

EVERMAN ISD

TRS Medical Rates - 20 Pay

2022-2023 Plan Year

ACTIVECARE PRIMARY	Employer Contribution Per Pay Check	Employee Contribution Per Pay Check
Employee Only	\$150.00	\$100.20
Employee & Child(ren)	\$150.00	\$300.60
Employee & Spouse	\$150.00	\$555.60
Family	\$150.00	\$693.00
ACTIVECARE 1HD	Employer Contribution Per Pay Check	Employee Contribution Per Pay Check
Employee Only	\$150.00	\$107.40
Employee & Child(ren)	\$150.00	\$313.20
Employee & Spouse	\$150.00	\$575.40
Family	\$150.00	\$717.00
ACTIVECARE PRIMARY PLUS	Employer Contribution Per Pay Check	Employee Contribution Per Pay Check
Employee Only	\$150.00	\$165.00
Employee & Child(ren)	\$150.00	\$357.00
Employee & Spouse	\$150.00	\$620.40
Family	\$150.00	\$818.40
SCOTT & WHITE HMO	Employer Contribution Per Pay Check	Employee Contribution Per Pay Check
Employee Only	\$150.00	\$191.54
Employee & Child(ren)	\$150.00	\$399.39
Employee & Spouse	\$150.00	\$708.65
Family	\$150.00	\$838.34
ACTIVE CARE 2 (Only if previously enrolled)	Employer Contribution Per Pay Check	Employee Contribution Per Pay Check
Employee Only	\$150.00	\$457.80
Employee & Spouse	\$150.00	\$1,291.20
Employee and Children	\$150.00	\$754.20
Family	\$150.00	\$1,554.60

Employer Paid Premium:

Pay Mode:

	ACTIVECARE PRIMARY	Monthly Premium
		\$417.00
		\$751.00
		\$1176.00
		\$1405.00
	ACTIVECARE HD	Monthly Premium
		\$429.00
		\$772.00
		\$1209.00
	ACTIVECARE PRIMARY PLUS	Monthly Premium
		\$525.00
		\$845.00
		\$1284.00
	SCOTT & WHITE	Monthly Premium
		\$569.24
		\$915.65
		\$1431.08
	Active Care 2	Monthly Premium
		\$1013.00
		\$2402.00
		\$1507.00
		\$2841.00

150.00

20

Annual Premium

5004.00

9012.00

14112.00

16860.00

Annual Premium

5148.00

9264.00

14508.00

17340.00

Annual Premium

6300.00

10140.00

15408.00

19368.00

Annual Premium

6830.88

10987.80

17172.96

19766.88

Annual Premium

12156.00

28824.00

18084.00

34092.00