

Galena Park Independent School District

2020 - 2021 Plan Year Rates - Medical, Dental and Vision

MEDICAL PLANS - BLUE CROSS BLUE SHIELD OF TEXAS

| 2020-2021 | NEW! TRS ACTIVECARE - PRIMARY | | | |
|--------------------------|-------------------------------|-----------------------|-----------------------|---------------------------------|
| | Total Monthly Premium | District Contribution | Employee Contribution | Employee Contribution /Paycheck |
| Employee Only | \$ 386.00 | \$ 325.00 | \$ 61.00 | \$ 30.50 |
| Employee/Children | \$ 695.00 | \$ 342.00 | \$ 353.00 | \$ 176.50 |
| Employee/Spouse | \$ 1,089.00 | \$ 380.00 | \$ 709.00 | \$ 354.50 |
| Family | \$ 1,301.00 | \$ 380.00 | \$ 921.00 | \$ 460.50 |
| Pool: Two Employees | \$ 1,089.00 | \$ 760.00 | \$ 329.00 | \$ 164.50 |
| Pool: Two Emps & Family | \$ 1,301.00 | \$ 760.00 | \$ 541.00 | \$ 270.50 |
| Split: Employee/Spouse | \$ 544.50 | \$ 380.00 | \$ 164.50 | \$ 82.25 |
| Split: Employee + Family | \$ 650.50 | \$ 380.00 | \$ 270.50 | \$ 135.25 |

| 2020-2021 | TRS ACTIVECARE - HD | | | |
|--------------------------|-----------------------|-----------------------|-----------------------|---------------------------------|
| | Total Monthly Premium | District Contribution | Employee Contribution | Employee Contribution /Paycheck |
| Employee Only | \$ 397.00 | \$ 325.00 | \$ 72.00 | \$ 36.00 |
| Employee/Children | \$ 715.00 | \$ 342.00 | \$ 373.00 | \$ 186.50 |
| Employee/Spouse | \$ 1,120.00 | \$ 380.00 | \$ 740.00 | \$ 370.00 |
| Family | \$ 1,338.00 | \$ 380.00 | \$ 958.00 | \$ 479.00 |
| Pool: Two Employees | \$ 1,120.00 | \$ 760.00 | \$ 360.00 | \$ 180.00 |
| Pool: Two Emps & Family | \$ 1,338.00 | \$ 760.00 | \$ 578.00 | \$ 289.00 |
| Split: Employee/Spouse | \$ 560.00 | \$ 380.00 | \$ 180.00 | \$ 90.00 |
| Split: Employee + Family | \$ 669.00 | \$ 380.00 | \$ 289.00 | \$ 144.50 |

| 2020-2021 | TRS ACTIVECARE - PRIMARY+ (FORMERLY KELSEY-SEYBOLD & MEMORIAL HERMANN) | | | |
|--------------------------|---|-----------------------|-----------------------|---------------------------------|
| | Total Monthly Premium | District Contribution | Employee Contribution | Employee Contribution /Paycheck |
| Employee Only | \$ 514.00 | \$ 325.00 | \$ 189.00 | \$ 94.50 |
| Employee/Children | \$ 834.00 | \$ 342.00 | \$ 492.00 | \$ 246.00 |
| Employee/Spouse | \$ 1,264.00 | \$ 380.00 | \$ 884.00 | \$ 442.00 |
| Family | \$ 1,588.00 | \$ 380.00 | \$ 1,208.00 | \$ 604.00 |
| Pool: Two Employees | \$ 1,264.00 | \$ 760.00 | \$ 504.00 | \$ 252.00 |
| Pool: Two Emps & Family | \$ 1,588.00 | \$ 760.00 | \$ 828.00 | \$ 414.00 |
| Split: Employee/Spouse | \$ 632.00 | \$ 380.00 | \$ 252.00 | \$ 126.00 |
| Split: Employee + Family | \$ 794.00 | \$ 380.00 | \$ 414.00 | \$ 207.00 |

| 2020-2021 | TRS ACTIVECARE - 2 (CLOSED TO NEW ENROLLEES) | | | |
|--------------------------|---|-----------------------|-----------------------|---------------------------------|
| | Total Monthly Premium | District Contribution | Employee Contribution | Employee Contribution /Paycheck |
| Employee Only | \$ 937.00 | \$ 325.00 | \$ 612.00 | \$ 306.00 |
| Employee/Children | \$ 1,393.00 | \$ 342.00 | \$ 1,051.00 | \$ 525.50 |
| Employee/Spouse | \$ 2,222.00 | \$ 380.00 | \$ 1,842.00 | \$ 921.00 |
| Family | \$ 2,627.00 | \$ 380.00 | \$ 2,247.00 | \$ 1,123.50 |
| Pool: Two Employees | \$ 2,222.00 | \$ 760.00 | \$ 1,462.00 | \$ 731.00 |
| Pool: Two Emps & Family | \$ 2,627.00 | \$ 760.00 | \$ 1,867.00 | \$ 933.50 |
| Split: Employee/Spouse | \$ 1,111.00 | \$ 380.00 | \$ 731.00 | \$ 365.50 |
| Split: Employee + Family | \$ 1,313.50 | \$ 380.00 | \$ 933.50 | \$ 466.75 |

DENTAL PLANS

| 2020-2021 | GUARDIAN DENTAL DHMO | | | |
|-------------------------|-----------------------|-----------------------|-----------------------|---------------------------------|
| | Total Monthly Premium | District Contribution | Employee Contribution | Employee Contribution /Paycheck |
| Employee Only | \$ 8.42 | \$ 6.00 | \$ 2.42 | \$ 1.21 |
| Employee/Children | \$ 18.94 | \$ 6.00 | \$ 12.94 | \$ 6.47 |
| Employee/Spouse | \$ 16.84 | \$ 6.00 | \$ 10.84 | \$ 5.42 |
| Family | \$ 28.18 | \$ 6.00 | \$ 22.18 | \$ 11.09 |
| Pool: Two Employees | \$ 16.84 | \$ 12.00 | \$ 4.84 | \$ 2.42 |
| Pool: Two Emps & Family | \$ 28.18 | \$ 12.00 | \$ 16.18 | \$ 8.09 |

| 2020-2021 | AMERITAS DENTAL PPO | | | |
|-------------------------|-----------------------|-----------------------|-----------------------|---------------------------------|
| | Total Monthly Premium | District Contribution | Employee Contribution | Employee Contribution /Paycheck |
| Employee Only | \$ 33.64 | \$ 6.00 | \$ 27.64 | \$ 13.82 |
| Employee/Children | \$ 66.04 | \$ 6.00 | \$ 60.04 | \$ 30.02 |
| Employee/Spouse | \$ 67.80 | \$ 6.00 | \$ 61.80 | \$ 30.90 |
| Family | \$ 94.24 | \$ 6.00 | \$ 88.24 | \$ 44.12 |
| Pool: Two Employees | \$ 67.80 | \$ 12.00 | \$ 55.80 | \$ 27.90 |
| Pool: Two Emps & Family | \$ 94.24 | \$ 12.00 | \$ 82.24 | \$ 41.12 |

VISION PLAN

| 2020-2021 | DAVIS VISION | | | |
|-------------------|-----------------------|-----------------------|-----------------------|---------------------------------|
| | Total Monthly Premium | District Contribution | Employee Contribution | Employee Contribution /Paycheck |
| Employee Only | \$ 6.50 | \$ - | \$ 6.50 | \$ 3.25 |
| Employee/Children | \$ 12.34 | \$ - | \$ 12.34 | \$ 6.17 |
| Employee/Spouse | \$ 11.70 | \$ - | \$ 11.70 | \$ 5.85 |
| Family | \$ 19.50 | \$ - | \$ 19.50 | \$ 9.75 |