

**Galena Park Independent School District  
2021 - 2022 Plan Year Rates - Medical, Dental and Vision**

**MEDICAL PLANS - BLUE CROSS BLUE SHIELD OF TEXAS**

2021-2022	TRS-ACTIVECARE PRIMARY				2021-2022	TRS-ACTIVECARE HD			
	Total Monthly Premium	District Contribution	Employee Contribution	Employee Contribution/P aycheck		Total Monthly Premium	District Contribution	Employee Contribution	Employee Contribution/P aycheck
Employee Only	\$ 417.00	\$ 325.00	\$ 92.00	\$ 46.00	Employee Only	\$ 429.00	\$ 325.00	\$ 104.00	\$ 52.00
Employee/Children	\$ 751.00	\$ 342.00	\$ 409.00	\$ 204.50	Employee/Children	\$ 772.00	\$ 342.00	\$ 430.00	\$ 215.00
Employee/Spouse	\$ 1,176.00	\$ 380.00	\$ 796.00	\$ 398.00	Employee/Spouse	\$ 1,209.00	\$ 380.00	\$ 829.00	\$ 414.50
Family	\$ 1,405.00	\$ 380.00	\$ 1,025.00	\$ 512.50	Family	\$ 1,445.00	\$ 380.00	\$ 1,065.00	\$ 532.50
Pool: Two Employees	\$ 1,176.00	\$ 760.00	\$ 416.00	\$ 208.00	Pool: Two Employees	\$ 1,209.00	\$ 760.00	\$ 449.00	\$ 224.50
Pool: Two Emps & Family	\$ 1,405.00	\$ 760.00	\$ 645.00	\$ 322.50	Pool: Two Emps & Family	\$ 1,445.00	\$ 760.00	\$ 685.00	\$ 342.50
Split: Employee/Spouse	\$ 588.00	\$ 380.00	\$ 208.00	\$ 104.00	Split: Employee/Spouse	\$ 604.50	\$ 380.00	\$ 224.50	\$ 112.25
Split: Employee + Family	\$ 702.50	\$ 380.00	\$ 322.50	\$ 161.25	Split: Employee + Family	\$ 722.50	\$ 380.00	\$ 342.50	\$ 171.25

  

2021-2022	TRS-ACTIVECARE PRIMARY+				2021-2022	TRS-ACTIVECARE 2 (CLOSED TO NEW ENROLLEES)			
	Total Monthly Premium	District Contribution	Employee Contribution	Employee Contribution/P aycheck		Total Monthly Premium	District Contribution	Employee Contribution	Employee Contribution/P aycheck
Employee Only	\$ 542.00	\$ 325.00	\$ 217.00	\$ 108.50	Employee Only	\$ 1,013.00	\$ 325.00	\$ 688.00	\$ 344.00
Employee/Children	\$ 879.00	\$ 342.00	\$ 537.00	\$ 268.50	Employee/Children	\$ 1,507.00	\$ 342.00	\$ 1,165.00	\$ 582.50
Employee/Spouse	\$ 1,334.00	\$ 380.00	\$ 954.00	\$ 477.00	Employee/Spouse	\$ 2,402.00	\$ 380.00	\$ 2,022.00	\$ 1,011.00
Family	\$ 1,675.00	\$ 380.00	\$ 1,295.00	\$ 647.50	Family	\$ 2,841.00	\$ 380.00	\$ 2,461.00	\$ 1,230.50
Pool: Two Employees	\$ 1,334.00	\$ 760.00	\$ 574.00	\$ 287.00	Pool: Two Employees	\$ 2,402.00	\$ 760.00	\$ 1,642.00	\$ 821.00
Pool: Two Emps & Family	\$ 1,675.00	\$ 760.00	\$ 915.00	\$ 457.50	Pool: Two Emps & Family	\$ 2,841.00	\$ 760.00	\$ 2,081.00	\$ 1,040.50
Split: Employee/Spouse	\$ 667.00	\$ 380.00	\$ 287.00	\$ 143.50	Split: Employee/Spouse	\$ 1,201.00	\$ 380.00	\$ 821.00	\$ 410.50
Split: Employee + Family	\$ 837.50	\$ 380.00	\$ 457.50	\$ 228.75	Split: Employee + Family	\$ 1,420.50	\$ 380.00	\$ 1,040.50	\$ 520.25

**DENTAL PLANS - GUARDIAN**

2021-2022	GUARDIAN PPO HIGH				2021-2022	GUARDIAN PPO LOW			
	Total Monthly Premium	District Contribution	Employee Contribution	Employee Contribution/P aycheck		Total Monthly Premium	District Contribution	Employee Contribution	Employee Contribution/P aycheck
Employee Only	\$ 39.24	\$ 6.00	\$ 33.24	\$ 16.62	Employee Only	\$ 19.70	\$ 6.00	\$ 13.70	\$ 6.85
Employee/Children	\$ 77.04	\$ 6.00	\$ 71.04	\$ 35.52	Employee/Children	\$ 38.68	\$ 6.00	\$ 32.68	\$ 16.34
Employee/Spouse	\$ 79.08	\$ 6.00	\$ 73.08	\$ 36.54	Employee/Spouse	\$ 39.70	\$ 6.00	\$ 33.70	\$ 16.85
Family	\$ 109.92	\$ 6.00	\$ 103.92	\$ 51.96	Family	\$ 55.18	\$ 6.00	\$ 49.18	\$ 24.59
Pool: Two Employees	\$ 79.08	\$ 12.00	\$ 67.08	\$ 33.54	Pool: Two Employees	\$ 39.70	\$ 12.00	\$ 27.70	\$ 13.85
Pool: Two Emps & Family	\$ 109.92	\$ 12.00	\$ 97.92	\$ 48.96	Pool: Two Emps & Family	\$ 55.18	\$ 12.00	\$ 43.18	\$ 21.59

**DENTAL PLANS - GUARDIAN (CONT'D)**

2021-2022	GUARDIAN DENTAL DHMO			
	Total Monthly Premium	District Contribution	Employee Contribution	Employee Contribution/P aycheck
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

**VISION PLAN - DAVIS VISION**

2021-2022	DAVIS VISION			
	Total Monthly Premium	District Contribution	Employee Contribution	Employee Contribution/P aycheck
Employee Only	\$ 7.02	\$ -	\$ 7.02	\$ 3.51
Employee/Children	\$ 13.34	\$ -	\$ 13.34	\$ 6.67
Employee/Spouse	\$ 12.64	\$ -	\$ 12.64	\$ 6.32
Family	\$ 21.06	\$ -	\$ 21.06	\$ 10.53

Updated 6/22/2021

Pool: If an employee and spouse both work for the same participating district/entity, premiums may be pooled.

Split: If an employee and spouse work for different participating districts/entities, premiums may be split among both districts/entities.