Health Insurance Rate Sheet - 9/1/20 – 8/31/21

TRS ACTIVE CARE – BCBSTX
2020-2021 HEALTH PLAN PREMIUMS – MONTHLY RATES

	TRS Premium per month	MISD Contribution per month	Employee Cost per month
TRS-ActiveCare Primary (New)			
EE only	386.00	266.00	**120.00**
E + Sp	1089.00	266.00	**823.00**
E + Ch	695.00	266.00	**429.00**
E + Fam	1301.00	266.00	**1035.00**
E + Fam Pooled Prem	1301.00	532.00	**769.00**
E + Fam Split Prem	650.50	266.00	**384.50**
TRS-ActiveCare HD (Formerly 1-HD)			
EE only	397.00	266.00	**131.00**
E + Sp	1,120.00	266.00	**854.00**
E + Ch	715.00	266.00	**449.00**
E + Fam	1338.00	266.00	**1072.00**
E + Fam Pooled Prem	1338.00	532.00	**806.00**
E + Fam Split Prem	669.00	266.00	**403.00**
TRS-ActiveCare 2 (closed to new enrollees)			
EE only	937.00	297.00	**640.00**
E + Sp	2222.00	297.00	**1925.00**
E + Ch	1393.00	297.00	**1096.00**
E + Fam	2627.00	297.00	**2330.00**
E + Fam Pooled Prem	2627.00	594.00	**2033.00**
E + Fam Split Prem	1313.50	297.00	**1016.50**
TRS-ActiveCare Primary + (formerly Select)			
EE only	514.00	266.00	**248.00**
E + Sp	1264.00	266.00	**998.00**
E + Ch	834.00	266.00	**568.00**
E + Fam	1588.00	266.00	**1322.00**
E + Fam Pooled Prem	1588.00	532.00	**1056.00**
E + Fam Split Prem	794.00	266.00	**528.00**

BAYLOR SCOTT & WHITE HEALTH PLAN - HMO
2020-2021 HEALTH PLAN PREMIUMS – MONTHLY RATES

	TRS Premium per month	MISD Contribution per month	Employee Cost per month
Coverage Tier			
EE only	551.10	266.00	**285.10**
E + Sp	1382.06	266.00	**1116.06**
E + Ch	883.50	266.00	**617.50**
E + Fam	1478.56	266.00	**1212.56**
E + Fam Pooled Prem	1478.56	532.00	**946.56**
E + Fam Split Prem	739.28	266.00	**473.28**

June 1, 2020

Health Insurance Rate Sheet - 9/1/20 – 8/31/21

TRS ACTIVE CARE – BCBSTX 2020-2021 HEALTH PLAN PREMIUMS – SEMI-MONTHLY RATES			
	TRS Premium per check	MISD Contribution per check	Employee Cost per check
TRS-ActiveCare Primary (New)			
EE only	193.00	133.00	60.00
E + Sp	544.50	133.00	411.50
E + Ch	347.50	133.00	214.50
E + Fam	650.50	133.00	517.50
E + Fam Pooled Prem	650.50	266.00	384.50
E + Fam Split Prem	325.25	133.00	192.25
TRS-ActiveCare HD (Formerly 1-HD)			
EE only	198.50	133.00	65.50
E + Sp	560.00	133.00	427.00
E + Ch	357.50	133.00	224.50
E + Fam	669.00	133.00	536.00
E + Fam Pooled Prem	669.00	266.00	403.00
E + Fam Split Prem	334.50	133.00	201.50
TRS-ActiveCare 2 (closed to new enrollees)			
EE only	468.50	148.50	320.00
E + Sp	1111.00	148.50	962.50
E + Ch	696.50	148.50	548.00
E + Fam	1313.50	148.50	1165.00
E + Fam Pooled Prem	1313.50	297.00	1016.50
E + Fam Split Prem	656.75	148.50	508.25
TRS-ActiveCare Primary + (formerly Select)			
EE only	257.00	133.00	124.00
E + Sp	632.00	133.00	499.00
E + Ch	417.00	133.00	284.00
E + Fam	794.00	133.00	661.00
E + Fam Pooled Prem	794.00	266.00	528.00
E + Fam Split Prem	397.00	133.00	264.00

BAYLOR SCOTT & WHITE HEALTH PLAN – HMO 2020-2021 HEALTH PLAN PREMIUMS – SEMI-MONTHLY RATES			
	TRS Premium per check	MISD Contribution per check	Employee Cost per check
Coverage Tier			
EE only	275.55	133.00	142.55
E + Sp	691.03	133.00	558.03
E + Ch	441.75	133.00	308.75
E + Fam	739.28	133.00	606.28
E + Fam Pooled Prem	739.28	266.00	473.28
E + Fam Split Prem	369.64	133.00	236.64