

Milford 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	\$502.00
Employee & Spouse	\$350.00	\$1,003.00
Family	\$350.00	\$1,354.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$163.00
Employee & Child(ren)	\$350.00	\$523.00
Employee & Spouse	\$350.00	\$1,036.00
Family	\$350.00	\$1,395.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$238.00
Employee & Child(ren)	\$350.00	\$650.00
Employee & Spouse	\$350.00	\$1,179.00
Family	\$350.00	\$1,591.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)	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

Employer Paid Premium: 350.00

Pay Mode: 12

ACTIVECARE PRIMARY	Monthly Premium	Annual Premium
	\$501.00	6012.00
	\$852.00	10224.00
	\$1353.00	16236.00
	\$1704.00	20448.00

ACTIVECARE HD	Monthly Premium	Annual Premium
	\$513.00	6156.00
	\$873.00	10476.00
	\$1386.00	16632.00
	\$1745.00	20940.00

ACTIVECARE PRIMARY	Monthly Premium	Annual Premium
	\$588.00	7056.00
	\$1000.00	12000.00
	\$1529.00	18348.00
	\$1941.00	23292.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY E	Monthly Premium	Annual Premium
	\$1013.00	12156.00
	\$1507.00	18084.00
	\$2402.00	28824.00
	\$2841.00	34092.00

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