

Grandview ISD

TRS Medical Rates

2023-2024 Plan Year

12 Pay

| ACTIVECARE PRIMARY | Employer Contribution | Employee Contribution |
|---------------------------|------------------------------|------------------------------|
| Employee Only | \$250.00 | \$211.00 |
| Employee & Child(ren) | \$250.00 | \$534.00 |
| Employee & Spouse | \$250.00 | \$995.00 |
| Family | \$250.00 | \$1,318.00 |

| ACTIVECARE 1HD | Employer Contribution | Employee Contribution |
|-----------------------|------------------------------|------------------------------|
| Employee Only | \$250.00 | \$225.00 |
| Employee & Child(ren) | \$250.00 | \$558.00 |
| Employee & Spouse | \$250.00 | \$1,033.00 |
| Family | \$250.00 | \$1,365.00 |

| ACTIVECARE PRIMARY PLUS | Employer Contribution | Employee Contribution |
|--------------------------------|------------------------------|------------------------------|
| Employee Only | \$250.00 | \$291.00 |
| Employee & Child(ren) | \$250.00 | \$670.00 |
| Employee & Spouse | \$250.00 | \$1,157.00 |
| Family | \$250.00 | \$1,536.00 |

| ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED) | Employer Contribution | Employee Contribution |
|---|------------------------------|------------------------------|
| Employee Only | \$250.00 | \$763.00 |
| Employee & Child(ren) | \$250.00 | \$1,257.00 |
| Employee & Spouse | \$250.00 | \$2,152.00 |
| Family | \$250.00 | \$2,591.00 |

| SCOTT & WHITE HMO | Employer Contribution | Employee Contribution |
|------------------------------|------------------------------|------------------------------|
| Employee Only | \$250.00 | \$346.96 |
| Employee & Child(ren) | \$250.00 | \$710.68 |
| Employee & Spouse | \$250.00 | \$1,251.90 |
| Family | \$250.00 | \$1,478.86 |