

## 2023-24 TRS Rate Sheet for FT Employees

<b>TRS MEDICAL INSURANCE - BCBS</b>					
<b>12 Pay Rates (per pay period) – Professional &amp; Paraprofessional</b>					
Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary+	ActiveCare 2 (closed)	Scott & White HMO
<b>Employee Only</b>	\$13	\$25	\$92	\$576	\$132.76
Employee + Spouse	\$778	\$811	\$939	\$1,965	\$995.42
Employee + Children	\$328	\$349	\$463	\$1,070	\$479.49
Employee + Family	\$1,093	\$1,134	\$1,309	\$2,404	\$1,211.78
<b>24 Pay Rates (per pay period) – Facilities Services &amp; Operations</b>					
<b>Employee Only</b>	\$6.5	\$12.5	\$46	\$288	\$66.38
Employee + Spouse	\$389	\$405.5	\$469.5	\$982.5	\$497.71
Employee + Children	\$164	\$174.5	\$231.5	\$535	\$239.75
Employee + Family	\$546.50	\$567	\$654.50	\$1,202	\$605.89
<b>19 Pay Rates (per pay period) – Food Services</b>					
<b>Employee Only</b>	\$8.21	\$15.79	\$58.11	\$363.79	\$83.85
Employee + Spouse	\$491.37	\$512.21	\$593.05	\$1,241.05	\$628.69
Employee + Children	\$207.16	\$220.42	\$292.42	\$675.79	\$302.84
Employee + Family	\$690.32	\$716.21	\$826.74	\$1,518.32	\$765.33

<b>FSA Maximum Contribution – FFGA</b>		<b>HSA Maximum Contribution – UMB Bank</b>	
Healthcare 2024	\$3,050.00	Individual 2024	\$4,150
Dependent Care 2024	\$5,000.00	Family 2024	\$8,300

<b>VSP Vision</b>									
<p>\$175 frame allowance and \$175 contact lens allowance. Exams/Frames/Lenses/Contacts: \$10 copay each. Frequency: once every 12 months. (Based on date of service). Standard progressive lenses are covered in full, after materials copay.</p>									
Tier	12 Pay	24 Pay	19 Pay						
<b>Employee Only</b>	\$10.24	\$5.12	\$6.47						
Employee + Spouse	\$18.75	\$9.38	\$11.84						
Employee + Children	\$19.74	\$9.87	\$12.47						
Employee + Family	\$28.61	\$14.31	\$18.07						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>12 Pay = Professionals &amp; Paraprofessionals</b></td> <td></td> </tr> <tr> <td><b>24 Pay = Facilities Services &amp; Operations</b></td> <td></td> </tr> <tr> <td><b>19 Pay = Food Services</b></td> <td></td> </tr> </table>				<b>12 Pay = Professionals &amp; Paraprofessionals</b>		<b>24 Pay = Facilities Services &amp; Operations</b>		<b>19 Pay = Food Services</b>	
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**Ameritas Dental PPO**

Ameritas will offer a High and Low Plan for 23/24. The High plan is same plan we had before when it was employer paid. The Low plan has a lower cost per month along with less coverage. Please see the Plan Design Summary on the Employee Benefits Center dental page for details on what is covered on both plans.

<b>Tier - High Plan</b>	<b>12 Pay</b>	<b>24 Pay</b>	<b>19 Pay</b>
<b>Employee Only</b>	\$37.68	\$18.84	\$23.80
Employee + 1	\$79.16	\$39.58	\$50.00
Employee + Family	\$126.85	\$63.43	\$80.12
<b>Tier – Low Plan</b>	<b>12 Pay</b>	<b>24 Pay</b>	<b>19 Pay</b>
<b>Employee Only</b>	\$20.67	\$10.34	\$13.05
Employee + 1	\$41.84	\$20.92	\$26.43
Employee + Family	\$63.41	\$31.71	\$40.05
<b>12 Pay = Professionals &amp; Paraprofessionals</b>			
<b>24 Pay = Facilities Services &amp; Operations</b>			
<b>19 Pay = Food Services</b>			