

**TRS Insurance Information**  
**Blue Cross Blue Shield (BCBS)**  
**Lone Oak ISD 2024-2025**

TRS-Active Care Primary	Employee Monthly Premium	Your Monthly Cost (Amount after Employer Contribution)	Difference from Prior Year (2023-2024)
Employee	\$ 501.00	\$ 201.00	\$ + 51.00
Employee + Spouse	\$ 1353.00	\$ 1053.00	\$ + 138.00
Employee + Child(ren)	\$ 852.00	\$ 552.00	\$ + 87.00
Employee + Family	\$ 1704.00	\$ 1404.00	\$ +174.00

TRS-Active Care HD	Employee Monthly Premium	Your Monthly Cost (Amount after Employer Contribution)	Difference from Prior Year (2023-2024)
Employee	\$ 513.00	\$ 213.00	\$ + 51.00
Employee + Spouse	\$ 1529.00	\$ 1229.00	\$ +281.00
Employee + Child(ren)	\$ 1000.00	\$ 700.00	\$ +241.00
Employee + Family	\$ 1941.00	\$ 1641.00	\$ +370.00

TRS Active Care Primary +	Employee Monthly Premium	Your Monthly Cost (Amount after Employer Contribution)	Difference from Prior Year (2023-2024)
Employee	\$ 588.00	\$ 288.00	\$ + 59.00
Employee + Spouse	\$ 1529.00	\$ 1229.00	\$ +153.00
Employee + Child(ren)	\$ 1000.00	\$ 700.00	\$ +100.00
Employee + Family	\$ 1941.00	\$ 1641.00	\$ +195.00

TRS-Active Care 2	Employee Monthly Premium	Your Monthly Cost (Amount after Employer Contribution)	Difference from Prior Year (2023-24)
Employee	\$ 1013.00	\$ 713.00	\$ 0
Employee + Spouse	\$ 2402.00	\$ 2102.00	\$ 0
Employee + Child(ren)	\$ 1507.00	\$ 1207.00	\$ 0
Employee + Family	\$ 2841.00	\$ 2541.00	\$ 0