

REGION 10

TRS Medical Rates

2023-2024 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$400.00	\$50.00
Employee & Child(ren)	\$400.00	\$365.00
Employee & Spouse	\$400.00	\$815.00
Family	\$400.00	\$1,130.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$400.00	\$62.00
Employee & Child(ren)	\$400.00	\$386.00
Employee & Spouse	\$400.00	\$848.00
Family	\$400.00	\$1,171.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$400.00	\$129.00
Employee & Child(ren)	\$400.00	\$500.00
Employee & Spouse	\$400.00	\$976.00
Family	\$400.00	\$1,346.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)	Employer Contribution	Employee Contribution
Employee Only	\$400.00	\$613.00
Employee & Child(ren)	\$400.00	\$1,107.00
Employee & Spouse	\$400.00	\$2,002.00
Family	\$400.00	\$2,441.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$400.00	\$169.76
Employee & Child(ren)	\$400.00	\$516.49
Employee & Spouse	\$400.00	\$1,032.42
Family	\$400.00	\$1,248.78