$1,000 Deductible Individual \$2,000 Deductible family \$7,500/\$15,000 Individual/Family MOOP			
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	\$596.54	\$410.00	\$186.54	\$93.27	\$587.46	\$410.00	\$177.46	\$88.73
Employee & Spouse	\$1,443.66	\$410.00	\$1,033.66	\$516.83	\$1,228.48	\$410.00	\$818.48	\$409.24
Employee & Child(ren)	\$936.18	\$410.00	\$526.18	\$263.09	\$972.78	\$410.00	\$562.78	\$281.39
Employee & Family (incl spouse)	\$1,532.74	\$410.00	\$1,122.74	\$561.37	\$1,810.18	\$410.00	\$1,400.18	\$700.09
Two employees & family coverage*	\$1,532.74	\$820.00	\$712.74	\$356.37	Not cost effective on this plan			
*Pooling - both spouses employed by AISD								
Split Prem w/other district (E&F)	\$766.37	\$410.00	\$356.37	\$178.19	Split premium not available			

	<b>TRS ActiveCare Primary + (network Only) PD</b> \$1,200 Deductible Individual \$3,600 Deductible family \$6,900/\$13,800 Individual/Family MOOP				<b>Aetna Educators Choice PPO</b> \$1,000 Deductible Individual \$2,000 Deductible family \$7,500/\$15,000 Individual/Family MOOP			
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	\$542.00	\$410.00	\$132.00	\$66.00	\$511.08	\$410.00	\$101.08	\$50.54
Employee & Spouse	\$1,334.00	\$410.00	\$924.00	\$462.00	\$1,241.98	\$410.00	\$831.98	\$415.99
Employee & Child(ren)	\$879.00	\$410.00	\$469.00	\$234.50	\$832.06	\$410.00	\$422.06	\$211.03
Employee & Family (incl spouse)	\$1,675.00	\$410.00	\$1,265.00	\$632.50	\$1,584.00	\$410.00	\$1,174.00	\$587.00
Split Prem w/other district (E&F)	\$837.50	\$410.00	\$427.50	\$213.75	Split premium not available			

	<b>TRS ActiveCare Primary (network Only) PD</b> \$2,500 Deductible Individual \$5,000 Deductible family \$8,150/\$16,300 Individual/Family MOOP				<b>Aetna Educators Basic PPO</b> \$3,000 Deductible Individual \$6,000 Deductible family \$7,500/\$15,000 Individual/Family MOOP			
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	\$417.00	\$410.00	\$7.00	\$3.50	\$400.58	\$400.58	\$0.00	\$0.00
Employee & Spouse	\$1,176.00	\$410.00	\$766.00	\$383.00	\$1,044.98	\$410.00	\$634.98	\$317.49
Employee & Child(ren)	\$751.00	\$410.00	\$341.00	\$170.50	\$673.96	\$410.00	\$263.96	\$131.98
Employee & Family (incl spouse)	\$1,405.00	\$410.00	\$995.00	\$497.50	\$1,303.86	\$410.00	\$893.86	\$446.93
Split Prem w/other district (E&F)	\$702.50	\$410.00	\$292.50	\$146.25	Split premium not available			

*Closed to new enrollment	<b>TRS ActiveCare 2 PPO</b> \$1,000 Deductible Individual \$3,000 Deductible family \$7,900/\$15,800 Individual/Family MOOP				<b>Abbreviations</b>	
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	HD	High Deductible
Employee ONLY	\$1,013.00	\$410.00	\$603.00	\$301.50	HMO	Health Maintenance Organization
Employee & Spouse	\$2,402.00	\$410.00	\$1,992.00	\$996.00	MOOP	Maximum Out of Pocket
Employee & Child(ren)	\$1,507.00	\$410.00	\$1,097.00	\$548.50	PD	Physician Directed
Employee & Family (incl spouse)	\$2,841.00	\$410.00	\$2,431.00	\$1,215.50	PPO	Preferred Provider Organization
Split Prem w/other district (E&F)	\$1,420.50	\$410.00	\$1,010.50	\$505.25		