

KEENE ISD

TRS Medical Rates

2023-2024 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$367.00	\$94.00
Employee & Child(ren)	\$367.00	\$417.00
Employee & Spouse	\$367.00	\$878.00
Family	\$367.00	\$1,201.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$367.00	\$108.00
Employee & Child(ren)	\$367.00	\$441.00
Employee & Spouse	\$367.00	\$916.00
Family	\$367.00	\$1,248.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$367.00	\$174.00
Employee & Child(ren)	\$367.00	\$553.00
Employee & Spouse	\$367.00	\$1,040.00
Family	\$367.00	\$1,419.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$367.00	\$229.96
Employee & Child(ren)	\$367.00	\$593.68
Employee & Spouse	\$367.00	\$1,134.90
Family	\$367.00	\$1,361.86