

In the listing below are the insurance prices for the 2021-22 school year.

Please refer to your health insurance card to see which plan is listed.

**GRISD pays up to \$406.00 per month, beginning with the first day of coverage.**

<u>HMO</u>	<u>ActiveCare Primary</u> <i>NEW PLAN OPTION</i>		
	Ins. Total Cost	GRISD Contribution	Monthly Deduction Amount
Employee Only	\$417.00	\$406.00	\$11.00
Empl. & Spouse	\$1,176.00	\$406.00	\$770.00
Empl. & Child(ren)	\$751.00	\$406.00	\$345.00
Empl. & Family	\$1,405.00	\$406.00	\$999.00

<u>ActiveCare Primary +</u> <i>Formerly ActiveCare Select</i>		
Ins. Total Cost	GRISD Contribution	Monthly Deduction Amount
\$542.00	\$406.00	\$136.00
\$1,334.00	\$406.00	\$928.00
\$879.00	\$406.00	\$473.00
\$1,675.00	\$406.00	\$1,269.00

<u>Central &amp; North Texas</u> <i>Scott &amp; White Health Plan</i>		
Ins. Total Cost	GRISD Contribution	Monthly Deduction Amount
\$542.48	\$406.00	\$136.48
\$1,362.70	\$406.00	\$956.70
\$872.16	\$406.00	\$466.16
\$1,568.42	\$406.00	\$1,162.42

<u>PPO</u>	<u>ActiveCare HD</u> <i>Formerly ActiveCare 1-HD</i>		
	Ins. Total Cost	GRISD Contribution	Monthly Deduction Amount
Employee Only	\$429.00	\$406.00	\$23.00
Empl. & Spouse	\$1,209.00	\$406.00	\$803.00
Empl. & Child(ren)	\$772.00	\$406.00	\$366.00
Empl. & Family	\$1,445.00	\$406.00	\$1,039.00

<u>PPO</u>	<u>ActiveCare 2</u> <i>CLOSED TO NEW ENROLLMENT</i>		
	Ins. Total Cost	GRISD Contribution	Monthly Deduction Amount
Employee Only	\$1,013.00	\$406.00	\$607.00
Empl. & Spouse	\$2,402.00	\$406.00	\$1,996.00
Empl. & Child(ren)	\$1,507.00	\$406.00	\$1,101.00
Empl. & Family	\$2,841.00	\$406.00	\$2,435.00