

Full Time Employee Rates

2026-2027 Monthly Rates	Salary under \$25,000	Salary \$25,000-\$49,999	Salary \$50,000 and above
ActiveCare Primary			
EMPLOYEE	\$ 269.00	\$ 294.00	\$ 344.00
EMPLOYEE/SPOUSE	\$ 1,062.00	\$ 1,087.00	\$ 1,137.00
EMPLOYEE/CHILD(REN)	\$ 613.00	\$ 638.00	\$ 688.00
FAMILY	\$ 1,460.00	\$ 1,485.00	\$ 1,535.00
ActiveCare Primary-			
EMPLOYEE	\$ 369.00	\$ 394.00	\$ 444.00
EMPLOYEE/SPOUSE	\$ 1,265.00	\$ 1,290.00	\$ 1,340.00
EMPLOYEE/CHILD(REN)	\$ 783.00	\$ 808.00	\$ 858.00
FAMILY	\$ 1,733.00	\$ 1,758.00	\$ 1,808.00
ActiveCare HD			
EMPLOYEE	\$ 283.00	\$ 308.00	\$ 358.00
EMPLOYEE/SPOUSE	\$ 1,100.00	\$ 1,125.00	\$ 1,175.00
EMPLOYEE/CHILD(REN)	\$ 637.00	\$ 662.00	\$ 712.00
FAMILY	\$ 1,508.00	\$ 1,533.00	\$ 1,583.00

Guest Teacher Rates

GUEST TEACHER RATES/NO DISTRICT CONTRIBUTION 2026-2027 Monthly Rates

PLAN		ActiveCare Primary
EMPLOYEE		\$ 569.00
EMPLOYEE/SPOUSE		\$ 1,537.00
EMPLOYEE/CHILD(REN)		\$ 968.00
FAMILY		\$ 1,935.00
PLAN		ActiveCare Primary-
EMPLOYEE		\$ 669.00
EMPLOYEE/SPOUSE		\$ 1,740.00
EMPLOYEE/CHILD(REN)		\$ 1,138.00
FAMILY		\$ 2,208.00
PLAN		ActiveCare HD
EMPLOYEE		\$ 583.00
EMPLOYEE/SPOUSE		\$ 1,575.00
EMPLOYEE/CHILD(REN)		\$ 992.00
FAMILY		\$ 1,983.00



Medical Highlights Plan Comparison Guide 2025-2026 : 2026-2027

Plan Features	* NEW * TRS-ActiveCare HD 2026-27		* NEW * TRS-ActiveCare Primary+ (plus) 2026-27	
	In-Network	Out-of-Network	In-Network ONLY	Out-of-Network ONLY
Deductible	\$3,400 Individual / \$6,800 Family	\$8,800 Individual / \$13,600 Family	\$2,500 Individual / \$5,000 Family	\$1,200 Individual / \$2,400 Family
Coinsurance	30%	50%	30%	20%
Max Out of Pocket Limits	\$9,300 Individual / \$16,600 Family	\$8,300 Individual / \$16,600 Family	\$8,050 Individual / \$16,100 Family	\$6,900 Individual / \$13,800 Family
PCP Required	NO	NO	Yes	Yes
Physician Office Visit	30% After Deductible	50% After Deductible	\$30 copay	\$30 copay
Specialist Office Visit	30% After Deductible	50% After Deductible	\$70 copay	\$70 copay
Preventative Care Services	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Telemedicine	\$0 w/MD Live	\$30/\$42 (See below)	\$0/\$12 (See below)	\$0/\$12 (See below)
TRS Virtual Health-RediMDTM	*****	\$30 Per Medical Consultation	\$0 Per Medical Consultation	\$0 Per Medical Consultation
Urgent Care	\$50 copay	\$42 Per Medical Consultation	\$12 Per Medical Consultation	\$12 Per Medical Consultation
Emergency Room Visit	20% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible
Hospital Inpatient	20% After Deductible	30% After Deductible	Tier 1: 30% Coinsurance After Deductible Tier 2: 40% Coinsurance After Deductible	Tier 1: 30% Coinsurance After Deductible Tier 2: 40% Coinsurance After Deductible
Lab & X-Ray	20% After Deductible	30% After Deductible	Covered in Full	Covered in Full
Major Diagnostics (CT, PET, MRI, etc)	20% After Deductible	30% After Deductible	Tier 1: 30% After Deductible Tier 2: 40% After Deductible	Tier 1: 30% After Deductible Tier 2: 40% After Deductible
Skilled Nursing Facility/Hospice	20% After Deductible	30% After Deductible	Tier 1: 30% Coinsurance After Deductible Tier 2: 40% Coinsurance After Deductible	Tier 1: 30% Coinsurance After Deductible Tier 2: 40% Coinsurance After Deductible
Pharmacy				
Tier 1 - Generic	\$10 Retail / \$25 Mail Order	Deductible integrated with medical \$10 after deductible; \$0 coinsurance for certain generics	Deductible integrated with medical \$15/\$45 copay; \$0 copay for certain generics	\$200 Deductible per participant (brand drugs only) \$15/\$45 copay
Tier 2 - Preferred Brand	30% Retail / \$150 Mail Order	25% After Deductible	30% After Deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)
Tier 3 - Non-Preferred Brand	50% Retail / \$200 Mail Order	50% After Deductible	50% After Deductible	50% After Deductible
Specialty RX	\$200	20% After Deductible	30% After Deductible; \$0 if SaveUpsP eligible	20% after deductible (\$500 max); \$0 if SaveUpsP eligible