

## 2022-2023 INSURANCE RATES

<b>TRS-ActiveCare Primary</b>	<b>TRS AMOUNT</b>	<b>2022-2023 LAMESA ISD</b>	<b>EMPLOYEE AMOUNT</b>
<b>***NEW***</b>			<b>\$2,500 Ded./\$30 Copay</b>
<b>Statewide Network</b>	<b>2022-2023</b>	<b>District Will Fund</b>	<b>PER MONTH</b>
EMPLOYEE ONLY	\$368.00	\$400.00	\$0.00
EMPLOYEE/SPOUSE	\$1,038.00	\$400.00	\$638.00
EMPLOYEE/CHILDREN	\$662.00	\$400.00	\$262.00
EMPLOYEE/FAMILY	\$1,242.00	\$400.00	\$842.00
BOTH EMPLOYEES/FAM	\$1,242.00	\$800.00	\$442.00
<b>TRS-ActiveCare HD</b>	<b>TRS AMOUNT</b>	<b>2022-2023 LAMESA ISD</b>	<b>EMPLOYEE AMOUNT</b>
			<b>\$3,000 Ded./no Copay</b>
<b>PPO/Nationwide Network</b>	<b>2022-2023</b>	<b>District Will Fund</b>	<b>PER MONTH</b>
EMPLOYEE ONLY	\$380.00	\$400.00	\$0.00
EMPLOYEE/SPOUSE	\$1,069.00	\$400.00	\$669.00
EMPLOYEE/CHILDREN	\$682.00	\$400.00	\$282.00
EMPLOYEE/FAMILY	\$1,279.00	\$400.00	\$879.00
BOTH EMPLOYEES/FAM	\$1,279.00	\$800.00	\$479.00
<b>TRS-ActiveCare Primary+</b>	<b>TRS AMOUNT</b>	<b>2022-2023 LAMESA ISD</b>	<b>EMPLOYEE AMOUNT</b>
<b>*replaced Select*</b>			<b>\$1,200 Ded./\$30 Copay</b>
<b>Statewide Network</b>	<b>2022-2023</b>	<b>District Will Fund</b>	<b>PER MONTH</b>
EMPLOYEE ONLY	\$462.00	\$400.00	\$62.00
EMPLOYEE/SPOUSE	\$1,130.00	\$400.00	\$730.00
EMPLOYEE/CHILDREN	\$744.00	\$400.00	\$344.00
EMPLOYEE/FAMILY	\$1,421.00	\$400.00	\$1,021.00
BOTH EMPLOYEES/FAM	\$1,421.00	\$800.00	\$621.00
<b>West Texas Blue Essentials</b>	<b>TRS AMOUNT</b>	<b>2022-2023 LAMESA ISD</b>	<b>EMPLOYEE AMOUNT</b>
<b>*replaced First Care*</b>			<b>\$950 Ded./\$20 Copay</b>
<b>HMO</b>	<b>2022-2023</b>	<b>District Will Fund</b>	<b>PER MONTH</b>
EMPLOYEE ONLY	\$689.60	\$400.00	\$289.60
EMPLOYEE/SPOUSE	\$1,672.26	\$400.00	\$1,272.26
EMPLOYEE/CHILDREN	\$1,083.58	\$400.00	\$683.58
EMPLOYEE/FAMILY	\$1,775.58	\$400.00	\$1,375.58
BOTH EMPLOYEES/FAM	\$1,775.58	\$800.00	\$975.58
<b>TRS-ACTIVE CARE 2</b>	<b>TRS AMOUNT</b>	<b>2022-2023 LAMESA ISD</b>	<b>EMPLOYEE AMOUNT</b>
<b>*No new enrollments allowed*</b>			<b>\$1,000 Ded./\$30 Copay</b>
<b>PPO</b>	<b>2022-2023</b>	<b>District Will Fund</b>	<b>PER MONTH</b>
EMPLOYEE ONLY	\$1,013.00	\$400.00	\$613.00
EMPLOYEE/SPOUSE	\$2,402.00	\$400.00	\$2,002.00
EMPLOYEE/CHILDREN	\$1,507.00	\$400.00	\$1,107.00
EMPLOYEE/FAMILY	\$2,841.00	\$400.00	\$2,441.00
BOTH EMPLOYEES/FAM	\$2,841.00	\$800.00	\$2,041.00