

GAINESVILLE ISD

TRS Medical Rates

2026-2027 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$291.66	\$320.34
Employee & Spouse	\$291.66	\$1,361.34
Employee & Child(ren)	\$291.66	\$749.34
Family	\$291.66	\$1,789.34

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$291.66	\$428.34
Employee & Spouse	\$291.66	\$1,580.34
Employee & Child(ren)	\$291.66	\$932.34
Family	\$291.66	\$2,084.34

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$291.66	\$338.34
Employee & Spouse	\$291.66	\$1,409.34
Employee & Child(ren)	\$291.66	\$779.34
Family	\$291.66	\$1,850.34

ACTIVE CARE 2	Employer Contribution	Employee Contribution
Employee Only	\$291.66	\$721.34
Employee & Spouse	\$291.66	\$2,110.34
Employee & Child(ren)	\$291.66	\$1,215.34
Family	\$291.66	\$2,549.34

Employer Paid Premium: 291.66

Pay Mode: 12

ACTIVECARE PRIMARY	Monthly Premium	Annual Premium
	\$ 612.00	7344.00
	\$ 1,653.00	19836.00
	\$ 1,041.00	12492.00
	\$ 2,081.00	24972.00

ACTIVECARE PRIMARY PLUS	Monthly Premium	Annual Premium
	\$ 720.00	8640.00
	\$ 1,872.00	22464.00
	\$ 1,224.00	14688.00
	\$ 2,376.00	28512.00

ACTIVECARE 1HD	Monthly Premium	Annual Premium
	\$ 630.00	7560.00
	\$ 1,701.00	20412.00
	\$ 1,071.00	12852.00
	\$ 2,142.00	25704.00

ACTIVE CARE 2	Monthly Premium	Annual Premium
	\$ 1,013.00	12156.00
	\$ 2,402.00	28824.00
	\$ 1,507.00	18084.00
	\$ 2,841.00	34092.00
