

## 2025-26 TRS Rate Sheet for FT Employees

| TRS MEDICAL INSURANCE - BCBS  |                       |                  |                        |                          |  |
|---|-----------------------|------------------|------------------------|--------------------------|--|
| 12 Pay Employee Rates (per pay period) – Professional & Paraprofessional                  |                       |                  |                        |                          |  |
| Tier  | ActiveCare<br>Primary | ActiveCare<br>HD | ActiveCare<br>Primary+ | ActiveCare<br>2 (closed) |  |
| <b>Employee Only</b>  | \$331                 | \$345            | \$428                  | \$788                    |  |
| Employee + Spouse   | \$1,277               | \$1,314          | \$1,473                | \$2,177                  |  |
| Employee + Children   | \$721                 | \$744            | \$886                  | \$1,282                  |  |
| Employee + Family   | \$1,666               | \$1,713          | \$1,930                | \$2,616                  |  |
| 24 Pay Employee Rates (per pay period) – Facilities Services, Operations, & Food Services |                       |                  |                        |                          |  |
| <b>Employee Only</b>  | \$165.50              | \$172.50         | \$214                  | \$394                    |  |
| Employee + Spouse   | \$638.50              | \$657            | \$736.50               | \$1,088.50               |  |
| Employee + Children   | \$360.50              | \$372            | \$443                  | \$641                    |  |
| Employee + Family   | \$833                 | \$856.50         | \$965                  | \$1,308                  |  |

| FSA Maximum Contribution – FFGA |            | HSA Maximum Contribution – UMB Bank |         |
|---------------------------------|------------|-------------------------------------|---------|
| Healthcare 2025/26              | \$3,300    | Individual 2025/26                  | \$4,400 |
| Dependent Care<br>2025/26       | \$5,000.00 | Family 2025/26                      | \$8,750 |

| 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  |
| <b>Employee Only</b>  | \$10.24 | \$5.12  |
| Employee + Spouse   | \$18.75 | \$9.38  |
| Employee + Children   | \$19.74 | \$9.87  |
| Employee + Family   | \$28.61 | \$14.31 |
| <b>12 Pay = Professionals &amp; Paraprofessionals    24 Pay = Facilities Services/Operations, &amp; Food Services</b>   |         |         |
| Pacific Life Dental   |         |         |
| <p>Pacific Life will offer a High, Middle, and Low Plan for 25/26. The High plan is same plan we had since 23/24 with a rate increase. The 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</p> |         |         |

Summary on the Employee Benefits Center dental page for details on what is covered on both plans.

| <b>Tier - High Plan</b>                               | <b>12 Pay</b> | <b>24 Pay</b> |
|---|---------------|---------------|
| <b>Employee Only</b>                                  | \$56.94       | \$28.47       |
| Employee + 1  | \$119.62      | \$59.81       |
| Employee + Family                                     | \$191.74      | \$95.87       |
|   |               |               |
| <b>Tier – Middle Plan</b>                             | <b>12 Pay</b> | <b>24 Pay</b> |
| <b>Employee Only</b>                                  | \$44.40       | \$22.22       |
| Employee + 1  | \$90.54       | \$45.27       |
| Employee + Family                                     | \$131.22      | \$65.61       |
|   |               |               |
| <b>Tier – Low Plan</b>                                | <b>12 Pay</b> | <b>24 Pay</b> |
| <b>Employee Only</b>                                  | \$25.44       | \$12.72       |
| Employee + 1  | \$51.52       | \$25.76       |
| Employee + Family                                     | \$78.08       | \$39.04       |
|   |               |               |
| <b>12 Pay = Professionals &amp; Paraprofessionals</b> |               |               |
| <b>24 Pay = Facilities Services &amp; Operations</b>  |               |               |