ROYSE CITY ISD

TRS Medical Rates

2024-2025 Plan Year 24 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$152.50	\$98.00
Employee & Child(ren)	\$152.50	\$273.50
Employee & Spouse	\$152.50	\$524.00
Family	\$152.50	\$699.50

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$152.50	\$104.00
Employee & Child(ren)	\$152.50	\$284.00
Employee & Spouse	\$152.50	\$540.50
Family	\$152.50	\$720.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$152.50	\$141.50
Employee & Child(ren)	\$152.50	\$347.50
Employee & Spouse	\$152.50	\$612.00
Family	\$152.50	\$818.00

ACTIVE CARE 2 EXISTING	Employer Contribution	Employee Contribution
Employee Only	\$152.50	\$354.00
Employee & Child(ren)	\$152.50	\$601.00
Employee & Spouse	\$152.50	\$1,048.50
Family	\$152.50	\$1,268.00