Plemons-Stinnett-Phillips CISD

TRS Medical Rates 2024-2025 Plan Year

	Employer	
ACTIVECARE HD	Contribution	Employee Contribution
Employee Only	\$400.00	\$50.00
Employee & Spouse	\$400.00	\$815.00
Employee & Child(ren)	\$400.00	\$365.00
Family	\$400.00	\$1,130.00

	Employer	
ACTIVECARE Primary	Contribution	Employee Contribution
Employee Only	\$400.00	\$34.00
Employee & Spouse	\$400.00	\$772.00
Employee & Child(ren)	\$400.00	\$338.00
Family	\$400.00	\$1,076.00

	Employer	
ACTIVECARE Primary Plus	Contribution	Employee Contribution
Employee Only	\$400.00	\$109.00
Employee & Spouse	\$400.00	\$924.00
Employee & Child(ren)	\$400.00	\$466.00
Family	\$400.00	\$1,280.00

	Employer	
ACTIVECARE 2	Contribution	Employee Contribution
Employee Only	\$400.00	\$613.00
Employee & Spouse	\$400.00	\$2,002.00
Employee & Child(ren)	\$400.00	\$1,107.00
Family	\$400.00	\$2,441.00

Blue Essentials (West TX)	Employer Contribution	Employee Contribution
Employee Only	\$400.00	\$611.20
Employee & Spouse	\$400.00	\$2,062.32
Employee & Child(ren)	\$400.00	\$1,193.00
Family	\$400.00	\$2,214.90