

REGION 11

TRS Medical Rates

2023-2024 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$275.00	\$186.00
Employee & Child(ren)	\$275.00	\$509.00
Employee & Spouse	\$275.00	\$970.00
Family	\$275.00	\$1,293.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$275.00	\$200.00
Employee & Child(ren)	\$275.00	\$533.00
Employee & Spouse	\$275.00	\$1,008.00
Family	\$275.00	\$1,340.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$275.00	\$266.00
Employee & Child(ren)	\$275.00	\$645.00
Employee & Spouse	\$275.00	\$1,132.00
Family	\$275.00	\$1,511.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)	Employer Contribution	Employee Contribution
Employee Only	\$275.00	\$738.00
Employee & Child(ren)	\$275.00	\$1,232.00
Employee & Spouse	\$275.00	\$2,127.00
Family	\$275.00	\$2,566.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$275.00	\$321.96
Employee & Child(ren)	\$275.00	\$685.68
Employee & Spouse	\$275.00	\$1,226.90
Family	\$275.00	\$1,453.86