

## **Bridgeport ISD**

## TRS Medical Rates

2023-2024 Plan Year 12 Pay

| ACTIVECARE PRIMARY    | Employer Contribution | Employee Contribution |
|-----------------------|-----------------------|-----------------------|
| Employee Only         | \$335.00              | \$126.00              |
| Employee & Child(ren) | \$335.00              | \$449.00              |
| Employee & Spouse     | \$335.00              | \$910.00              |
| Family                | \$335.00              | \$1,233.00            |

| ACTIVECARE 1HD        | Employer Contribution | Employee Contribution |
|-----------------------|-----------------------|-----------------------|
| Employee Only         | \$335.00              | \$140.00              |
| Employee & Child(ren) | \$335.00              | \$473.00              |
| Employee & Spouse     | \$335.00              | \$948.00              |
| Family                | \$335.00              | \$1,280.00            |

| ACTIVECARE PRIMARY PLUS | Employer Contribution | Employee Contribution |
|-------------------------|-----------------------|-----------------------|
| Employee Only           | \$335.00              | \$206.00              |
| Employee & Child(ren)   | \$335.00              | \$585.00              |
| Employee & Spouse       | \$335.00              | \$1,072.00            |
| Family                  | \$335.00              | \$1,451.00            |

| ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED) | Employer Contribution | Employee Contribution |
|--|-----------------------|-----------------------|
| Employee Only                              | \$335.00              | \$678.00              |
| Employee & Child(ren)                      | \$335.00              | \$1,172.00            |
| Employee & Spouse                          | \$335.00              | \$2,067.00            |
| Family                                     | \$335.00              | \$2,506.00            |

| SCOTT & WHITE HMO     | Employer Contribution | Employee Contribution |
|-----------------------|-----------------------|-----------------------|
| Employee Only         | \$335.00              | \$261.96              |
| Employee & Child(ren) | \$335.00              | \$625.68              |
| Employee & Spouse     | \$335.00              | \$1,166.90            |
| Family                | \$335.00              | \$1,393.86            |