



2021-2022

GREGORY-PORTLAND INDEPENDENT SCHOOL DISTRICT

BLUE CROSS BLUE SHIELD
TRS ACTIVECARE PLANS
Monthly Employees



TRS ActiveCare Primary			
Deductible: \$2,500 Individual /\$5,000 Family			
Coverage Category	Cost	Employer's Contribution	Net Monthly Cost
Employee Only	\$417.00	\$250.00	\$167.00
Employee and Spouse	\$1,176.00	\$250.00	\$926.00
Employee and Children	\$751.00	\$250.00	\$501.00
Employee and Family	\$1,405.00	\$250.00	\$1,155.00

Primary Features

- Lowest premium of the plans
- Copays for doctor visits before you meet deductible
- Statewide network
- PCP referrals required to see specialists
- Not compatible with a health savings account (HSA)
- No out-of-network coverage

TRS ActiveCare HD			
Deductible: \$3,000 Individual /\$6,000 Family			
Coverage Category	Cost	Employer's Contribution	Net Monthly Cost
Employee Only	\$429.00	\$250.00	\$179.00
Employee and Spouse	\$1,209.00	\$250.00	\$959.00
Employee and Children	\$772.00	\$250.00	\$522.00
Employee and Family	\$1,445.00	\$250.00	\$1,195.00

HD Features

- Compatible with a health savings account (HSA)
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals
- Must meet your deductible before plan pays for non-preventive care

TRS ActiveCare Primary +			
Deductible: \$1,200 Individual /\$3,600 Family			
Coverage Category	Cost	Employer's Contribution	Net Monthly Cost
Employee Only	\$542.00	\$250.00	\$292.00
Employee and Spouse	\$1,334.00	\$250.00	\$1,084.00
Employee and Children	\$879.00	\$250.00	\$629.00
Employee and Family	\$1,675.00	\$250.00	\$1,425.00

Primary "+" Features

- Lower deductible than the HD and Primary plans
- Copays for many services and drugs
- Higher premium than the other plans
- Statewide network
- PCP referrals required to see specialists
- Not compatible with a health savings account (HSA)
- No out-of-network coverage



2021-2022

GREGORY-PORTLAND INDEPENDENT SCHOOL DISTRICT

BLUE CROSS BLUE SHIELD

TRS ACTIVECARE PLANS

Semi-Monthly Employees



TRS ActiveCare Primary

Deductible: \$2,500 Individual /\$5,000 Family

Primary Features

Coverage Category	Cost	Employer's Contribution	semi-monthly cost
Employee Only	\$417.00	\$250.00	\$83.50
Employee and Spouse	\$1,176.00	\$250.00	\$46.30
Employee and Children	\$751.00	\$250.00	\$250.50
Employee and Family	\$1,405.00	\$250.00	\$577.50

- Lowest premium of the plans
- Copays for doctor visits before you meet deductible
- Statewide network
- PCP referrals required to see specialists
- Not compatible with a health savings account (HSA)
- No out-of-network coverage

TRS ActiveCare HD

Deductible: \$3,000 Individual /\$6,000 Family

HD Features

Coverage Category	Cost	Employer's Contribution	semi-monthly cost
Employee Only	\$429.00	\$250.00	\$89.50
Employee and Spouse	\$1,209.00	\$250.00	\$479.50
Employee and Children	\$772.00	\$250.00	\$261.00
Employee and Family	\$1,445.00	\$250.00	\$597.50

- Compatible with a health savings account (HSA)
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals
- Must meet your deductible before plan pays for non-preventive care

TRS ActiveCare Primary +

Deductible: \$1,200 Individual /\$3,600 Family

Primary "+" Features

Coverage Category	Cost	Employer's Contribution	semi-monthly cost
Employee Only	\$542.00	\$250.00	\$146.00
Employee and Spouse	\$1,334.00	\$250.00	\$542.00
Employee and Children	\$879.00	\$250.00	\$314.50
Employee and Family	\$1,675.00	\$250.00	\$712.50

- Lower deductible than the HD and Primary plans
- Copays for many services and drugs
- Higher premium than the other plans
- Statewide network
- PCP referrals required to see specialists
- Not compatible with a health savings account (HSA)
- No out-of-network coverage