

FROST ISD

TRS Medical Rates

2024-2025 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$151.00
Employee & Child(ren)	\$350.00	\$409.00
Employee & Spouse	\$350.00	\$855.00
Family	\$350.00	\$1,167.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$109.00
Employee & Child(ren)	\$350.00	\$431.00
Employee & Spouse	\$350.00	\$890.00
Family	\$350.00	\$1,211.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$173.00
Employee & Child(ren)	\$350.00	\$540.00
Employee & Spouse	\$350.00	\$1,010.00
Family	\$350.00	\$1,376.00

ACTIVE CARE 2	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$663.00
Employee & Child(ren)	\$350.00	\$1,157.00
Employee & Spouse	\$350.00	\$2,052.00
Family	\$350.00	\$2,491.00