

201: – 201; TRS Active Care Rates

	Coverage Level	Monthly Premium	District Contribution	Employee Premium
Active Care 1 HD (High Deductible)	Employee Only	\$367.00	\$367.00	\$0.00
	Employee and Spouse	\$1035.00	\$367.00	\$668.00
	Employee and Child(ren)	\$701.00	\$367.00	\$334.00
	Employee and Family	\$1,374.00	\$367.00	\$1007.00
Active Care Select	Employee Only	\$540.00	\$367.00	\$173.00
	Employee and Spouse	\$1,327.00	\$367.00	\$960.00
	Employee and Child(ren)	\$876.00	\$367.00	\$509.00
	Employee and Family	\$1,668.00	\$367.00	\$1,301.00
Active Care 2 CLOSED to new enrollees	Employee Only	\$782.00	\$367.00	\$415.00
	Employee and Spouse	\$1,855.00	\$367.00	\$1,518.00
	Employee and Child(ren)	\$1,163.00	\$367.00	\$796.00
	Employee and Family	\$2,194.00	\$367.00	\$1,827.00
First Care	Employee Only	\$534.04	\$367.00	\$167.04
	Employee and Spouse	\$1,348.92	\$367.00	\$981.92
	Employee and Child(ren)	\$849.76	\$367.00	\$482.76
	Employee and Family	\$1,385.36	\$367.00	\$1018.36
Scott and White	Employee Only	\$578.36	\$367.00	\$211.36
	Employee and Spouse	\$1,353.40	\$367.00	\$986.40
	Employee and Child(ren)	\$908.06	\$367.00	\$541.06
	Employee and Family	\$1,509.56	\$367.00	\$1142.56