

Health Insurance Rate Sheet - 9/1/18 – 8/31/19

<b>TRS ACTIVE CARE – AETNA - PPO</b>			
<b>2018-2019 HEALTH PLAN PREMIUMS – MONTHLY RATES</b>			
	<b>TRS Premium per month</b>	<b>MISD Contribution per month</b>	<b>Employee Cost per month</b>
<b>ActiveCare 1-HD</b>			
<u>EE only</u>	367.00	266.00	<b>101.00</b>
<u>E + Sp</u>	1035.00	266.00	<b>769.00</b>
<u>E + Ch</u>	701.00	266.00	<b>435.00</b>
<u>E + Fam</u>	1374.00	266.00	<b>1108.00</b>
<u>E + Fam Pooled Prem</u>	1374.00	532.00	<b>842.00</b>
<u>E + Fam Split Prem</u>	687.00	266.00	<b>421.00</b>
<b>ActiveCare 2</b>			
<u>EE only</u>	782.00	297.00	<b>485.00</b>
<u>E + Sp</u>	1855.00	297.00	<b>1558.00</b>
<u>E + Ch</u>	1163.00	297.00	<b>866.00</b>
<u>E + Fam</u>	2194.00	297.00	<b>1897.00</b>
<u>E + Fam Pooled Prem</u>	2194.00	594.00	<b>1600.00</b>
<u>E + Fam Split Prem</u>	1097.00	297.00	<b>800.00</b>
<b>ActiveCare Select Plan</b>			
<u>EE only</u>	540.00	266.00	<b>274.00</b>
<u>E + Sp</u>	1327.00	266.00	<b>1061.00</b>
<u>E + Ch</u>	876.00	266.00	<b>610.00</b>
<u>E + Fam</u>	1668.00	266.00	<b>1402.00</b>
<u>E + Fam Pooled Prem</u>	1668.00	532.00	<b>1136.00</b>
<u>E + Fam Split Prem</u>	834.00	266.00	<b>568.00</b>
<b>SCOTT &amp; WHITE HEALTH PLAN - HMO</b>			
<b>2018-2019 HEALTH PLAN PREMIUMS – MONTHLY RATES</b>			
	<b>TRS Premium per month</b>	<b>MISD Contribution per month</b>	<b>Employee Cost per month</b>
<b>Coverage Tier</b>			
<u>EE only</u>	578.36	266.00	<b>312.36</b>
<u>E + Sp</u>	1353.40	266.00	<b>1087.40</b>
<u>E + Ch</u>	908.06	266.00	<b>642.06</b>
<u>E + Fam</u>	1509.56	266.00	<b>1243.56</b>
<u>E + Fam Pooled Prem</u>	1509.56	532.00	<b>977.56</b>
<u>E + Fam Split Prem</u>	754.78	266.00	<b>488.78</b>

May 9, 2018

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**TRS ACTIVE CARE – AETNA - PPO**  
**2018-2019 HEALTH PLAN PREMIUMS – SEMI-MONTHLY RATES**

	TRS Premium per check	MISD Contribution per check	Employee Cost per check
<b>ActiveCare 1-HD</b>			
<u>EE only</u>	183.50	133.00	50.50
<u>E + Sp</u>	517.50	133.00	384.50
<u>E + Ch</u>	350.50	133.00	217.50
<u>E + Fam</u>	687.00	133.00	554.00
<u>E + Fam Pooled Prem</u>	687.00	266.00	421.00
<u>E + Fam Split Prem</u>	343.50	133.00	210.50
<b>ActiveCare 2</b>			
<u>EE only</u>	391.00	148.50	242.50
<u>E + Sp</u>	927.50	148.50	779.00
<u>E + Ch</u>	581.50	148.50	433.00
<u>E + Fam</u>	1097.00	148.50	948.50
<u>E + Fam Pooled Prem</u>	1097.00	297.00	800.00
<u>E + Fam Split Prem</u>	548.50	148.50	400.00
<b>ActiveCare Select Plan</b>			
<u>EE only</u>	270.00	133.00	137.00
<u>E + Sp</u>	663.50	133.00	530.50
<u>E + Ch</u>	438.00	133.00	305.00
<u>E + Fam</u>	834.00	133.00	701.00
<u>E + Fam Pooled Prem</u>	834.00	266.00	568.00
<u>E + Fam Split Prem</u>	417.00	133.00	284.00

**SCOTT & WHITE HEALTH PLAN – HMO**  
**2018-2019 HEALTH PLAN PREMIUMS – SEMI-MONTHLY RATES**

	TRS Premium per check	MISD Contribution per check	Employee Cost per check
<b>Coverage Tier</b>			
<u>EE only</u>	289.18	133.00	156.18
<u>E + Sp</u>	676.70	133.00	543.70
<u>E + Ch</u>	454.03	133.00	321.03
<u>E + Fam</u>	754.78	133.00	621.78
<u>E + Fam Pooled Prem</u>	754.78	266.00	488.78
<u>E + Fam Split Prem</u>	377.39	133.00	244.39