

In the listing below are the insurance prices for the 2023-24 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	\$461.00	\$406.00	\$55.00
Empl. & Spouse	\$1,245.00	\$406.00	\$839.00
Empl. & Child(ren)	\$784.00	\$406.00	\$378.00
Empl. & Family	\$1,568.00	\$406.00	\$1,162.00

<u>ActiveCare Primary +</u> <i>Formerly ActiveCare Select</i>		
Ins. Total Cost	GRISD Contribution	Monthly Deduction Amount
\$541.00	\$406.00	\$135.00
\$1,407.00	\$406.00	\$1,001.00
\$920.00	\$406.00	\$514.00
\$1,786.00	\$406.00	\$1,380.00

<u>Central & North Texas</u> <i>Scott & 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	\$475.00	\$406.00	\$69.00
Empl. & Spouse	\$1,283.00	\$406.00	\$877.00
Empl. & Child(ren)	\$808.00	\$406.00	\$402.00
Empl. & Family	\$1,615.00	\$406.00	\$1,209.00

<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