

SHERMAN ISD

TRS Medical Rates

2026-2027 Plan Year

24 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$200.00	\$107.00
Employee & Spouse	\$200.00	\$629.00
Employee & Child(ren)	\$200.00	\$322.00
Family	\$200.00	\$844.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$200.00	\$161.00
Employee & Spouse	\$200.00	\$739.00
Employee & Child(ren)	\$200.00	\$414.00
Family	\$200.00	\$991.50

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$200.00	\$114.00
Employee & Spouse	\$200.00	\$648.00
Employee & Child(ren)	\$200.00	\$334.00
Family	\$200.00	\$868.00

ACTIVE CARE 2	Employer Contribution	Employee Contribution
Employee Only	\$200.00	\$306.50
Employee & Spouse	\$200.00	\$1,001.00
Employee & Child(ren)	\$200.00	\$553.50
Family	\$200.00	\$1,220.50