

## SISD INSURANCE RATE COMPARISON FOR 2020-21 AND 2021-22

2020-2021		New Rates for 2021-22								
Level of Coverage	Amount deducted per check	Monthly Premium	SISD Contb.	State Contb.	Total Contribution	Monthly amt. paid by employee	Amount deducted per check	Increase/Decrease per check		Percent of Increase
<b>Primary</b>		<b>PPO +TRS-ActiveCare Primary</b>								
Emp Only	\$3.00	\$417.00	→	\$325.00	\$75.00	\$400.00	\$17.00	\$8.50	\$5.50	2.71%
Emp and Spouse	\$354.50	\$1,176.00	→	\$325.00	\$75.00	\$400.00	\$776.00	\$388.00	\$33.50	6.04%
Emp and Child(ren)	\$157.50	\$751.00	→	\$325.00	\$75.00	\$400.00	\$351.00	\$175.50	\$18.00	5.03%
Emp and Family	\$460.50	\$1,405.00	→	\$325.00	\$75.00	\$400.00	\$1,005.00	\$502.50	\$42.00	6.36%
<b>PPO ActiveCare HD</b>		<b>PPO ActiveCare HD</b>								
Emp Only	\$8.50	\$429.00	→	\$325.00	\$75.00	\$400.00	\$29.00	\$14.50	\$6.00	2.88%
Emp and Spouse	\$370.00	\$1,209.00	→	\$325.00	\$75.00	\$400.00	\$809.00	\$404.50	\$34.50	6.05%
Emp and Child(ren)	\$167.50	\$772.00	→	\$325.00	\$75.00	\$400.00	\$372.00	\$186.00	\$18.50	5.03%
Emp and Family	\$479.00	\$1,445.00	→	\$325.00	\$75.00	\$400.00	\$1,045.00	\$522.50	\$43.50	6.41%
<b>Primary +</b>		<b>PPO- ActiveCare Primary +</b>								
Emp Only	\$67.00	\$542.00	→	\$325.00	\$75.00	\$400.00	\$142.00	\$71.00	\$4.00	1.50%
Emp and Spouse	\$442.00	\$1,334.00	→	\$325.00	\$75.00	\$400.00	\$934.00	\$467.00	\$25.00	3.89%
Emp and Child(ren)	\$227.00	\$879.00	→	\$325.00	\$75.00	\$400.00	\$479.00	\$239.50	\$12.50	2.93%
Emp and Family	\$604.00	\$1,675.00	→	\$325.00	\$75.00	\$400.00	\$1,275.00	\$637.50	\$33.50	4.17%
<b>PPO ActiveCare 2</b>		<b>PPO ActiveCare 2 ---NO NEW ENROLLEES</b>								
Emp Only	\$278.50	\$1,013.00	→	\$325.00	\$75.00	\$400.00	\$613.00	\$306.50	\$28.00	5.85%
Emp and Spouse	\$921.00	\$2,402.00	→	\$325.00	\$75.00	\$400.00	\$2,002.00	\$1,001.00	\$80.00	7.14%
Emp and Child(ren)	\$506.50	\$1,507.00	→	\$325.00	\$75.00	\$400.00	\$1,107.00	\$553.50	\$47.00	6.65%
Emp and Family	\$1,123.50	\$2,841.00	→	\$325.00	\$75.00	\$400.00	\$2,441.00	\$1,220.50	\$97.00	7.33%
<b>HMO Rates - Scott &amp; White</b>		<b>HMO Rates - Scott &amp; White</b>								
Emp Only	\$85.55	\$542.48	→	\$325.00	\$75.00	\$400.00	\$142.48	\$71.24	(\$14.31)	-5.01%
Emp and Spouse	\$501.03	\$1,362.70	→	\$325.00	\$75.00	\$400.00	\$962.70	\$481.35	(\$19.68)	-2.81%
Emp and Child(ren)	\$251.75	\$872.16	→	\$325.00	\$75.00	\$400.00	\$472.16	\$236.08	(\$15.67)	-3.47%
Emp and Family	\$549.28	\$1,568.42	→	\$325.00	\$75.00	\$400.00	\$1,168.42	\$584.21	\$34.93	4.66%
		→	SISD CONTRIBUTION SUBJECT TO CHANGE							

**MORE ON BACK**

TSHBP HD	
Emp Only	\$0.00
Emp and Spouse	\$288.00
Emp and Child(ren)	\$137.50
Emp and Family	\$448.00
TSHBP CoPay	
Emp Only	\$37.50
Emp and Spouse	\$426.00
Emp and Child(ren)	\$198.50
Emp and Family	\$580.00

TX School Heath Benefits HD (New Plan through FBS)										
\$344.00	→	\$325.00	\$75.00	\$344.00	\$0.00	\$0.00	\$0.00			0.00%
\$959.00	→	\$325.00	\$75.00	\$400.00	\$559.00	\$279.50	(\$8.50)			-1.74%
\$658.00	→	\$325.00	\$75.00	\$400.00	\$258.00	\$129.00	(\$8.50)			-2.52%
\$1,274.00	→	\$325.00	\$75.00	\$400.00	\$874.00	\$437.00	(\$11.00)			-1.70%
Tx Schools Health Benefits CoPay (New Plan through FBS)										
\$388.00	→	\$325.00	\$75.00	\$388.00	\$0.00	\$0.00	(\$37.50)			-16.20%
\$1,095.00	→	\$325.00	\$75.00	\$400.00	\$695.00	\$347.50	(\$78.50)			-12.54%
\$750.00	→	\$325.00	\$75.00	\$400.00	\$350.00	\$175.00	(\$23.50)			-5.90%
\$1,459.00	→	\$325.00	\$75.00	\$400.00	\$1,059.00	\$529.50	(\$50.50)			-6.47%
→	SISD CONTRIBUTION SUBJECT TO CHANGE									