## **REGION 10**

## TRS Medical Rates

2023-2024 Plan Year 12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$250.00	\$200.00
Employee & Child(ren)	\$250.00	\$515.00
Employee & Spouse	\$250.00	\$965.00
Family	\$250.00	\$1,280.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$250.00	\$212.00
Employee & Child(ren)	\$250.00	\$536.00
Employee & Spouse	\$250.00	\$998.00
Family	\$250.00	\$1,321.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$250.00	\$279.00
Employee & Child(ren)	\$250.00	\$650.00
Employee & Spouse	\$250.00	\$1,126.00
Family	\$250.00	\$1,496.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)	Employer Contribution	Employee Contribution
Employee Only	\$250.00	\$763.00
Employee & Child(ren)	\$250.00	\$1,257.00
Employee & Spouse	\$250.00	\$2,152.00
Family	\$250.00	\$2,591.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$250.00	\$319.76
Employee & Child(ren)	\$250.00	\$666.49
Employee & Spouse	\$250.00	\$1,182.42
Family	\$250.00	\$1,398.78