

REGION 10

TRS Medical Rates

2023-2024 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$100.00
Employee & Child(ren)	\$350.00	\$415.00
Employee & Spouse	\$350.00	\$865.00
Family	\$350.00	\$1,180.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$112.00
Employee & Child(ren)	\$350.00	\$436.00
Employee & Spouse	\$350.00	\$898.00
Family	\$350.00	\$1,221.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$179.00
Employee & Child(ren)	\$350.00	\$550.00
Employee & Spouse	\$350.00	\$1,026.00
Family	\$350.00	\$1,396.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$663.00
Employee & Child(ren)	\$350.00	\$1,157.00
Employee & Spouse	\$350.00	\$2,052.00
Family	\$350.00	\$2,491.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$219.76
Employee & Child(ren)	\$350.00	\$566.49
Employee & Spouse	\$350.00	\$1,082.42
Family	\$350.00	\$1,298.78