

# Goose Creek CISD

September Board Presentation



**GOOSE CREEK**  
CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

# 2026 Cost Projections

# 2026 Self-Funded Projection

8 Month Plan Year with Run Out

Financial Category Scenario Description	1/1/2025 - 12/31/2025		1/1/2026 - 8/31/2026
	2025 Projected	Latest Estimate	2026 Projection w/ Runout No Changes
<b>Subscribers</b>	2,090	1,846	1,832
<b><u>PEPM Cost</u></b>			
<b>Est. Total Cost</b>	\$949	\$913	\$1,043
<b>Current Premium (EE + GCCISD)</b>	\$674	\$637	\$637
<i>Employee Contributions</i>	\$364	\$327	\$327
<i>GCCISD Contribution</i>	\$310	\$310	\$310
<b>Additional District Subsidy</b>	<b>40.7%</b>	<b>43.3%</b>	<b>63.7%</b>
<b><u>Aggregate Cost</u></b>			
<b>Est. Total Cost</b>	\$23,797,000	\$20,218,000	\$18,607,000
<b>Current Premium</b>	\$16,912,000	\$14,119,000	\$9,334,000
<i>Employee Contributions</i>	\$9,137,000	\$7,241,000	\$4,791,000
<i>GCCISD Contribution</i>	\$7,775,000	\$6,878,000	\$4,543,000
<b>Additional District Subsidy</b>	<b>\$6,885,000</b>	<b>\$6,099,000</b>	<b>\$9,273,000</b>

- Aggregate Est. Total Cost includes 8 months of claims along with 1.5 months of expected run out claims
- CISD and Employee Contributions only include 8 months of contributions in 2026
- Medical and pharmacy trends are assumed at 6.9% and 12.1%, respectively.
- 2026 BCBS ASO fees have been applied.
- An assumed increase of 15% in Individual Stop Loss (ISL) fees and 10% in Aggregate Stop Loss (ASL) fees has been incorporated into the analysis along with assuming 12 months of these fees.

# 2026 Projection

## Self-funded and TRS Premiums

Financial Category Scenario Description	1/1/2025 - 12/31/2025		1/1/2026 - 8/31/2026	9/1/2026 - 12/31/2026
	2025 Projected	Latest Estimate	2026 Projection w/ Runout	Fully Insured
			No Changes	Move to TRS*
<b>Subscribers</b>	2,090	1,846	1,832	1,832
<b><u>PEPM Cost</u></b>				
<b>Est. Total Cost</b>	\$949	\$913	\$1,043	N/A
<b>Current Premium (EE + GCCISD)</b>	\$674	\$637	\$637	\$711
<i>Employee Contributions</i>	\$364	\$327	\$327	\$401
<i>GCCISD Contribution</i>	\$310	\$310	\$310	\$310
<b>Additional District Subsidy</b>	<b>40.7%</b>	<b>43.3%</b>	<b>63.7%</b>	<b>N/A</b>

<b><u>Aggregate Cost</u></b>				
<b>Est. Total Cost</b>	\$23,797,000	\$20,218,000	\$18,607,000	N/A
<b>Current Premium</b>	\$16,912,000	\$14,119,000	\$9,334,000	\$5,209,000
<i>Employee Contributions</i>	\$9,137,000	\$7,241,000	\$4,791,000	\$2,937,000
<i>GCCISD Contribution</i>	\$7,775,000	\$6,878,000	\$4,543,000	\$2,272,000
<b>Additional District Subsidy</b>	<b>\$6,885,000</b>	<b>\$6,099,000</b>	<b>\$9,273,000</b>	<b>N/A</b>

\*Assuming 35% enroll in HD, 50% enroll in Primary, and 15% enroll in Primary+

\*TRS 2026-2027 premiums are assumed to increase by 10%

\*Note – TRS's entrance fee has not been determined yet and not included in the exhibit

# Plan Design Proposed Changes

# Current Plan Designs **NO CHANGES**



2025 Plan Year

	Goose Creek CISD – In-Network Benefits		
	HD PPO	Standard HMO	Enhanced HMO
DEDUCTIBLE			
Individual	\$3,500	\$4,000	\$2,000
Family	\$7,000	\$8,000	\$4,000
OUT-OF-POCKET MAXIMUM			
Individual	\$6,500	\$7,000	\$5,500
Family	\$13,000	\$14,000	\$11,000
COINSURANCE	20%	20%	20%
COPAYS			
PCP	20% after deductible	\$35	\$25
Specialist	20% after deductible	\$70	\$50
ER	20% after deductible	20% after deductible	20% after deductible
PRESCRIPTION DRUG			
Generic	20% after deductible	\$15/\$30	\$15/\$30
Preferred Brand	20% after deductible	20% after deductible	\$35/\$70
Non-Preferred Brand	20% after deductible	20% after deductible	\$55/\$110
Specialty	20% after deductible	\$250	\$200

# Current Plan Rates

2025 Plan Year

Coverage Tier	Monthly Total Premium: HD Plan	Monthly Employer Contribution: HD Plan	Monthly Employee Contribution: HD Plan
Single	\$442.00	\$310.00	\$132.00
Single + Spouse	\$1,249.40	\$310.00	\$939.40
Single + Child(ren)	\$840.20	\$310.00	\$530.20
Family	\$1,646.50	\$310.00	\$1,336.50
Coverage Tier	Monthly Total Premium: Standard HMO	Monthly Employer Contribution: Standard HMO	Monthly Employee Contribution: Standard HMO
Single	\$497.00	\$310.00	\$187.00
Single + Spouse	\$1,446.30	\$310.00	\$1,136.30
Single + Child(ren)	\$972.20	\$310.00	\$662.20
Family	\$1,889.60	\$310.00	\$1,579.60
Coverage Tier	Monthly Total Premium: Enhanced HMO	Monthly Employer Contribution: Enhanced HMO	Monthly Employee Contribution: Enhanced HMO
Single	\$643.30	\$310.00	\$333.30
Single + Spouse	\$1,709.40	\$310.00	\$1,399.40
Single + Child(ren)	\$1,096.50	\$310.00	\$786.50
Family	\$2,038.10	\$310.00	\$1,728.10

# NO RATE INCREASE

# PROPOSED MOVE TO TRS BEGINNING 9/1/2026



# TRS Current Cost Comparison



Year to Year TRS Rate Growth				
TRS Primary	9/1/2023		9/1/2024	9/1/2025
Employee only	\$432	→	\$471	\$507
Emp / Sp	\$1,167	→	\$1,272	\$1,369
Emp / Ch	\$735	→	\$801	\$862
Emp / Fam	\$1,469	→	\$1,602	\$1,724
TRS Primary Plus				
Employee only	\$507	→	\$553	\$596
Emp / Sp	\$1,319	→	\$1,438	\$1,550
Emp / Ch	\$862	→	\$941	\$1,014
Emp / Fam	\$1,674	→	\$1,825	\$1,967
TRS HD				
Employee only	\$444	→	\$484	\$521
Emp / Sp	\$1,199	→	\$1,307	\$1,407
Emp / Ch	\$755	→	\$823	\$886
Emp / Fam	\$1,510	→	\$1,646	\$1,772

- TRS average increase has been 7-10% yearly
- 2025 Region 4 increase was released in June at 7.7% increase

GCCISD Employee Contributions w/ TRS (After \$310 DC)		
TRS Primary	9/1/2025 – 8/31/2026	9/1/2026-8/31/2027**
Employee only	\$197.00	→ \$247.70
Emp / Sp	\$1,059.00	→ \$1,195.90
Emp / Ch	\$552.00	→ \$638.20
Emp / Fam	\$1,414.00	→ \$1,586.40
TRS Primary Plus		
Employee only	\$286.00	→ \$345.60
Emp / Sp	\$1,240.00	→ \$1,395.00
Emp / Ch	\$704.00	→ \$805.40
Emp / Fam	\$1,657.00	→ \$1,853.70
TRS HD		
Employee only	\$211.00	→ \$263.10
Emp / Sp	\$1,097.00	→ \$1,237.70
Emp / Ch	\$576.00	→ \$664.60
Emp / Fam	\$1,462.00	→ \$1,639.20

- 26/27 assumes a conservative 10% increase to the regional rates (This will change)
- Any negative dollars could be realigned to buy down tier contributions on dependents

## GCCISD vs. TRS

	 <b>GOOSE CREEK</b> <small>CONSOLIDATED INDEPENDENT SCHOOL DISTRICT</small>			 <b>TRS</b>   <b>ACTIVECARE</b> <small>TEACHER RETIREMENT SYSTEM OF TEXAS</small>		
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Primary Plus	Primary	HDHP
DEDUCTIBLE						
Individual	\$3,500	\$4,000	\$2,000	\$1,200	\$2,500	\$3,300
Family	\$7,000	\$8,000	\$4,000	\$2,400	\$5,000	\$6,600
OUT-OF-POCKET MAXIMUM						
Individual	\$6,500	\$7,000	\$5,500	\$6,900	\$8,050	\$8,300
Family	\$13,000	\$14,000	\$11,000	\$13,800	\$16,100	\$16,600
COINSURANCE	20%	20%	20%	20%	30%	30%
COPAYS						
PCP	20%	\$35	\$25	\$15	\$30	30%
Specialist	20%	\$70	\$50	\$70	\$70	30%
ER	20%	\$200	20%	20%	30%	30%
PRESCRIPTION DRUG						
Generic	20%/20%	\$15/\$30	\$15/\$30	\$15/\$45	\$15/\$45	20%
Preferred Brand	20%/20%	20%/20%	\$35/\$70	25%	30%	25%
Non-Preferred Brand	20%/20%	20%/20%	\$55/\$110	50%	50%	50%

# Benchmarking

## GCCISD Current vs. TRS 2025/26 Employee Contribution Comparison

	GCCISD Current Contributions			GCCISD 2025/26 Illustrative Employee Contributions TRS			\$   % Difference from Current		
Plans	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	High Deductible (HD)	Primary	Primary Plus	Low	Mid	High
Tiers									
Employee Only	\$132.00	\$187.00	\$333.30	\$211.00	\$197.00	\$286.00	<b>\$79.00   59.85%</b>	<b>\$10.00   5.35%</b>	<b>-\$47.30   -14.19%</b>
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$1,097.00	\$1,059.00	\$1,240.00	<b>\$157.60   16.78%</b>	<b>-\$77.30   -6.80%</b>	<b>-\$159.20   -11.38%</b>
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$576.00	\$552.00	\$704.00	<b>\$45.80   8.64%</b>	<b>-\$110.20   -16.64%</b>	<b>-\$82.50   -10.49%</b>
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,462.00	\$1,414.00	\$1,657.00	<b>\$125.50   9.39%</b>	<b>-\$165.60   -10.48%</b>	<b>-\$71.10   -4.11%</b>

	GCCISD Current Enrollment by Tier		
Plans	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO
Employee Only	502	682	190
Employee + Spouse	10	9	5
Employee + Child(ren)	140	172	76
Employee + Family	26	15	5

# APPENDIX

## Contribution Changes

# Contributions

## Medical Plan – Monthly Employee Contribution Comparison

2025 District Data									
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	HDHP	Kelsey Care Basic	Kelsey Care Enhanced	Memorial Hermann	Blue Essentials HMO	Blue Choice EPO
Plans									
Tiers									
Employee Only	\$132.00	\$187.00	\$333.30	\$65.98	\$49.08	\$158.12	\$193.48	\$84.00	\$262.00
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$658.42	\$594.98	\$980.36	\$1,046.12	\$458.00	\$908.00
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$490.12	\$407.02	\$801.41	\$847.82	\$376.00	\$834.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,037.78	\$1,018.86	\$1,761.42	\$1,907.70	\$744.00	\$1,502.00

# Contributions

## Medical Plan – Monthly Employee Contribution Comparison

2025 District Data											
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	EPO 1700	EPO 2000 Broad	2000 Kelsey	2000 Memorial Hermann	HSA 3000	Primary	Primary Plus	HD
Plans											
Tiers											
Employee Only	\$132.00	\$187.00	\$333.30	\$225.00	\$490.00	\$255.00	\$275.00	\$0.00	\$232.00	\$321.00	\$246.00
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$726.60	\$926.80	\$678.00	\$698.00	\$534.00	\$1,094.00	\$1,275.00	\$1,132.00
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$668.30	\$825.80	\$626.00	\$646.00	\$499.00	\$587.00	\$739.00	\$611.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,079.70	\$1,293.10	\$990.00	\$1,006.00	\$807.00	\$1,449.00	\$1,692.00	\$1,497.00




# Contributions

## Medical Plan – Monthly Employee Contribution Comparison

2025 District Data												
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Primary	Primary Plus	HD	Open Access Plus Buy Up	Open Access Simple Copay	Open Access Plus HSA	Primary	Primary Plus	HD
Plans												
Tiers												
Employee Only	\$132.00	\$187.00	\$333.30	\$152.00	\$261.00	\$186.00	\$296.88	\$271.94	\$194.04	\$182.00	\$271.00	\$196.00
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$985.00	\$1,166.00	\$1,023.00	\$1,375.48	\$1,307.16	\$1,093.70	\$1,044.00	\$1,225.00	\$1,082.00
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$503.00	\$655.00	\$527.00	\$836.17	\$789.56	\$643.86	\$537.00	\$689.00	\$561.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,315.00	\$1,558.00	\$1,363.00	\$1,889.97	\$1,800.98	\$1,522.85	\$1,399.00	\$1,642.00	\$1,447.00

# Contributions

## Medical Plan – Monthly Employee Contribution Comparison

2025 District Data													
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Primary	Primary Plus	HD	Charter Select	Charter Basic	Nexus Basic	Choice HDHP	Charter Plus	Nexus Plus	Choice
Plans													
Tiers													
Employee Only	\$132.00	\$187.00	\$333.30	\$145.00	\$260.00	\$159.00	\$5.50	\$42.36	\$46.40	\$73.90	\$85.34	\$93.88	\$148.78
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$939.00	\$1,120.00	\$977.00	\$213.84	\$238.06	\$261.86	\$415.04	\$321.36	\$353.50	\$535.38
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$494.00	\$622.00	\$520.00	\$194.84	\$220.48	\$242.56	\$384.50	\$297.66	\$327.42	\$497.58
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,294.00	\$1,537.00	\$671.00	\$353.10	\$407.86	\$448.66	\$711.20	\$550.60	\$605.68	\$860.22



# Contributions

## Medical Plan – Monthly Employee Contribution Comparison

2025 District Data											
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Primary	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD
Plans											
Tiers											
Employee Only	\$132.00	\$187.00	\$333.30	\$70.00	\$35.00	\$196.00	\$285.00	\$210.00	\$107.00	\$196.00	\$121.00
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$720.00	\$650.00	\$950.50	\$1,131.50	\$988.50	\$969.00	\$1,150.00	\$1,007.00
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$335.00	\$305.00	\$514.50	\$666.50	\$538.50	\$462.00	\$614.00	\$486.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$925.00	\$793.00	\$1,269.50	\$1,512.50	\$1,317.50	\$1,324.00	\$1,567.00	\$1,372.00



# Contributions

## Medical Plan – Monthly Employee Contribution Comparison

2025 District Data	 <b>GOOSE CREEK</b> <small>CONSOLIDATED INDEPENDENT SCHOOL DISTRICT</small>						
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Plan 3: Kelsey Care ACO	Plan 4: EPO	Plan 5: Memorial Hermann ACO	HDHP
Plans							
Tiers							
Employee Only	\$132.00	\$187.00	\$333.30	\$110.00	\$213.40	\$154.00	\$532.50
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$396.00	\$528.00	\$421.20	\$1,206.25
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$330.00	\$452.40	\$352.80	\$965.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$627.60	\$812.40	\$663.60	\$1,752.50



# Contributions

## Medical Plan – Premium Tier Comparison - TRS

2025 District Data	GCCISD Current Plans			GCCISD With TRS 2025/26 Rates			GCCISD With TRS 2026/27 Rates (w/ 10% Increase)			 <b>Arlington</b> <small>INDEPENDENT SCHOOL DISTRICT</small> <i>More Than a Remarkable Education</i>					
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD
Plans															
Tiers															
Employee Only	\$132.00	\$187.00	\$333.30	\$197.00	\$286.00	\$211.00	\$247.70	\$345.60	\$263.10	\$255.00	\$351.00	\$271.00	\$232.00	\$321.00	\$246.00
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$1,059.00	\$1,240.00	\$1,097.00	\$1,195.90	\$1,395.00	\$1,237.70	\$1,197.00	\$1,391.00	\$1,240.00	\$1,094.00	\$1,275.00	\$1,132.00
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$552.00	\$704.00	\$576.00	\$638.20	\$805.40	\$664.60	\$643.00	\$806.00	\$670.00	\$587.00	\$739.00	\$611.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,414.00	\$1,657.00	\$1,462.00	\$1,586.40	\$1,853.70	\$1,639.20	\$1,585.00	\$1,846.00	\$1,639.00	\$1,449.00	\$1,692.00	\$1,497.00



# Contributions

## Medical Plan – Premium Tier Comparison - TRS

2025 District Data	GCCISD Current Plans			GCCISD With TRS 2025/26 Rates			GCCISD With TRS 2026/27 Rates								
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD
Plans															
Tiers															
Employee Only	\$132.00	\$187.00	\$333.30	\$197.00	\$286.00	\$211.00	\$247.70	\$345.60	\$263.10	\$152.00	\$261.00	\$186.00	\$257.00	\$271.00	\$346.00
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$1,059.00	\$1,240.00	\$1,097.00	\$1,195.90	\$1,395.00	\$1,237.70	\$985.00	\$1,166.00	\$1,023.00	\$933.00	\$971.00	\$1,101.00
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$552.00	\$704.00	\$576.00	\$638.20	\$805.40	\$664.60	\$503.00	\$655.00	\$527.00	\$573.00	\$597.00	\$714.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,414.00	\$1,657.00	\$1,462.00	\$1,586.40	\$1,853.70	\$1,639.20	\$1,315.00	\$1,558.00	\$1,363.00	\$1,244.00	\$1,292.00	\$1,480.00


# Contributions

## Medical Plan – Premium Tier Comparison - TRS

2025 District Data	GCCISD Current Plans			GCCISD With TRS 2025/26 Rates			GCCISD With TRS 2026/27 Rates								
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD
Plans															
Tiers															
Employee Only	\$132.00	\$187.00	\$333.30	\$197.00	\$286.00	\$211.00	\$247.70	\$345.60	\$263.10	\$239.00	\$336.00	\$253.00	\$182.00	\$271.00	\$196.00
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$1,059.00	\$1,240.00	\$1,097.00	\$1,195.90	\$1,395.00	\$1,237.70	\$1,185.00	\$1,381.00	\$1,222.00	\$1,044.00	\$1,225.00	\$1,082.00
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$552.00	\$704.00	\$576.00	\$638.20	\$805.40	\$664.60	\$629.00	\$794.00	\$652.00	\$537.00	\$689.00	\$561.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,414.00	\$1,657.00	\$1,462.00	\$1,586.40	\$1,853.70	\$1,639.20	\$1,574.00	\$1,838.00	\$1,621.00	\$1,399.00	\$1,642.00	\$1,447.00

# Contributions

## Medical Plan – Premium Tier Comparison - TRS

2025 District Data	GCCISD Current Plans			GCCISD With TRS 2025/26 Rates			GCCISD With TRS 2026/27 Rates			Fort Worth INDEPENDENT SCHOOL DISTRICT					
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD
Plans															
Tiers															
Employee Only	\$132.00	\$187.00	\$333.30	\$197.00	\$286.00	\$211.00	\$247.70	\$345.60	\$263.10	\$179.00	\$275.00	\$195.00	\$145.00	\$260.00	\$159.00
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$1,059.00	\$1,240.00	\$1,097.00	\$1,195.90	\$1,395.00	\$1,237.70	\$1,121.00	\$1,315.00	\$1,164.00	\$939.00	\$1,120.00	\$977.00
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$552.00	\$704.00	\$576.00	\$638.20	\$805.40	\$664.60	\$567.00	\$730.00	\$594.00	\$494.00	\$622.00	\$520.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,414.00	\$1,657.00	\$1,462.00	\$1,586.40	\$1,853.70	\$1,639.20	\$1,509.00	\$1,770.00	\$1,563.00	\$1,294.00	\$1,537.00	\$671.00



# Contributions

## Medical Plan – Premium Tier Comparison - TRS

2025 District Data	GCCISD Current Plans			GCCISD With TRS 2025/26 Rates			GCCISD With TRS 2026/27 Rates								
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD
Plans															
Tiers															
Employee Only	\$132.00	\$187.00	\$333.30	\$197.00	\$286.00	\$211.00	\$247.70	\$345.60	\$263.10	\$196.00	\$285.00	\$210.00	\$107.00	\$196.00	\$121.00
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$1,059.00	\$1,240.00	\$1,097.00	\$1,195.90	\$1,395.00	\$1,237.70	\$950.50	\$1,131.50	\$988.50	\$969.00	\$1,150.00	\$1,007.00
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$552.00	\$704.00	\$576.00	\$638.20	\$805.40	\$664.60	\$514.50	\$666.50	\$538.50	\$462.00	\$614.00	\$486.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,414.00	\$1,657.00	\$1,462.00	\$1,586.40	\$1,853.70	\$1,639.20	\$1,269.50	\$1,512.50	\$1,317.50	\$1,324.00	\$1,567.00	\$1,372.00

# Contributions

## Medical Plan – Premium Tier Comparison - TRS

2025 District Data	GCCISD Current Plans			GCCISD With TRS 2025/26 Rates			GCCISD With TRS 2026/27 Rates								
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD
Plans															
Tiers															
Employee Only	\$132.00	\$187.00	\$333.30	\$197.00	\$286.00	\$211.00	\$247.70	\$345.60	\$263.10	\$170.00	\$259.00	\$184.00	\$226.00	\$323.00	\$240.00
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$1,059.00	\$1,240.00	\$1,097.00	\$1,195.90	\$1,395.00	\$1,237.70	\$1,032.00	\$1,213.00	\$1,070.00	\$1,172.00	\$1,368.00	\$1,209.00
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$552.00	\$704.00	\$576.00	\$638.20	\$805.40	\$664.60	\$525.00	\$677.00	\$549.00	\$616.00	\$781.00	\$639.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,414.00	\$1,657.00	\$1,462.00	\$1,586.40	\$1,853.70	\$1,639.20	\$1,387.00	\$1,630.00	\$1,435.00	\$1,561.00	\$1,825.00	\$1,608.00



# Contributions

## Medical Plan – Premium Tier Comparison - TRS

2025 District Data	GCCISD Current Plans			GCCISD With TRS 2025/26 Rates			GCCISD With TRS 2026/27 Rates								
	HD PPO	Essentials Standard HMO	Essentials Enhanced HMO	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD	Primary	Primary Plus	HD
Plans															
Tiers															
Employee Only	\$132.00	\$187.00	\$333.30	\$197.00	\$286.00	\$211.00	\$247.70	\$345.60	\$263.10	\$110.00	\$276.00	\$112.00	\$161.00	\$250.00	\$175.00
Employee + Spouse	\$939.40	\$1,136.30	\$1,399.20	\$1,059.00	\$1,240.00	\$1,097.00	\$1,195.90	\$1,395.00	\$1,237.70	\$702.00	\$1,078.00	\$736.00	\$1,023.00	\$1,204.00	\$1,061.00
Employee + Child(ren)	\$530.20	\$662.20	\$786.50	\$552.00	\$704.00	\$576.00	\$638.20	\$805.40	\$664.60	\$456.00	\$658.00	\$480.00	\$516.00	\$668.00	\$540.00
Employee + Family	\$1,336.50	\$1,579.60	\$1,728.10	\$1,414.00	\$1,657.00	\$1,462.00	\$1,586.40	\$1,853.70	\$1,639.20	\$988.00	\$1,350.00	\$1,024.00	\$1,378.00	\$1,621.00	\$1,426.00

# General Disclaimers

## Coverage Disclaimer

*This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.*

## Renewal / Financial Disclaimer

*This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.*

## Legal

*The intent of this analysis is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.*