

REGION 11

TRS Medical Rates

2023-2024 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$325.00	\$136.00
Employee & Child(ren)	\$325.00	\$459.00
Employee & Spouse	\$325.00	\$920.00
Family	\$325.00	\$1,243.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$325.00	\$150.00
Employee & Child(ren)	\$325.00	\$483.00
Employee & Spouse	\$325.00	\$958.00
Family	\$325.00	\$1,290.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$325.00	\$216.00
Employee & Child(ren)	\$325.00	\$595.00
Employee & Spouse	\$325.00	\$1,082.00
Family	\$325.00	\$1,461.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)	Employer Contribution	Employee Contribution
Employee Only	\$325.00	\$688.00
Employee & Child(ren)	\$325.00	\$1,182.00
Employee & Spouse	\$325.00	\$2,077.00
Family	\$325.00	\$2,516.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$325.00	\$271.96
Employee & Child(ren)	\$325.00	\$635.68
Employee & Spouse	\$325.00	\$1,176.90
Family	\$325.00	\$1,403.86