

REGION 11

TRS Medical Rates

2023-2024 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$250.00	\$211.00
Employee & Child(ren)	\$250.00	\$534.00
Employee & Spouse	\$250.00	\$995.00
Family	\$250.00	\$1,318.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$250.00	\$225.00
Employee & Child(ren)	\$250.00	\$558.00
Employee & Spouse	\$250.00	\$1,033.00
Family	\$250.00	\$1,365.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$250.00	\$291.00
Employee & Child(ren)	\$250.00	\$670.00
Employee & Spouse	\$250.00	\$1,157.00
Family	\$250.00	\$1,536.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)	Employer Contribution	Employee Contribution
Employee Only	\$250.00	\$763.00
Employee & Child(ren)	\$250.00	\$1,257.00
Employee & Spouse	\$250.00	\$2,152.00
Family	\$250.00	\$2,591.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$250.00	\$346.96
Employee & Child(ren)	\$250.00	\$710.68
Employee & Spouse	\$250.00	\$1,251.90
Family	\$250.00	\$1,478.86