## **BOYD ISD**

## TRS Medical Rates

2023-2024 Plan Year 12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$432.00	\$29.00
Employee & Child(ren)	\$432.00	\$352.00
Employee & Spouse	\$432.00	\$813.00
Family	\$432.00	\$1,136.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$432.00	\$43.00
Employee & Child(ren)	\$432.00	\$376.00
Employee & Spouse	\$432.00	\$851.00
Family	\$432.00	\$1,183.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$432.00	\$109.00
Employee & Child(ren)	\$432.00	\$488.00
Employee & Spouse	\$432.00	\$975.00
Family	\$432.00	\$1,354.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$432.00	\$164.96
Employee & Child(ren)	\$432.00	\$528.68
Employee & Spouse	\$432.00	\$1,069.90
Family	\$432.00	\$1,296.86