

# Carroll ISD

## TRS Medical Rates

*2023-2024 Plan Year*

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$300.00	\$161.00
Employee & Child(ren)	\$300.00	\$484.00
Employee & Spouse	\$300.00	\$945.00
Family	\$300.00	\$1,268.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$300.00	\$175.00
Employee & Child(ren)	\$300.00	\$508.00
Employee & Spouse	\$300.00	\$983.00
Family	\$300.00	\$1,315.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$300.00	\$241.00
Employee & Child(ren)	\$300.00	\$620.00
Employee & Spouse	\$300.00	\$1,107.00
Family	\$300.00	\$1,486.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)	Employer Contribution	Employee Contribution
Employee Only	\$300.00	\$713.00
Employee & Child(ren)	\$300.00	\$1,207.00
Employee & Spouse	\$300.00	\$2,102.00
Family	\$300.00	\$2,541.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$300.00	\$296.96
Employee & Child(ren)	\$300.00	\$660.68
Employee & Spouse	\$300.00	\$1,201.90
Family	\$300.00	\$1,428.86