

# Three Rivers ISD

## 2026-2027 Plan Year

| <b>PPO Max</b>                                                                                                                                                | Per Employee Per Month | District Contribution Per Month | Employee Monthly Amount | Employee Semi-Monthly Amount |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------|-------------------------|------------------------------|
| Employee Only                                                                                                                                                 | \$868.34               | \$250.00                        | \$618.34                | \$309.17                     |
| Employee & Spouse                                                                                                                                             | \$1,650.77             | \$250.00                        | \$1,400.77              | \$700.39                     |
| Employee & Child(ren)                                                                                                                                         | \$2,429.54             | \$250.00                        | \$2,179.54              | \$1,089.77                   |
| Employee & Family                                                                                                                                             | \$3,206.46             | \$250.00                        | \$2,956.46              | \$1,478.23                   |
|                                                                                                                                                               |                        |                                 |                         |                              |
| <b>PPO</b>                                                                                                                                                    | Per Employee Per Month | District Contribution Per Month | Employee Monthly Amount | Employee Semi-Monthly Amount |
| Employee Only                                                                                                                                                 | \$726.45               | \$250.00                        | \$476.45                | \$238.23                     |
| Employee & Spouse                                                                                                                                             | \$1,381.03             | \$250.00                        | \$1,131.03              | \$565.52                     |
| Employee & Child(ren)                                                                                                                                         | \$2,032.55             | \$250.00                        | \$1,782.55              | \$891.28                     |
| Employee & Family                                                                                                                                             | \$2,682.52             | \$250.00                        | \$2,432.52              | \$1,216.26                   |
|                                                                                                                                                               |                        |                                 |                         |                              |
| <b>EPO</b>                                                                                                                                                    | Per Employee Per Month | District Contribution Per Month | Employee Monthly Amount | Employee Semi-Monthly Amount |
| Employee Only                                                                                                                                                 | \$636.95               | \$250.00                        | \$386.95                | \$193.48                     |
| Employee & Spouse                                                                                                                                             | \$1,210.86             | \$250.00                        | \$960.86                | \$480.43                     |
| Employee & Child(ren)                                                                                                                                         | \$1,782.10             | \$250.00                        | \$1,532.10              | \$766.05                     |
| Employee & Family                                                                                                                                             | \$2,351.99             | \$250.00                        | \$2,101.99              | \$1,051.00                   |
|                                                                                                                                                               |                        |                                 |                         |                              |
| <i>Employees who are paid on a 24 pay (Semi-Monthly) schedule will have their medical insurance premiums deducted over 24 paychecks during the plan year.</i> |                        |                                 |                         |                              |

Note: Three Rivers ISD is generously contributing \$250 per month towards the employee's health insurance.