

REGION 10

TRS Medical Rates

2023-2024 Plan Year

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$300.00	\$150.00
Employee & Child(ren)	\$300.00	\$465.00
Employee & Spouse	\$300.00	\$915.00
Family	\$300.00	\$1,230.00

ACTIVECARE 1HD	Employer Contribution	Employee Contribution
Employee Only	\$300.00	\$162.00
Employee & Child(ren)	\$300.00	\$486.00
Employee & Spouse	\$300.00	\$948.00
Family	\$300.00	\$1,271.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$300.00	\$229.00
Employee & Child(ren)	\$300.00	\$600.00
Employee & Spouse	\$300.00	\$1,076.00
Family	\$300.00	\$1,446.00

ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED)	Employer Contribution	Employee Contribution
Employee Only	\$300.00	\$713.00
Employee & Child(ren)	\$300.00	\$1,207.00
Employee & Spouse	\$300.00	\$2,102.00
Family	\$300.00	\$2,541.00

SCOTT & WHITE HMO	Employer Contribution	Employee Contribution
Employee Only	\$300.00	\$269.76
Employee & Child(ren)	\$300.00	\$616.49
Employee & Spouse	\$300.00	\$1,132.42
Family	\$300.00	\$1,348.78