**2020-2021 Health Insurance Information**

**Effective 09/01/20 through 08/31/21**

\*\*Summer enrollment – July 15, 2020 – August 21, 2020

New Carrier: Blue Cross/Blue Shield of Texas

1. All participants enrolled will receive $464.00 per month for health insurance allotment.
2. If an employee is not covered by TRS ActiveCare or Blue Essentials Access (HMO) because they are covered by alternative means such as spouse insurance, retirement insurance or Medicare, proof of coverage will be required. Employee will receive $239.00 as Non-TRS taxable income. ($464.00 less MOE $225.00 = $239.00)
3. All ActiveCare Participants will receive a new medical and pharmacy ID card with a new member ID number by September 1, 2020.
4. Participants who make a new plan choice after August 7, 2020 will receive an updated ID card after September 1, 2020.
5. Digital version ID cards will be available on September 1, 2020.
6. Employees that take no action during annual enrollment will have the plan that most closely matches their existing one.
7. ActiveCare Primary – PCP referrals required, not compatible with HSA, no out of network coverage, Statewide network
8. ActiveCare Primary Plus+ (Replaces ActiveCare Select) – PCP referrals required, no out of network coverage, Statewide network

**ActiveCare HD (formerly 1 HD) ActiveCare Primary + (formerly Select) ActiveCare 2 (Closed no new enrollment)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Coverage Category** | **Total Cost** | **Max Employee Cost** | **Coverage Category** | **Total Cost** | **Max Employee Cost** | **Coverage Category** | **Total Cost** | **Max Employee Cost** |
| **Employee Only** | $397.00 | **$0.00** | **Employee Only** | $514.00 | **$50.00** | **Employee Only** | $937.00 | **$473.00** |
| **Employee & Spouse** | $1120.00 | **$656.** | **Employee & Spouse** | $1264.00 | **$800.00** | **Employee & Spouse** | $2222.00 | **$1758.00** |
| **Employee & Child(ren)** | $715.00 | **$251.00** | **Employee & Child(ren)** | $834.00 | **$370.00** | **Employee & Child(ren)** | $1393.00 | **$929.00** |
| **Employee & Family** | $1338.00 | **$874.00** | **Employee & Family** | $1588.00 | **$1124.00** | **Employee & Family** | $2627.00 | **$2163.00** |

**Married Couples Employed by District With Family Coverage**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee & Family** | $1338.00 | **$410.00** | **Employee & Family** | $1588.00 | **$660.00** | **Employee & Family** | $2627.00 | **$1699.00** |

**Blue Essentials Access (HMO) New: ActiveCare Primary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Only** | $491.54 | **$27.54** | **Employee Only** | $386.00 | **$0.00** |
| **Employee & Spouse** | $1182.52 | **$718.52** | **Employee & Spouse** | $1089.00 | **$625.00** |
| **Employee & Child(ren)** | $766.96 | **$302.96** | **Employee & Child(ren)** | $695.00 | **$231.00** |
| **Employee & Family** | $1258.52 | **$794.52** | **Employee & Family** | $1301.00 | **$837.00** |
|  |  |  |  |  |  |

**Married Couples Employed by Married Couples Employed by**

**District with Family Coverage District with Family Coverage**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee**  **& Family** | $1258.52 | **$330.52** | **Employee**  **& Family** | $1301.00 | **$373.00** |

**Texas Schools Health Benefits Program**

**High deductible plan (HDHP) Copay Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Only** | $352.00 | **$0.00** | **Employee Only** | $391.00 | **$0.00** |
| **Employee & Spouse** | $674.00 | **$210.00** | **Employee & Spouse** | $763.00 | **$299.00** |
| **Employee & Child(ren)** | $990.00 | **$526.00** | **Employee & Child(ren)** | $1109.00 | **$645.00** |
| **Employee & Family** | $1285.00 | **$821.00** | **Employee & Family** | $1465.00 | **$1001.00** |
|  |  |  |  |  |  |

**Married Couples Employed by Married Couples Employed by**

**District with Family Coverage District with Family Coverage**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee**  **& Family** | $1285.00 | **$357.00** | **Employee**  **& Family** | $1465.00 | **$537.00** |