

KERRVILLE ISD 2026-2027 TRS-ACTIVECARE RATES

2026-2027 PLAN YEAR RATES

Coverage Tier	TRS - ActiveCare Primary		Employee Cost
	2026-2027 Premium	District Contribution	
Employee Only	\$499.00	\$360.00	\$139.00
Employee & Spouse	\$1,348.00	\$360.00	\$988.00
Employee & Child(ren)	\$849.00	\$360.00	\$489.00
Employee & Family	\$1,697.00	\$360.00	\$1,337.00
Individual :			
Annual Individual Deductible		Co-Insurance Max Includes Deductible	
\$2,500.00			\$8,050.00
Annual Family Deductible		Co-Insurance Max Includes Deductible	
\$5,000.00			\$16,100.00

Coverage Tier	TRS - ActiveCare HD		Employee Cost
	2026-2027 Premium	District Contribution	
Employee Only	\$515.00	\$360.00	\$155.00
Employee & Spouse	\$1,391.00	\$360.00	\$1,031.00
Employee & Child(ren)	\$876.00	\$360.00	\$516.00
Employee & Family	\$1,751.00	\$360.00	\$1,391.00
Individual :			
Annual Individual Deductible		Co-Insurance Max Includes Deductible	
Network		Network	
\$3,400.00			\$8,300.00
Non-Network		Non-Network	
\$6,800.00			\$16,600.00
Annual Family Deductible		Co-Insurance Max Includes Deductible	
Network		Network	
\$6,800.00			\$20,500.00
Non-Network		Non-Network	
\$13,600.00			\$41,000.00

Coverage Tier	TRS - ActiveCare Primary+		Employee Cost
	2026-2027 Premium	District Contribution	
Employee Only	\$586.00	\$360.00	\$226.00
Employee & Spouse	\$1,524.00	\$360.00	\$1,164.00
Employee & Child(ren)	\$997.00	\$360.00	\$637.00
Employee & Family	\$1,934.00	\$360.00	\$1,574.00
Individual :			
Annual Individual Deductible		Co-Insurance Max Includes Deductible	
\$1,200.00			\$6,900.00
Annual Family Deductible		Co-Insurance Max Includes Deductible	
\$2,400.00			\$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