

**Grapevine Colleyville ISD
2017-2018 Medical Rates**

TRS-ActiveCare 1-HD	TRS Monthly Premium	GCISD Contribution	2017-2018 Employee Premium
Employee Only	\$351.00	\$285.00	\$66.00
Employee & Spouse	\$991.00	\$285.00	\$706.00
Employee & Child(ren)	\$671.00	\$285.00	\$386.00
Employee & Family	\$1,316.00	\$285.00	\$1,031.00
Deductible: Employee Only \$2500 & Employee Family \$5000			
Max Out of Pocket: Employee Only \$6550 & Employee Family \$13100			

TRS-ActiveCare Select-Exclusive Provider Organization	TRS Monthly Premium	GCISD Contribution	2017-2018 Employee Premium
Employee Only	\$514.00	\$285.00	\$229.00
Employee & Spouse	\$1,264.00	\$285.00	\$979.00
Employee & Child(ren)	\$834.00	\$285.00	\$549.00
Employee & Family	\$1,589.00	\$285.00	\$1,304.00
Deductible: Employee Only \$1200 Ded & Employee Family \$3600 Ded			
Max Out of Pocket: Employee Only \$7150 & Employee Family \$14300			

TRS-ActiveCare 2	TRS Monthly Premium	GCISD Contribution	2017-2018 Employee Premium
Employee Only	\$714.00	\$285.00	\$429.00
Employee & Spouse	\$1,694.00	\$285.00	\$1,409.00
Employee & Child(ren)	\$1,062.00	\$285.00	\$777.00
Employee & Family	\$2,004.00	\$285.00	\$1,719.00
Deductible: Employee Only \$1000 & Employee Family \$3000			
Max Out of Pocket: Employee Only \$7150 & Employee Family \$14300			

Scott and White HMO	TRS Monthly Premium	GCISD Contribution	2017-2018 Employee Premium
Employee Only	\$561.04	\$285.00	\$276.04
Employee & Spouse	\$1,263.08	\$285.00	\$978.08
Employee & Child(ren)	\$888.42	\$285.00	\$603.42
Employee & Family	\$1,400.98	\$285.00	\$1,115.98
Deductible: Employee Only \$1000 Ded & Employee Family \$3000			
Max Out of Pocket: Employee Only \$6550 & Employee Family \$13,100			

