

Boyd ISD

TRS ActiveCare (Aetna) - SUBSTITUTES

Monthly Premium Cost for the 2018-2019 School Year

Effective September 1, 2018 through August 31, 2019

<https://www.trsactivecare.aetna.com/>

TRS ActiveCare 1-HD - Code 079				
Coverage Category	18-19 Employee Cost	Employer Contribution	Total Cost	
Employee Only	\$367.00	\$0.00	\$367.00	
Employee and Spouse	\$1,035.00	\$0.00	\$1,035.00	
Employee and Child(ren)	\$701.00	\$0.00	\$701.00	
Employee and Family	\$1,374.00	\$0.00	\$1,374.00	

TRS ActiveCare Select Plan - Code 137 (NETWORKS ARE COUNTY SPECIFIC)				
Coverage Category	18-19 Employee Cost	Employer Contribution	Total Cost	
Employee Only	\$540.00	\$0.00	\$540.00	
Employee and Spouse	\$1,327.00	\$0.00	\$1,327.00	
Employee and Child(ren)	\$876.00	\$0.00	\$876.00	
Employee and Family	\$1,668.00	\$0.00	\$1,668.00	

HMO Plan - Scott & White Health Plan - Code 144				
FOR EMPLOYEES THAT LIVE IN COLLIN, DALLAS, DENTON, ELLIS, ROCKWALL OR TARRANT COUNTY ONLY!!				
Coverage Category	18-19 Employee Cost	Employer Contribution	Total Cost	
Employee Only	\$578.36	\$0.00	\$578.36	
Employee and Spouse	\$1,353.40	\$0.00	\$1,353.40	
Employee and Child(ren)	\$908.06	\$0.00	\$908.06	
Employee and Family	\$1,509.56	\$0.00	\$1,509.56	