

2024-25 TRS Rate Sheet for FT Employees

TRS MEDICAL INSURANCE - BCBS					
12 Pay Rates (per pay period) – Professional & Paraprofessional					
Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary+	ActiveCare 2 (closed)	
Employee Only	\$276	\$288	\$363	\$788	
Employee + Spouse	\$1,128	\$1,161	\$1,304	\$2,177	
Employee + Children	\$627	\$648	\$775	\$1,282	
Employee + Family	\$1,479	\$1,520	\$1,716	\$2,616	
24 Pay Rates (per pay period) – Facilities Services & Operations & some Food Services					
Employee Only	\$138	\$144	\$181.50	\$394	
Employee + Spouse	\$564	\$580.50	\$652	\$1,088.50	
Employee + Children	\$313.50	\$174	\$387.50	\$641	
Employee + Family	\$739.50	\$760	\$858	\$1,308	
22 Pay Rates (per pay period) – Food Services (some)2024/25 only					
Employee Only	\$150.55	\$157.09	\$198	\$429.82	
Employee + Spouse	\$615.27	\$633.27	\$711.27	\$1,187.45	
Employee + Children	\$342	\$189.82	\$422.73	\$699.27	
Employee + Family	\$806.73	\$829.09	\$936	\$1,426.91	

FSA Maximum Contribution – FFGA		HSA Maximum Contribution – UMB Bank	
Healthcare 2024	\$3,200	Individual 2024	\$4,300
Dependent Care 2024	\$5,000.00	Family 2024	\$8,550

VSP Vision									
<p>\$175 frame allowance and \$175 contact lens allowance. Exams/Frames/Lenses/Contacts: \$10 copay each. Frequency: once every 12 months. (Based on date of service). Standard progressive lenses are covered in full, after materials copay.</p>									
Tier	12 Pay	24 Pay	22 Pay						
Employee Only	\$10.24	\$5.12	\$5.59						
Employee + Spouse	\$18.75	\$9.38	\$10.22						
Employee + Children	\$19.74	\$9.87	\$10.76						
Employee + Family	\$28.61	\$14.31	\$15.61						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">12 Pay = Professionals & Paraprofessionals</td> <td></td> </tr> <tr> <td>24 Pay = Facilities Services & Operations & some Food Services</td> <td></td> </tr> <tr> <td>22 Pay = Food Services (some for 24/25 only)</td> <td></td> </tr> </table>				12 Pay = Professionals & Paraprofessionals		24 Pay = Facilities Services & Operations & some Food Services		22 Pay = Food Services (some for 24/25 only)	
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Ameritas Dental PPO

Ameritas will offer a High, Middle, and Low Plan for 24/25. The High plan is same plan we had in 23/24 with a rate increase. The NEW Middle Plan is has similar coverage to the High Plan without orthodontia coverage, a lower maximum cap and co-pays for Type 1 office pays. The Low plan has the lowest maximum cap along with basic coverage. Please see the Plan Design Summary on the Employee Benefits Center dental page for details on what is covered on both plans.

Tier - High Plan	12 Pay	24 Pay	22 Pay
Employee Only	\$50.84	\$25.42	\$27.73
Employee + 1	\$106.80	\$53.40	\$58.25
Employee + Family	\$171.20	\$85.60	\$93.38
Tier – Middle Plan	12 Pay	24 Pay	22 Pay
Employee Only	\$39.64	\$19.82	\$21.62
Employee + 1	\$80.84	\$40.42	\$44.09
Employee + Family	\$117.16	\$58.81	\$63.91
Tier – Low Plan	12 Pay	24 Pay	22 Pay
Employee Only	\$22.72	\$11.36	\$12.39
Employee + 1	\$46.00	\$23.00	\$25.09
Employee + Family	\$69.72	\$18.36	\$38.03
12 Pay = Professionals & Paraprofessionals			
24 Pay = Facilities Services & Operations			
19 Pay = Food Services			