## **2017 - 2018 TRS ACTIVECARE RATES**

TRS ActiveCare Medical Plan Name	Monthly Premium	District Contribution per Month	Monthly Paid Employees Payroll Deduction	24 Pay Periods Deductions Payroll Deduction	16 Pay Periods Deductions Payroll Deduction	PART-TIME 10-14 SUBSTITUTES (NO DISTRICT CONTRIBUTION) Ineligible for payroll deductions	
ActiveCare 1HD							
EE (employee only)	\$351.00	\$260.00	\$91.00	\$45.50	\$68.25	\$351.00	
ES (employee + spouse)	\$991.00	\$260.00	\$731.00	\$365.50	\$548.25	\$991.00	
EC (employee + child(ren)	\$671.00	\$260.00	\$411.00	\$205.50	\$308.25	\$671.00	
FAM (family)	\$1,316.00	\$260.00	\$1,056.00	\$528.00	\$792.00	\$1,316.00	
ActiveCare 1-HD Split Premium SPOUSE WORKS IN A DIFFERENT PARTICIPATING DISTRICT							
ES (employee + spouse)	\$495.50	\$260.00	\$235.50	\$117.75	\$176.63		
FAM (family)	\$658.00	\$260.00	\$398.00	\$199.00	\$298.50		
ActiveCare 1-HD Pooling		OR DISD AND					
ES (employee + spouse)	\$991.00	\$520.00	\$471.00	\$235.50	\$353.25		
FAM (family)	\$1,316.00	\$520.00	\$796.00	\$398.00	\$597.00		
ActiveCare Select							
EE (employee only)	\$514.00	\$260.00	\$254.00	\$127.00	\$190.50	\$514.00	
ES (employee + spouse)	\$1,264.00	\$260.00	\$1,004.00	\$502.00	\$753.00	\$1,264.00	
EC (employee + child(ren)	\$834.00	\$260.00	\$574.00	\$287.00	\$430.50	\$834.00	
FAM (family)	\$1,589.00	\$260.00	\$1,329.00	\$664.50	\$996.75	\$1,589.00	
ActiveCare Select Split Premium		KS IN A DIFFERI					
ES (employee + spouse)	\$632.00	\$260.00	\$372.00	\$186.00	\$279.00		
FAM (family)	\$794.50	\$260.00	\$534.50	\$267.25	\$400.88		
ActiveCare Select Pooling	BOTH WORK FOR DISD AND ONE DECLINES COVERAGE						
ES (employee + spouse)	\$1,264.00	\$520.00	\$744.00	\$372.00	\$558.00		
FAM (family)	\$1,589.00	\$520.00	\$1,069.00	\$534.50	\$801.75		
ActiveCare 2							
EE (employee only)	\$714.00	\$260.00	\$454.00	\$227.00	\$340.50	\$714.00	
ES (employee + spouse)	\$1,694.00	\$260.00	\$1,434.00	\$717.00	\$1,075.50	\$1,694.00	
EC (employee + child(ren)	\$1,062.00	\$260.00	\$802.00	\$401.00	\$601.50	\$1,062.00	
FAM (family)	\$2,004.00	\$260.00	\$1,744.00	\$872.00	\$1,308.00	\$2,004.00	
ActiveCare 2 Split Premium	SPOUSE WORKS IN A DIFFERENT PARTICIPATING DISTRICT						
ES (employee + spouse)	\$847.00	\$260.00	\$587.00	\$293.50	\$440.25		
FAM (family)	\$1,002.00	\$260.00	\$742.00	\$371.00	\$556.50		
ActiveCare 2 Pooling							
ES (employee + spouse)	\$1,694.00	\$520.00	\$1,174.00	\$587.00	\$880.50		
FAM (family)	\$2,004.00	\$520.00	\$1,484.00	\$742.00	\$1,113.00		
HMO - Scott & White Health Plan							
EE (employee only)	\$561.04	\$260.00	\$301.04	\$150.52	\$225.78	\$561.04	
ES (employee + spouse)	\$1,263.08	\$260.00	\$1,003.08	\$501.54	\$752.31	\$1,263.08	
EC (employee + child(ren)	\$888.42	\$260.00	\$628.42	\$314.21	\$471.32	\$888.42	
FAM (family)	\$1,400.98	\$260.00	\$1,140.98	\$570.49	\$855.74	\$1,400.98	
Scott & White Split Premium SPOUSE WORKS IN A DIFFERENT PARTICIPATING DISTRICT							
ES (employee + spouse)	\$631.54	\$260.00	\$371.54	\$185.77	\$278.66		
FAM (family)	\$700.49	\$260.00	\$440.49	\$220.25	\$330.37		
Scott & White Pooling	BOTH WORK FOR DISD AND ONE DECLINES COVERAGE						
ES (employee + spouse)	\$1,263.08	\$520.00	\$743.08	\$371.54	\$557.31		
FAM (family)	\$1,400.98	\$520.00	\$880.98	\$440.49	\$660.74		