

# 2021-22 Medical Plan Rates

Sept. 1, 2021 - Aug. 31, 2022



## Orenda Education Monthly Rate Summary

TRS ActiveCare

Effective September 1, 2021

### Monthly Rates for Medical Plans

#### TSHBP HDHP (NEW High Deductible Health Plan) | Nationwide Network | No Requirement for PCP or Referrals

	Monthly		
	Medical Insurance	District Contribution	Employee Cost
Employee Only	\$353.00	\$353.00	\$0.00
Employee + Spouse	\$995.00	\$378.00	\$617.00
Employee + Child(ren)	\$670.00	\$378.00	\$292.00
Employee + Family	\$1,300.00	\$378.00	\$922.00

#### TSHBP Co-Play Plan (NEW Co-pay Health Plan) | Nationwide Network | No Requirement for PCP or Referrals

	Monthly		
	Medical Insurance	District Contribution	Employee Cost
Employee Only	\$400.00	\$378.00	\$22.00
Employee + Spouse	\$1,109.00	\$378.00	\$731.00
Employee + Child(ren)	\$761.00	\$378.00	\$383.00
Employee + Family	\$1,465.00	\$378.00	\$1,087.00

#### TRS-ActiveCare Primary (NEW) | In-Network Only | Employees must select a Primary Care Physician (PCP)

	Monthly		
	Medical Insurance	District Contribution	Employee Cost
Employee Only	\$417.00	\$378.00	\$39.00
Employee + Spouse	\$1,176.00	\$378.00	\$798.00
Employee + Child(ren)	\$751.00	\$378.00	\$373.00
Employee + Family	\$1,405.00	\$378.00	\$1027.00

#### TRS-ActiveCare HD (High Deductible Health Plan) | Nationwide Network | Deductible per individual covered

	Monthly		
	Medical Insurance	District Contribution	Employee Cost
Employee Only	\$429.00	\$378.00	\$51.00
Employee + Spouse	\$1,209.00	\$378.00	\$831.00
Employee + Child(ren)	\$772.00	\$378.00	\$394.00
Employee + Family	\$1,445.00	\$378.00	\$1067.00

#### TRS-ActiveCare Primary Plus (NEW) | In-Network Only | Employees must select a Primary Care Physician (PCP)

	Monthly		
	Premium	District Contribution	Employee Cost
Employee Only	\$542.00	\$378.00	\$164.00
Employee + Spouse	\$1,334.00	\$378.00	\$956.00
Employee + Child(ren)	\$879.00	\$378.00	\$501.00
Employee + Family	\$1,675.00	\$378.00	\$1297.00

#### TRS-ActiveCare 2 (PPO) | Nationwide Network | Current participants only

	Monthly		
	Premium	District Contribution	Employee Cost
Employee Only	\$1013.00	\$378.00	\$635.00
Employee + Spouse	\$2,402.00	\$378.00	\$2024.00
Employee + Child(ren)	\$1,507.00	\$378.00	\$1129.00
Employee + Family	\$2,841.00	\$378.00	\$2463.00

#### Baylor Scott & White (HMO) | Regional Network | Available to certain individuals based on County of residence

	Monthly		
	Premium	District Contribution	Employee Cost
Employee Only	\$542.48	\$378.00	\$164.48
Employee + Spouse	\$1,362.70	\$378.00	\$984.70
Employee + Child(ren)	\$872.16	\$378.00	\$494.16
Employee + Family	\$1,568.42	\$378.00	\$1190.42