

FROST ISD

TRS Medical Rates

2025-2026 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$159.00
Employee & Spouse	\$350.00	\$1,025.00
Employee & Child(ren)	\$350.00	\$516.00
Family	\$350.00	\$1,381.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$171.00
Employee & Spouse	\$350.00	\$1,057.00
Employee & Child(ren)	\$350.00	\$536.00
Family	\$350.00	\$1,422.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$248.00
Employee & Spouse	\$350.00	\$1,205.00
Employee & Child(ren)	\$350.00	\$667.00
Family	\$350.00	\$1,624.00

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