

# Galena Park Independent School District

## 2024 - 2025 Plan Year Rates - Medical, Dental, and Vision

### MEDICAL PLANS - TRS ActiveCare BLUE CROSS BLUE SHIELD OF TEXAS

2024-2025	TRS-ACTIVECARE PRIMARY			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/Paycheck
Employee Only	\$ 471.00	\$ 362.00	\$ 109.00	\$ 54.50
Employee/Children	\$ 801.00	\$ 368.00	\$ 433.00	\$ 216.50
Employee/Spouse	\$ 1,272.00	\$ 430.00	\$ 842.00	\$ 421.00
Family	\$ 1,602.00	\$ 430.00	\$ 1,172.00	\$ 586.00

2024-2025	TRS-ACTIVECARE HD			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/Paycheck
Employee Only	\$ 484.00	\$ 362.00	\$ 122.00	\$ 61.00
Employee/Children	\$ 823.00	\$ 366.00	\$ 457.00	\$ 228.50
Employee/Spouse	\$ 1,307.00	\$ 430.00	\$ 877.00	\$ 438.50
Family	\$ 1,646.00	\$ 430.00	\$ 1,216.00	\$ 608.00

2024-2025	TRS-ACTIVECARE PRIMARY+			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/Paycheck
Employee Only	\$ 553.00	\$ 336.00	\$ 217.00	\$ 108.50
Employee/Children	\$ 941.00	\$ 392.00	\$ 549.00	\$ 274.50
Employee/Spouse	\$ 1,438.00	\$ 430.00	\$ 1,008.00	\$ 504.00
Family	\$ 1,825.00	\$ 430.00	\$ 1,395.00	\$ 697.50

2024-2025	TRS-ACTIVECARE 2 <small>(CLOSED TO NEW ENROLLEES)</small>			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/Paycheck
Employee Only	\$ 1,013.00	\$ 325.00	\$ 688.00	\$ 344.00
Employee/Children	\$ 1,507.00	\$ 342.00	\$ 1,165.00	\$ 582.50
Employee/Spouse	\$ 2,402.00	\$ 380.00	\$ 2,022.00	\$ 1,011.00
Family	\$ 2,841.00	\$ 380.00	\$ 2,461.00	\$ 1,230.50

### DENTAL PLANS - GUARDIAN

2024-2025	GUARDIAN PPO HIGH			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/Paycheck
Employee Only	\$ 43.92	\$ 6.00	\$ 37.92	\$ 18.96
Employee/Children	\$ 86.22	\$ 6.00	\$ 80.22	\$ 40.11
Employee/Spouse	\$ 88.50	\$ 6.00	\$ 82.50	\$ 41.25
Family	\$ 123.00	\$ 6.00	\$ 117.00	\$ 58.50

2024-2025	GUARDIAN PPO LOW			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/Paycheck
Employee Only	\$ 22.04	\$ 6.00	\$ 16.04	\$ 8.02
Employee/Children	\$ 43.28	\$ 6.00	\$ 37.28	\$ 18.64
Employee/Spouse	\$ 44.42	\$ 6.00	\$ 38.42	\$ 19.21
Family	\$ 61.76	\$ 6.00	\$ 55.76	\$ 27.88

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

2024-2025	GUARDIAN DENTAL DHMO			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/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

### VISION PLAN - DAVIS VISION

2024-2025	DAVIS VISION	
	Total Monthly Premium	Employee Premium/Paycheck
Employee Only	\$ 7.02	\$ 3.51
Employee/Children	\$ 13.34	\$ 6.67
Employee/Spouse	\$ 12.64	\$ 6.32
Family	\$ 21.06	\$ 10.53

Updated 05/03/2024

Pool and Split rates are available for eligible employees. Please contact Employee Benefits at [Benefits@galenaparkisd.com](mailto:Benefits@galenaparkisd.com).