

VENUS ISD

TRS Medical Rates

2023-2024 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$111.00
Employee & Child(ren)	\$350.00	\$434.00
Employee & Spouse	\$350.00	\$895.00
Family	\$350.00	\$1,218.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$125.00
Employee & Child(ren)	\$350.00	\$458.00
Employee & Spouse	\$350.00	\$933.00
Family	\$350.00	\$1,265.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$191.00
Employee & Child(ren)	\$350.00	\$570.00
Employee & Spouse	\$350.00	\$1,057.00
Family	\$350.00	\$1,436.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$246.96
Employee & Child(ren)	\$350.00	\$610.68
Employee & Spouse	\$350.00	\$1,151.90
Family	\$350.00	\$1,378.86