KILGORE Independent School District

2026 - 2027 Health, Vision & Dental Premiums

HEALTH	TRS-ActiveCare Primary		TRS-ActiveCare Primary+		TRS-ActiveCare HD	
	Full monthly premium	Employee cost after state/KISD contribution*	Full monthly premium	Employee cost after state/KISD contribution*	Full monthly premium	Employee cost after state/KISD contribution*
Employee Only	**$572**	**$222**	**$673**	**$323**	**$591**	**$241**
Employee and Spouse	**$1,545**	**$1,195**	**$1,750**	**$1,400**	**$1,596**	**$1,246**
Employee and Children	**$973**	**$623**	**$1,145**	**$795**	**$1,005**	**$655**
Employee and Family	**$1,945**	**$1,595**	**$2,221**	**$1,871**	**$2,010**	**$1,660**

*Employee costs shown reflect a total employer contribution of $350 per month (including the State of Texas contribution).

DENTAL	
	Full monthly premium
Employee Only	**$31.08**
Employee and Spouse	**$71.94**
Employee and Children	**$68.38**
Employee and Family	**$103.76**

VISION	
	Full monthly premium
Employee Only	**$10.59**
Employee and Spouse	**$21.18**
Employee and Children	**$22.66**
Employee and Family	**$32.08**

RATE SHEET DISCLAIMER

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at Kilgore ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.