

Plainview ISD

2023-2024

TRS ActiveCare BlueCross BlueShield/West Texas Blue Essentials HMO

ACTIVECARE 1-HD	Full Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$424.00	\$410	\$14
Employee & Spouse	\$1,145.00	\$410	\$735.00
Employee & Children	\$721.00	\$410	\$311.00
Family	\$1,442.00	\$410	\$1,032.00

BCBS Primary

TRS ActiveCare Primary	Full Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$410.00	\$410	\$0
Employee & Spouse	\$1,107.00	\$410	\$697.00
Employee & Children	\$697.00	\$410	\$287.00
Family	\$1,394.00	\$410	\$984.00

BCBS Primary +

TRS ActiveCare Primary +	Full Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$482.00	\$410	\$72.00
Employee & Spouse	\$1,254.00	\$410	\$844.00
Employee & Children	\$820.00	\$410	\$410.00
Family	\$1,591.00	\$410	\$1,181.00

TRS ActiveCare 2 (no NEW enrollments)

TRS ActiveCare 2	Full Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$1,013.00	\$410	\$603.00
Employee & Spouse	\$2,402.00	\$410	\$1,992.00
Employee & Children	\$1,507.00	\$410	\$1,097.00
Family	\$2,841.00	\$410	\$2,431.00

West Texas Blue Essentials HMO

WT Blue Essentials HMO	Full Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$865.00	\$410	\$455.00
Employee & Spouse	\$2,103.16	\$410	\$1,693.16
Employee & Children	\$1,361.42	\$410	\$951.42
Family	\$2,233.34	\$410	\$1,823.34