

Paradise ISD

TRS Medical Rates

2024-2025 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$155.00
Employee & Child(ren)	\$350.00	\$509.00
Employee & Spouse	\$350.00	\$1,014.00
Family	\$350.00	\$1,367.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$169.00
Employee & Child(ren)	\$350.00	\$533.00
Employee & Spouse	\$350.00	\$1,052.00
Family	\$350.00	\$1,415.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$242.00
Employee & Child(ren)	\$350.00	\$1,190.00
Employee & Spouse	\$350.00	\$657.00
Family	\$350.00	\$1,604.00

BLUE ESSENTIALS HMO	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$661.20
Employee & Child(ren)	\$350.00	\$1,243.00
Employee & Spouse	\$350.00	\$2,112.32
Family	\$350.00	\$2,264.90

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