

KERRVILLE ISD 2025-2026 TRS-ACTIVECARE RATES

2025-2026 PLAN YEAR RATES

Coverage Tier	TRS - ActiveCare Primary		Employee Cost
	2025-2026 Premium	District Contribution	
Employee Only	\$468.00	\$360.00	\$108.00
Employee & Spouse	\$1,264.00	\$360.00	\$904.00
Employee & Child(ren)	\$796.00	\$360.00	\$436.00
Employee & Family	\$1,592.00	\$360.00	\$1,232.00
Individual :			
Annual Individual Deductible	\$2,500.00	Co-Insurance Max Includes Deductible	\$8,050.00
Annual Family Deductible	\$5,000.00	Co-Insurance Max Includes Deductible	\$16,100.00

Coverage Tier	TRS - ActiveCare HD		Employee Cost
	2025-2026 Premium	District Contribution	
Employee Only	\$482.00	\$360.00	\$122.00
Employee & Spouse	\$1,302.00	\$360.00	\$942.00
Employee & Child(ren)	\$820.00	\$360.00	\$460.00
Employee & Family	\$1,639.00	\$360.00	\$1,279.00
Individual :			
Annual Individual Deductible Network	\$3,300.00	Co-Insurance Max Includes Deductible Network	\$8,300.00
Annual Individual Deductible Non-Network	\$6,600.00	Co-Insurance Max Includes Deductible Non-Network	\$16,600.00
Annual Family Deductible Network	\$6,600.00	Co-Insurance Max Includes Deductible Network	\$20,500.00
Annual Family Deductible Non-Network	\$13,200.00	Co-Insurance Max Includes Deductible Non-Network	\$41,000.00

Coverage Tier	TRS - ActiveCare Primary+		Employee Cost
	2025-2026 Premium	District Contribution	
Employee Only	\$548.00	\$360.00	\$188.00
Employee & Spouse	\$1,425.00	\$360.00	\$1,065.00
Employee & Child(ren)	\$932.00	\$360.00	\$572.00
Employee & Family	\$1,809.00	\$360.00	\$1,449.00
Individual :			
Annual Individual Deductible	\$1,200.00	Co-Insurance Max Includes Deductible	\$6,900.00
Annual Family Deductible	\$2,400.00	Co-Insurance Max Includes Deductible	\$13,800.00

More detailed Enrollment and Benefits Booklets can be downloaded at the following links:
www.trs.state.tx.us OR www.bcbstx.com/trsactivecare/ba

DON'T FORGET - TELADOC SERVICES - PHONE NUMBER ON BACK OF YOUR ID CARD