


2025-2026 PLAN YEAR

24 Paychecks Per Year

 <p>SAN ANGELO ISD PCP REQUIRED HSA ELIGIBLE</p>	<p>TRS-ACTIVECARE PRIMARY IN NETWORK COVERAGE ONLY STATEWIDE NETWORK YES NO</p>	<p>TRS-ACTIVECARE PRIMARY PLUS IN NETWORK COVERAGE ONLY STATEWIDE NETWORK YES NO</p>	<p>TRS-ACTIVECARE HD (HIGH-DEDUCTIBLE) NATIONWIDE NETWORK (OUT OF NETWORK DEDUCTS/MAXS DIFFER) NO YES</p>	<p>BCBS - HMO BLUE ESSENTIALS IN NETWORK COVERAGE ONLY YES NO</p>
<p style="text-align: center;">HEALTH INSURANCE PREMIUMS (Per Paycheck) The District contributes \$479/month towards any one of the group plans available through TRS</p>				
EMPLOYEE ONLY	20.50	65.50	30.00	367.75
EMPLOYEE AND SPOUSE	462.50	553.50	488.50	1,241.30
EMPLOYEE AND CHILDREN	202.50	279.00	219.00	718.00
EMPLOYEE AND FAMILY	644.50	767.00	677.00	1,333.15
<p style="text-align: center;">IN-NETWORK COSTS</p>				
DEDUCTIBLE INDIVIDUAL/FAMILY	\$2,500/\$5,000	\$1,200/\$2,400	\$3,300/\$6,600	\$950/\$2,850
COINSURANCE	YOU PAY 30% AFTER DEDUCTIBLE	YOU PAY 20% AFTER DEDUCTIBLE	YOU PAY 30% AFTER DEDUCTIBLE	YOU PAY 25% AFTER DEDUCTIBLE
OUT OF POCKET MAX INDIVIDUAL/FAMILY	\$8,050/\$16,100	\$6,900/\$13,800	\$8,300/\$16,600	\$7,450/\$14,900
<p style="text-align: center;">OUT-OF-NETWORK COSTS</p>				
DEDUCTIBLE INDIVIDUAL/FAMILY	NOT APPLICABLE	NOT APPLICABLE	\$6,600/\$13,200	NOT APPLICABLE
COINSURANCE	NOT APPLICABLE	NOT APPLICABLE	YOU PAY 50% AFTER DEDUCTIBLE	NOT APPLICABLE
OUT OF POCKET MAX INDIVIDUAL/FAMILY	NOT APPLICABLE	NOT APPLICABLE	\$20,500/\$41,000	NOT APPLICABLE
<p style="text-align: center;">DOCTOR VISITS</p>				
PRIMARY CARE	\$30 COPAY	\$15 COPAY	30% /50% IN/OUT NETWORK AFTER DEDUCTIBLE	\$20 COPAY
SPECIALIST	\$70 COPAY	\$70 COPAY	30% /50% IN/OUT NETWORK AFTER DEDUCTIBLE	\$70 COPAY
URGENT CARE	\$50 COPAY	\$50 COPAY	30% /50% IN/OUT NETWORK AFTER DEDUCTIBLE	\$50 COPAY
TRS VIRTUAL HEALTH	\$12 PER CONSULTATION	\$12 PER CONSULTATION	\$42 PER CONSULTATION	NOT APPLICABLE
<p style="text-align: center;">PRESCRIPTION DRUGS</p>				
DRUG DEDUCTIBLES	INTEGRATED WITH MEDICAL	\$200 DEDUCTIBLE PER PARTICIPANT (Brand Drugs Only)	INTEGRATED WITH MEDICAL	\$150
INSULIN OUT-OF-POCKET COSTS	\$25 31-DAY SUPPLY \$75 61-90 DAY SUPPLY	\$25 31-DAY SUPPLY \$75 61-90 DAY SUPPLY	25% AFTER DEDUCTIBLE	15/25% AFTER DEDUCTIBLE (Preferred/Non-preferred)