

Sherman ISD

TRS Medical Rates

2023-2024 Plan Year

24 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$200.00	\$25.00
Employee & Child(ren)	\$200.00	\$182.50
Employee & Spouse	\$200.00	\$407.50
Family	\$200.00	\$565.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$200.00	\$31.00
Employee & Child(ren)	\$200.00	\$193.00
Employee & Spouse	\$200.00	\$424.00
Family	\$200.00	\$585.50

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$200.00	\$64.50
Employee & Child(ren)	\$200.00	\$250.00
Employee & Spouse	\$200.00	\$488.00
Family	\$200.00	\$673.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$200.00	\$71.68
Employee & Child(ren)	\$200.00	\$258.25
Employee & Spouse	\$200.00	\$516.21
Family	\$200.00	\$624.39

Active Care 2 (only if you have been previously enrolled)	Employer Contribution	Employee Contribution
Employee Only	\$200.00	\$306.50
Employee & Child(ren)	\$200.00	\$553.50
Employee & Spouse	\$200.00	\$1,001.00
Family	\$200.00	\$1,220.50