

RIO VISTA ISD

TRS Medical Rates

2026-2027 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$361.00	\$251.00
Employee & Spouse	\$361.00	\$1,292.00
Employee & Child(ren)	\$361.00	\$680.00
Family	\$361.00	\$1,720.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$361.00	\$359.00
Employee & Spouse	\$361.00	\$1,511.00
Employee & Child(ren)	\$361.00	\$863.00
Family	\$361.00	\$2,015.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$361.00	\$269.00
Employee & Spouse	\$361.00	\$1,340.00
Employee & Child(ren)	\$361.00	\$710.00
Family	\$361.00	\$1,781.00

ACTIVE CARE 2	Employer Contribution	Employee Contribution
Employee Only	\$361.00	\$652.00
Employee & Spouse	\$361.00	\$2,041.00
Employee & Child(ren)	\$361.00	\$1,146.00
Family	\$361.00	\$2,480.00

Employer Paid Premium: 361.00

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
