

Abilene Independent School District TRS ActiveCare Rates for 2018-2019

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	\$367.00	\$367.00	\$0.00	\$0.00	\$540.00	\$410.00	\$130.00	\$65.00	\$782.00	\$410.00	\$372.00	\$186.00
Employee & Spouse	\$1,035.00	\$410.00	\$625.00	\$312.50	\$1,327.00	\$410.00	\$917.00	\$458.50	\$1,855.00	\$410.00	\$1,445.00	\$722.50
Employee & Child(ren)	\$701.00	\$410.00	\$291.00	\$145.50	\$876.00	\$410.00	\$466.00	\$233.00	\$1,163.00	\$410.00	\$753.00	\$376.50
Employee & Family (incl spouse)	\$1,374.00	\$410.00	\$964.00	\$482.00	\$1,668.00	\$410.00	\$1,258.00	\$629.00	\$2,194.00	\$410.00	\$1,784.00	\$892.00
Two employees & family coverage (both spouses employed by AISD)	\$1,374.00	\$820.00	\$554.00	\$277.00	\$1,668.00	\$820.00	\$848.00	\$424.00	\$2,194.00	\$820.00	\$1,374.00	\$687.00
Split Prem w/other district	\$687.00	\$410.00	\$277.00	\$138.50	\$834.00	\$410.00	\$424.00	\$212.00	\$1,097.00	\$410.00	\$687.00	\$343.50

TRS-ActiveCare FirstCare HMO Plan Rates	First Care HMO (network only) \$750 Deductible employee only \$2,250 Deductible family			
	Monthly Premium	*District Contribution	Employee Cost/month	Cost/pay ck
Employee ONLY	\$534.04	\$410.00	\$124.04	\$62.02
Employee & Spouse	\$1,348.92	\$410.00	\$938.92	\$469.46
Employee & Child(ren)	\$849.76	\$410.00	\$439.76	\$219.88
Employee & Family (incl spouse)	\$1,385.36	\$410.00	\$975.36	\$487.68
Two employees & family coverage (both spouses employed by AISD)	\$1,385.36	\$820.00	\$565.36	\$282.68
Split Prem w/other district	\$692.68	\$410.00	\$282.68	\$141.34