ROYSE CITY ISD

TRS Medical Rates

2026-2027 Plan Year

24 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	$152.50	$154.50
Employee & Spouse	$152.50	$676.50
Employee & Child(ren)	$152.50	$369.50
Family	$152.50	$891.50

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	$152.50	$208.50
Employee & Spouse	$152.50	$786.50
Employee & Child(ren)	$152.50	$461.50
Family	$152.50	$1,039.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	$152.50	$161.50
Employee & Spouse	$152.50	$695.50
Employee & Child(ren)	$152.50	$381.50
Family	$152.50	$915.50

ACTIVE CARE 2	Employer Contribution	Employee Contribution
Employee Only	$152.50	$354.00
Employee & Spouse	$152.50	$1,048.50
Employee & Child(ren)	$152.50	$601.00
Family	$152.50	$1,268.00