

Galena Park Independent School District

2026 - 2027 Plan Year Rates - Medical, Dental, and Vision

MEDICAL PLANS - TRS ActiveCare Blue Cross Blues Shield of Texas

2026-2027	TRS-ACTIVECARE PRIMARY x REGION 4			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/ Paycheck
Employee Only	\$ 569.00	\$ 412.00	\$ 157.00	\$ 78.50
Employee/Children	\$ 968.00	\$ 418.00	\$ 550.00	\$ 275.00
Employee/Spouse	\$ 1,537.00	\$ 480.00	\$ 1,057.00	\$ 528.50
Family	\$ 1,935.00	\$ 480.00	\$ 1,455.00	\$ 727.50

2026-2027	TRS-ACTIVECARE HD			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/ Paycheck
Employee Only	\$ 583.00	\$ 412.00	\$ 171.00	\$ 85.50
Employee/Children	\$ 992.00	\$ 416.00	\$ 576.00	\$ 288.00
Employee/Spouse	\$ 1,575.00	\$ 480.00	\$ 1,095.00	\$ 547.50
Family	\$ 1,983.00	\$ 480.00	\$ 1,503.00	\$ 751.50

2026-2027	TRS-ACTIVECARE PRIMARY+			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/ Paycheck
Employee Only	\$ 669.00	\$ 386.00	\$ 283.00	\$ 141.50
Employee/Children	\$ 1,138.00	\$ 442.00	\$ 696.00	\$ 348.00
Employee/Spouse	\$ 1,740.00	\$ 480.00	\$ 1,260.00	\$ 630.00
Family	\$ 2,208.00	\$ 480.00	\$ 1,728.00	\$ 864.00

2026-2027	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

2026-2027	GUARDIAN PPO HIGH			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/ 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

2026-2027	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)

2026-2027	GUARDIAN DENTAL DHMO			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Premium	Employee Premium/ 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

2026-2027	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 05/07/2026

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