HOWE ISD

TRS Medical Rates

2023-2024 Plan Year 12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$450.00	\$0.00
Employee & Child(ren)	\$450.00	\$315.00
Employee & Spouse	\$450.00	\$765.00
Family	\$450.00	\$1,080.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$450.00	\$12.00
Employee & Child(ren)	\$450.00	\$336.00
Employee & Spouse	\$450.00	\$798.00
Family	\$450.00	\$1,121.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$450.00	\$79.00
Employee & Child(ren)	\$450.00	\$450.00
Employee & Spouse	\$450.00	\$926.00
Family	\$450.00	\$1,296.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$450.00	\$119.76
Employee & Child(ren)	\$450.00	\$466.49
Employee & Spouse	\$450.00	\$982.42
Family	\$450.00	\$1,198.78