

**TRS-ActiveCare Group Health Insurance
BAY CITY INDEPENDENT SCHOOL DISTRICT**

**Full-Time Employee Premium Rates Effective September 1, 2016
Administrative and Non-Administrative Employees**

	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
EMPLOYEE ONLY			
Total Cost:	\$ 341.00	\$ 484.00	\$ 645.00
District Contribution:	\$ (266.00)	\$ (266.00)	\$ (266.00)
**State Contribution:	\$ (75.00)	\$ (75.00)	\$ (75.00)
Employee's Deduction Amount:	\$ 0.00	\$ 143.00	\$ 304.00

EMPLOYEE & SPOUSE			
Total Cost:	\$ 914.00	\$ 1,147.00	\$ 1,552.00
District Contribution:	\$ (266.00)	\$ (266.00)	\$ (266.00)
**State Contribution:	\$ (75.00)	\$ (75.00)	\$ (75.00)
Employee's Deduction Amount:	\$ 573.00	\$ 806.00	\$ 1,211.00

EMPLOYEE & CHILD(REN)			
Total Cost:	\$ 615.00	\$ 779.00	\$ 1,042.00
District Contribution:	\$ (266.00)	\$ (266.00)	\$ (266.00)
**State Contribution:	\$ (75.00)	\$ (75.00)	\$ (75.00)
Employee's Deduction Amount:	\$ 274.00	\$ 438.00	\$ 701.00

EMPLOYEE & FAMILY			
Total Cost:	\$ 1,231.00	\$ 1,361.00	\$ 1,597.00
District Contribution:	\$ (266.00)	\$ (266.00)	\$ (266.00)
**State Contribution:	\$ (75.00)	\$ (75.00)	\$ (75.00)
Employee's Deduction Amount:	\$ 890.00	\$ 1,020.00	\$ 1,256.00

Part-Time Employee Premium Rates Effective September 1, 2016

	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
EMPLOYEE ONLY			
Total Cost:	\$ 341.00	\$ 484.00	\$ 645.00
District Contribution:	\$ (216.00)	\$ (216.00)	\$ (216.00)
**State Contribution:	\$ (75.00)	\$ (75.00)	\$ (75.00)
Employee's Deduction Amount:	\$ 50.00	\$ 193.00	\$ 354.00

EMPLOYEE & SPOUSE			
Total Cost:	\$ 914.00	\$ 1,147.00	\$ 1,552.00
District Contribution:	\$ (216.00)	\$ (216.00)	\$ (216.00)
**State Contribution:	\$ (75.00)	\$ (75.00)	\$ (75.00)
Employee's Deduction Amount:	\$ 623.00	\$ 856.00	\$ 1,261.00

EMPLOYEE & CHILD(REN)			
Total Cost:	\$ 615.00	\$ 779.00	\$ 1,042.00
District Contribution:	\$ (216.00)	\$ (216.00)	\$ (216.00)
**State Contribution:	\$ (75.00)	\$ (75.00)	\$ (75.00)
Employee's Deduction Amount:	\$ 324.00	\$ 488.00	\$ 751.00

EMPLOYEE & FAMILY			
Total Cost:	\$ 1,231.00	\$ 1,361.00	\$ 1,597.00
District Contribution:	\$ (216.00)	\$ (216.00)	\$ (216.00)
**State Contribution:	\$ (75.00)	\$ (75.00)	\$ (75.00)
Employee's Deduction Amount:	\$ 940.00	\$ 1,070.00	\$ 1,306.00

All tiers of coverage for the TRS-ActiveCare 1-HD plan qualify as a High Deductible Health Plan under Federal guidelines. To see if your doctor is in-network, go to <http://www.tractivecareatna.com>, Find a Doctor