

BOYD ISD

TRS Medical Rates

2024-2025 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$351.00	\$154.00
Employee & Child(ren)	\$351.00	\$508.00
Employee & Spouse	\$351.00	\$1,013.00
Family	\$351.00	\$1,366.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$351.00	\$168.00
Employee & Child(ren)	\$351.00	\$532.00
Employee & Spouse	\$351.00	\$1,051.00
Family	\$351.00	\$1,414.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$351.00	\$241.00
Employee & Child(ren)	\$351.00	\$656.00
Employee & Spouse	\$351.00	\$1,189.00
Family	\$351.00	\$1,603.00

ACTIVE CARE 2 (EXISTING)	Employer Contribution	Employee Contribution
Employee Only	\$351.00	\$662.00
Employee & Child(ren)	\$351.00	\$1,156.00
Employee & Spouse	\$351.00	\$2,051.00
Family	\$351.00	\$2,490.00