

REGION 11

TRS Medical Rates 225.0

2023-2024 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$225.00	\$236.00
Employee & Child(ren)	\$225.00	\$559.00
Employee & Spouse	\$225.00	\$1,020.00
Family	\$225.00	\$1,343.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$225.00	\$250.00
Employee & Child(ren)	\$225.00	\$583.00
Employee & Spouse	\$225.00	\$1,058.00
Family	\$225.00	\$1,390.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$225.00	\$316.00
Employee & Child(ren)	\$225.00	\$695.00
Employee & Spouse	\$225.00	\$1,182.00
Family	\$225.00	\$1,561.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)	Employer Contribution	Employee Contribution
Employee Only	\$225.00	\$788.00
Employee & Child(ren)	\$225.00	\$1,282.00
Employee & Spouse	\$225.00	\$2,177.00
Family	\$225.00	\$2,616.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$225.00	\$371.96
Employee & Child(ren)	\$225.00	\$735.68
Employee & Spouse	\$225.00	\$1,276.90
Family	\$225.00	\$1,503.86