REGION 11

TRS Medical Rates

2023-2024 Plan Year 12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$293.00	\$168.00
Employee & Child(ren)	\$293.00	\$491.00
Employee & Spouse	\$293.00	\$952.00
Family	\$293.00	\$1,275.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$293.00	\$182.00
Employee & Child(ren)	\$293.00	\$515.00
Employee & Spouse	\$293.00	\$990.00
Family	\$293.00	\$1,322.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$293.00	\$248.00
Employee & Child(ren)	\$293.00	\$627.00
Employee & Spouse	\$293.00	\$1,114.00
Family	\$293.00	\$1,493.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)	Employer Contribution	Employee Contribution
Employee Only	\$293.00	\$720.00
Employee & Child(ren)	\$293.00	\$1,214.00
Employee & Spouse	\$293.00	\$2,109.00
Family	\$293.00	\$2,548.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$293.00	\$303.96
Employee & Child(ren)	\$293.00	\$667.68
Employee & Spouse	\$293.00	\$1,208.90
Family	\$293.00	\$1,435.86