

Galena Park Independent School District

2025 - 2026 Plan Year Rates - Medical, Dental, and Vision

MEDICAL PLANS - TRS ActiveCare BLUE CROSS BLUE SHIELD OF TEXAS

2025-2026	TRS-ACTIVECARE PRIMARY			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/P paycheck
Employee Only	\$ 507.00	\$ 362.00	\$ 145.00	\$ 72.50
Employee/Children	\$ 862.00	\$ 368.00	\$ 494.00	\$ 247.00
Employee/Spouse	\$ 1,369.00	\$ 430.00	\$ 939.00	\$ 469.50
Family	\$ 1,724.00	\$ 430.00	\$ 1,294.00	\$ 647.00

2025-2026	TRS-ACTIVECARE HD			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/Paycheck
Employee Only	\$ 521.00	\$ 362.00	\$ 159.00	\$ 79.50
Employee/Children	\$ 886.00	\$ 366.00	\$ 520.00	\$ 260.00
Employee/Spouse	\$ 1,407.00	\$ 430.00	\$ 977.00	\$ 488.50
Family	\$ 1,772.00	\$ 430.00	\$ 1,342.00	\$ 671.00

2025-2026	TRS-ACTIVECARE PRIMARY+			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/P paycheck
Employee Only	\$ 596.00	\$ 336.00	\$ 260.00	\$ 130.00
Employee/Children	\$ 1,014.00	\$ 392.00	\$ 622.00	\$ 311.00
Employee/Spouse	\$ 1,550.00	\$ 430.00	\$ 1,120.00	\$ 560.00
Family	\$ 1,967.00	\$ 430.00	\$ 1,537.00	\$ 768.50

2025-2026	TRS-ACTIVECARE 2			
	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

2025-2026	GUARDIAN PPO HIGH			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/P paycheck
Employee Only	\$ 46.56	\$ 6.00	\$ 40.56	\$ 20.28
Employee/Children	\$ 91.38	\$ 6.00	\$ 85.38	\$ 42.69
Employee/Spouse	\$ 93.80	\$ 6.00	\$ 87.80	\$ 43.90
Family	\$ 130.38	\$ 6.00	\$ 124.38	\$ 62.19

2025-2026	GUARDIAN PPO LOW			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/Paycheck
Employee Only	\$ 23.36	\$ 6.00	\$ 17.36	\$ 8.68
Employee/Children	\$ 45.88	\$ 6.00	\$ 39.88	\$ 19.94
Employee/Spouse	\$ 47.08	\$ 6.00	\$ 41.08	\$ 20.54
Family	\$ 65.46	\$ 6.00	\$ 59.46	\$ 29.73

DENTAL PLANS - GUARDIAN (CONT'D)

2025-2026	GUARDIAN DENTAL DHMO			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/P 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

2025-2026	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 06/30/2025

Pool and Split rates are available for eligible employees. Please contact Employee Benefits at Benefits@galenaparkisd.com.