2026-2027 PLAN YEAR

24 Paychecks Per Year

SAN ANGELO ISD	TRS-ACTIVECARE PRIMARY IN NETWORK COVERAGE ONLY STATEWIDE NETWORK	TRS-ACTIVECARE PRIMARY PLUS IN NETWORK COVERAGE ONLY STATEWIDE NETWORK	TRS-ACTIVECARE HD (HIGH-DEDUCTIBLE) NATIONWIDE NETWORK (OUT OF NETWORK DEDUCTS/MAXS DIFFER)
PCP REQUIRED	**YES**	**YES**	**NO**
HSA ELIGIBLE	**NO**	**NO**	**YES**
HEALTH INSURANCE PREMIUMS (Per Paycheck) The District contributes $479/month towards any one of the group plans available through TRS			
EMPLOYEE ONLY	39.00	88.50	49.00
EMPLOYEE AND SPOUSE	512.50	613.50	539.50
EMPLOYEE AND CHILDREN	234.00	318.50	251.00
EMPLOYEE AND FAMILY	707.50	843.00	741.50
IN-NETWORK COSTS			
DEDUCTIBLE INDIVIDUAL/FAMILY	$2,500/$5,000	$1,200/$2,400	$3,400/$6,800
COINSURANCE	YOU PAY 30% AFTER DEDUCTIBLE	YOU PAY 20% AFTER DEDUCTIBLE	YOU PAY 30% AFTER DEDUCTIBLE
OUT OF POCKET MAX INDIVIDUAL/FAMILY	$8,050/$16,100	$6,900/$13,800	$8,300/$16,600
OUT-OF-NETWORK COSTS			
DEDUCTIBLE INDIVIDUAL/FAMILY	NOT APPLICABLE	NOT APPLICABLE	$6,600/$13,200
COINSURANCE	NOT APPLICABLE	NOT APPLICABLE	YOU PAY 50% AFTER DEDUCTIBLE
OUT OF POCKET MAX INDIVIDUAL/FAMILY	NOT APPLICABLE	NOT APPLICABLE	$20,500/$41,000
DOCTOR VISITS			
PRIMARY CARE	$30 COPAY	$15 COPAY	30% /50% IN/OUT NETWORK AFTER DEDUCTIBLE
SPECIALIST	$70 COPAY	$70 COPAY	30% /50% IN/OUT NETWORK AFTER DEDUCTIBLE
URGENT CARE	$50 COPAY	$50 COPAY	30% /50% IN/OUT NETWORK AFTER DEDUCTIBLE

TRS VIRTUAL HEALTH	$12 PER CONSULTATION	$12 PER CONSULTATION	$42 PER CONSULTATION
PRESCRIPTION DRUGS			
DRUG DEDUCTIBLES	INTEGRATED WITH MEDICAL	$200 DEDUCTIBLE PER PARTICIPANT (Brand Drugs Only)	INTEGRATED WITH MEDICAL
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