

Medical Plan Name	Monthly Premium	District Contribution Per Month	Monthly Paid Employees Payroll Deduction	24 Pay Periods Deductions Payroll Deduction	16 Pay Periods Deductions Payroll Deduction	Part-Time 10-14 SUBS (No District Contribution)
ActiveCare HD						
EE (employee only)	\$ 429.00	\$ 260.00	\$ 169.00	\$ 84.50	\$ 126.75	\$ 429.00
ES (employee + spouse)	\$ 1,209.00	\$ 260.00	\$ 949.00	\$ 474.50	\$ 711.75	\$ 1,209.00
EC (employee + child(ren))	\$ 772.00	\$ 260.00	\$ 512.00	\$ 256.00	\$ 384.00	\$ 772.00
FAM (family)	\$ 1,445.00	\$ 260.00	\$ 1,185.00	\$ 592.50	\$ 888.75	\$ 1,445.00
ActiveCare HD Split Premium SPOUSE WORKS IN A DIFFERENT PARTICIPATING DISTRICT						
ES (employee + spouse)	\$ 604.50	\$ 260.00	\$ 344.50	\$ 172.25	\$ 258.38	
FAM (family)	\$ 722.50	\$ 260.00	\$ 462.50	\$ 231.25	\$ 346.88	
ActiveCare HD Pooling BOTH WORK FOR DISD AND ONE DECLINES COVERAGE						
ES (employee + spouse)	\$ 1,209.00	\$ 520.00	\$ 689.00	\$ 344.50	\$ 516.75	
FAM (family)	\$ 1,445.00	\$ 520.00	\$ 925.00	\$ 462.50	\$ 693.75	
ActiveCare Primary						
EE (employee only)	\$ 417.00	\$ 260.00	\$ 157.00	\$ 78.50	\$ 117.75	\$ 417.00
ES (employee + spouse)	\$ 1,176.00	\$ 260.00	\$ 916.00	\$ 458.00	\$ 687.00	\$ 1,176.00
EC (employee + child(ren))	\$ 751.00	\$ 260.00	\$ 491.00	\$ 245.50	\$ 368.25	\$ 751.00
FAM (family)	\$ 1,405.00	\$ 260.00	\$ 1,145.00	\$ 572.50	\$ 858.75	\$ 1,405.00
ActiveCare Primary Split Premium SPOUSE WORKS IN A DIFFERENT PARTICIPATING DISTRICT						
ES (employee + spouse)	\$ 588.00	\$ 260.00	\$ 328.00	\$ 164.00	\$ 246.00	
FAM (family)	\$ 702.50	\$ 260.00	\$ 442.50	\$ 221.25	\$ 331.88	
ActiveCare Primary Pooling BOTH WORK FOR DISD AND ONE DECLINES COVERAGE						
ES (employee + spouse)	\$ 1,176.00	\$ 520.00	\$ 656.00	\$ 328.00	\$ 492.00	
FAM (family)	\$ 1,405.00	\$ 520.00	\$ 885.00	\$ 442.50	\$ 663.75	
ActiveCare Primary+						
EE (employee only)	\$ 542.00	\$ 260.00	\$ 282.00	\$ 141.00	\$ 211.50	\$ 542.00
ES (employee + spouse)	\$ 1,334.00	\$ 260.00	\$ 1,074.00	\$ 537.00	\$ 805.50	\$ 1,334.00
EC (employee + child(ren))	\$ 879.00	\$ 260.00	\$ 619.00	\$ 309.50	\$ 464.25	\$ 879.00
FAM (family)	\$ 1,675.00	\$ 260.00	\$ 1,415.00	\$ 707.50	\$ 1,061.25	\$ 1,675.00
ActiveCare Primary+ Split Premium SPOUSE WORKS IN A DIFFERENT PARTICIPATING DISTRICT						
ES (employee + spouse)	\$ 667.00	\$ 260.00	\$ 407.00	\$ 203.50	\$ 305.25	
FAM (family)	\$ 837.50	\$ 260.00	\$ 577.50	\$ 288.75	\$ 433.13	
ActiveCare Primary+ Pooling BOTH WORK FOR DISD AND ONE DECLINES COVERAGE						
ES (employee + spouse)	\$ 1,334.00	\$ 520.00	\$ 814.00	\$ 407.00	\$ 610.50	
FAM (family)	\$ 1,675.00	\$ 520.00	\$ 1,155.00	\$ 577.50	\$ 866.25	
ActiveCare 2						
EE (employee only)	\$ 1,013.00	\$ 260.00	\$ 753.00	\$ 376.50	\$ 564.75	\$ 1,013.00
ES (employee + spouse)	\$ 2,402.00	\$ 260.00	\$ 2,142.00	\$ 1,071.00	\$ 1,606.50	\$ 2,402.00
EC (employee + child(ren))	\$ 1,507.00	\$ 260.00	\$ 1,247.00	\$ 623.50	\$ 935.25	\$ 1,507.00
FAM (family)	\$ 2,841.00	\$ 260.00	\$ 2,581.00	\$ 1,290.50	\$ 1,935.75	\$ 2,841.00
ActiveCare 2 Split Premiums SPOUSE WORKS IN A DIFFERENT PARTICIPATING DISTRICT						
ES (employee + spouse)	\$ 1,201.00	\$ 260.00	\$ 941.00	\$ 470.50	\$ 705.75	
FAM (family)	\$ 1,420.50	\$ 260.00	\$ 1,160.50	\$ 580.25	\$ 870.38	
ActiveCare 2 Pooling BOTH WORK FOR DISD AND ONE DECLINES COVERAGE						
ES (employee + spouse)	\$ 2,402.00	\$ 520.00	\$ 1,882.00	\$ 941.00	\$ 1,411.50	
FAM (family)	\$ 2,841.00	\$ 520.00	\$ 2,321.00	\$ 1,160.50	\$ 1,740.75	

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HMO - Scott & White Health Plan						
EE (employee only)	\$ 542.48	\$ 260.00	\$ 282.48	\$ 141.24	\$ 211.86	\$ 542.48
ES (employee + spouse)	\$ 1,362.70	\$ 260.00	\$ 1,102.70	\$ 551.35	\$ 827.03	\$ 1,362.70
EC (employee + child(ren))	\$ 872.16	\$ 260.00	\$ 612.16	\$ 306.08	\$ 459.12	\$ 872.16
FAM (family)	\$ 1,568.42	\$ 260.00	\$ 1,308.42	\$ 654.21	\$ 981.32	\$ 1,568.42
Scott & White Split Premiums SPOUSE WORKS IN A DIFFERENT PARTICIPATING DISTRICT						
ES (employee + spouse)	\$ 681.35	\$ 260.00	\$ 421.35	\$ 210.68	\$ 316.01	
FAM (family)	\$ 784.21	\$ 260.00	\$ 524.21	\$ 262.11	\$ 393.16	
Scott & White Pooling BOTH WORK FOR DISD AND ONE DECLINES COVERAGE						
ES (employee + spouse)	\$ 1,362.70	\$ 520.00	\$ 842.70	\$ 421.35	\$ 632.03	
FAM (family)	\$ 1,568.42	\$ 520.00	\$ 1,048.42	\$ 524.21	\$ 786.32	
Texas Schools Health Benefits Program (TSHBP) HDHP						
EE (employee only)	\$ 342.00	\$ 260.00	\$ 82.00	\$ 41.00	\$ 61.50	
ES (employee + spouse)	\$ 972.00	\$ 260.00	\$ 712.00	\$ 356.00	\$ 534.00	
EC (employee + child(ren))	\$ 651.00	\$ 260.00	\$ 391.00	\$ 195.50	\$ 293.25	
FAM (family)	\$ 1,292.00	\$ 260.00	\$ 1,032.00	\$ 516.00	\$ 774.00	
TSHBP HDHP Pooling BOTH WORK FOR DISD AND ONE DECLINES COVERAGE						
ES (employee + spouse)	\$ 972.00	\$ 520.00	\$ 452.00	\$ 226.00	\$ 339.00	
FAM (family)	\$ 1,292.00	\$ 520.00	\$ 772.00	\$ 386.00	\$ 579.00	
Texas Schools Health Benefits Program (TSHBP) CoPay Plan						
EE (employee only)	\$ 497.00	\$ 260.00	\$ 237.00	\$ 118.50	\$ 177.75	
ES (employee + spouse)	\$ 1,251.00	\$ 260.00	\$ 991.00	\$ 495.50	\$ 743.25	
EC (employee + child(ren))	\$ 795.00	\$ 260.00	\$ 535.00	\$ 267.50	\$ 401.25	
FAM (family)	\$ 1,550.00	\$ 260.00	\$ 1,290.00	\$ 645.00	\$ 967.50	
TSHBP CoPay Plan Pooling BOTH WORK FOR DISD AND ONE DECLINES COVERAGE						
ES (employee + spouse)	\$ 1,251.00	\$ 520.00	\$ 731.00	\$ 365.50	\$ 548.25	
FAM (family)	\$ 1,550.00	\$ 520.00	\$ 1,030.00	\$ 515.00	\$ 772.50	