

# ROYSE CITY ISD

## TRS Medical Rates

*2025-2026 Plan Year*

24 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$152.50	\$125.50
Employee & Child(ren)	\$152.50	\$320.50
Employee & Spouse	\$152.50	\$598.50
Family	\$152.50	\$793.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$152.50	\$132.50
Employee & Child(ren)	\$152.50	\$332.00
Employee & Spouse	\$152.50	\$617.00
Family	\$152.50	\$816.50

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$152.50	\$174.00
Employee & Child(ren)	\$152.50	\$403.00
Employee & Spouse	\$152.50	\$696.50
Family	\$152.50	\$925.00

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