Plainview ISD

2026-2027

TRS ActiveCare BlueCross BlueShield

BCBS HD (High Deductible)

ACTIVECARE 1-HD	Monthly Premium	State/District Contribution	Employee Contribution
Employee Only	$534	$447	**$87**
Employee & Spouse	$1442	$447	**$995**
Employee & Children	$908	$447	**$461**
Family	$1816	$447	**$1,369**

BCBS Primary PPO (Preferred Provider Organization)

TRS ActiveCare Primary	Monthly Premium	State/District Contribution	Employee Contribution
Employee Only	***$515***	***$447***	***$70***
Employee & Spouse	$1,396	$447	**$949**
Employee & Children	$879	$447	**$432**
Family	$1,758	$447	**$1,311**

BCBS Primary+ PPO (Preferred Provider Organization)

TRS ActiveCare Primary +	Monthly Premium	State/District Contribution	Employee Contribution
Employee Only	$607	$447	**$160**
Employee & Spouse	$1,579	$447	**$1132**
Employee & Children	$1032	$447	**$585**
Family	$2004	$447	**$1,557**

Employee-only premiums across the three plans will increase by an average of $33 per month. Premiums for employee-plus-family coverage will increase by an average of $111 per month.

The total state/district contribution will be $447 per month per employee for the 2026–2027 plan year.

Pending approval by the Plainview ISD Board of Trustees.