

# REGION 11

## TRS Medical Rates

2023-2024 Plan Year

12 Pay

| <b>ACTIVECARE PRIMARY</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
|---------------------------|------------------------------|------------------------------|
| Employee Only             | \$361.00                     | \$100.00                     |
| Employee & Child(ren)     | \$361.00                     | \$423.00                     |
| Employee & Spouse         | \$361.00                     | \$884.00                     |
| Family                    | \$361.00                     | \$1,207.00                   |

| <b>ACTIVECARE 1HD</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
|-----------------------|------------------------------|------------------------------|
| Employee Only         | \$361.00                     | \$114.00                     |
| Employee & Child(ren) | \$361.00                     | \$447.00                     |
| Employee & Spouse     | \$361.00                     | \$922.00                     |
| Family                | \$361.00                     | \$1,254.00                   |

| <b>ACTIVECARE PRIMARY PLUS</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
|--------------------------------|------------------------------|------------------------------|
| Employee Only                  | \$361.00                     | \$180.00                     |
| Employee & Child(ren)          | \$361.00                     | \$559.00                     |
| Employee & Spouse              | \$361.00                     | \$1,046.00                   |
| Family                         | \$361.00                     | \$1,425.00                   |

| <b>ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
|---|------------------------------|------------------------------|
| Employee Only                                     | \$361.00                     | \$652.00                     |
| Employee & Child(ren)                             | \$361.00                     | \$1,146.00                   |
| Employee & Spouse                                 | \$361.00                     | \$2,041.00                   |
| Family  | \$361.00                     | \$2,480.00                   |

| <b>SCOTT &amp; WHITE HMO</b> | <b>Employer Contribution</b> | <b>Employee Contribution</b> |
|------------------------------|------------------------------|------------------------------|
| Employee Only                | \$361.00                     | \$235.96                     |
| Employee & Child(ren)        | \$361.00                     | \$599.68                     |
| Employee & Spouse            | \$361.00                     | \$1,140.90                   |
| Family                       | \$361.00                     | \$1,367.86                   |