

**TRS ACTIVE CARE - BCBSTX
2022-2023 HEALTH PLAN PREMIUMS - MONTHLY RATES**

Coverage Tier	MISD		Employee Cost per month	Employee Cost per month
	TRS Premium per month	Contribution per month		
			OLD RATES	NEW RATES
TRS-ActiveCare Primary				
EE only	\$ 410.00	\$ 300.00	\$ 417.00	\$ 110.00
E + Sp	\$ 1,157.00	\$ 300.00	\$ 1,176.00	\$ 857.00
E + Ch	\$ 738.00	\$ 300.00	\$ 751.00	\$ 438.00
E + Fam	\$ 1,384.00	\$ 300.00	\$ 1,405.00	\$ 1,084.00
E + Fam Pooled Prem	\$ 1,384.00	\$ 600.00	\$ 1,405.00	\$ 784.00
E + Fam Split Prem	\$ 692.00	\$ 300.00	\$ 702.50	\$ 392.00

TRS-ActiveCare HD

EE only	\$ 422.00	\$ 300.00	\$ 429.00	\$ 122.00
E + Sp	\$ 1,187.00	\$ 300.00	\$ 1,209.00	\$ 887.00
E + Ch	\$ 757.00	\$ 300.00	\$ 772.00	\$ 457.00
E + Fam	\$ 1,419.00	\$ 300.00	\$ 1,445.00	\$ 1,119.00
E + Fam Pooled Prem	\$ 1,419.00	\$ 600.00	\$ 1,445.00	\$ 819.00
E + Fam Split Prem	\$ 709.50	\$ 300.00	\$ 722.50	\$ 409.50

TRS-ActiveCare Primary +

EE only	\$ 515.00	\$ 300.00	\$ 542.00	\$ 215.00
E + Sp	\$ 1,259.00	\$ 300.00	\$ 1,334.00	\$ 959.00
E + Ch	\$ 829.00	\$ 300.00	\$ 879.00	\$ 529.00
E + Fam	\$ 1,584.00	\$ 300.00	\$ 1,675.00	\$ 1,284.00
E + Fam Pooled Prem	\$ 1,584.00	\$ 600.00	\$ 1,675.00	\$ 984.00
E + Fam Split Prem	\$ 792.00	\$ 300.00	\$ 837.50	\$ 492.00

TRS-ActiveCare 2 (closed to new enrollees)

EE only	\$ 1,013.00	\$ 300.00	\$ 1,013.00	\$ 713.00
E + Sp	\$ 2,402.00	\$ 300.00	\$ 2,402.00	\$ 2,102.00
E + Ch	\$ 1,507.00	\$ 300.00	\$ 1,507.00	\$ 1,207.00
E + Fam	\$ 2,841.00	\$ 300.00	\$ 2,841.00	\$ 2,541.00
E + Fam Pooled Prem	\$ 2,841.00	\$ 600.00	\$ 2,841.00	\$ 2,241.00
E + Fam Split Prem	\$ 1,420.50	\$ 300.00	\$ 1,420.50	\$ 1,120.50

**BAYLOR SCOTT & WHITE HEALTH PLAN - HMO
2022-2023 HEALTH PLAN PREMIUMS - MONTHLY RATES**

Coverage Tier	MISD		Employee Cost per month	Employee Cost per month
	TRS Premium per month	Contribution per month		
			OLD RATES	NEW RATES
EE only	\$ 543.35	\$ 300.00	\$ 542.48	\$ 243.35
E + Sp	\$ 1,364.92	\$ 300.00	\$ 1,362.70	\$ 1,064.92
E + Ch	\$ 873.57	\$ 300.00	\$ 872.16	\$ 573.57
E + Fam	\$ 1,570.98	\$ 300.00	\$ 1,568.42	\$ 1,270.98
E + Fam Pooled Prem	\$ 1,570.98	\$ 600.00	\$ 1,568.42	\$ 970.98
E + Fam Split Prem	\$ 785.49	\$ 300.00	\$ 784.21	\$ 485.49

TRS ACTIVE CARE – BCBSTX
2022-2023 HEALTH PLAN PREMIUMS – SEMI-MONTHLY RATES

Coverage Tier	MISD			
	TRS Premium per	Contribution per	Employee Cost	Employee Cost
	check	check	per check	per check
TRS-ActiveCare Primary			OLD RATES	NEW RATES
EE only	\$ 205.00	\$ 150.00	\$ 208.50	\$ 55.00
E + Sp	\$ 578.50	\$ 150.00	\$ 588.00	\$ 428.50
E + Ch	\$ 369.00	\$ 150.00	\$ 375.50	\$ 219.00
E + Fam	\$ 692.00	\$ 150.00	\$ 702.50	\$ 542.00
E + Fam Pooled Prem	\$ 692.00	\$ 300.00	\$ 702.50	\$ 392.00
E + Fam Split Prem	\$ 346.00	\$ 150.00	\$ 351.25	\$ 196.00

TRS-ActiveCare HD				
	TRS Premium per	Contribution per	Employee Cost	Employee Cost
	check	check	per check	per check
			OLD RATES	NEW RATES
EE only	\$ 211.00	\$ 150.00	\$ 214.50	\$ 61.00
E + Sp	\$ 593.50	\$ 150.00	\$ 604.50	\$ 443.50
E + Ch	\$ 378.50	\$ 150.00	\$ 386.00	\$ 228.50
E + Fam	\$ 709.50	\$ 150.00	\$ 722.50	\$ 559.50
E + Fam Pooled Prem	\$ 709.50	\$ 300.00	\$ 722.50	\$ 409.50
E + Fam Split Prem	\$ 354.75	\$ 150.00	\$ 361.25	\$ 204.75

TRS-ActiveCare Primary +				
	TRS Premium per	Contribution per	Employee Cost	Employee Cost
	check	check	per check	per check
			OLD RATES	NEW RATES
EE only	\$ 257.50	\$ 150.00	\$ 271.00	\$ 107.50
E + Sp	\$ 629.50	\$ 150.00	\$ 667.00	\$ 479.50
E + Ch	\$ 414.50	\$ 150.00	\$ 439.50	\$ 264.50
E + Fam	\$ 792.00	\$ 150.00	\$ 837.50	\$ 642.00
E + Fam Pooled Prem	\$ 792.00	\$ 300.00	\$ 837.50	\$ 492.00
E + Fam Split Prem	\$ 396.00	\$ 150.00	\$ 418.75	\$ 246.00

TRS-ActiveCare 2 (closed to new enrollees)				
	TRS Premium per	Contribution per	Employee Cost	Employee Cost
	check	check	per check	per check
			OLD RATES	NEW RATES
EE only	\$ 506.50	\$ 150.00	\$ 506.50	\$ 356.50
E + Sp	\$ 1,201.00	\$ 150.00	\$ 1,201.00	\$ 1,051.00
E + Ch	\$ 753.50	\$ 150.00	\$ 753.50	\$ 603.50
E + Fam	\$ 1,420.50	\$ 150.00	\$ 1,420.50	\$ 1,270.50
E + Fam Pooled Prem	\$ 1,420.50	\$ 300.00	\$ 1,420.50	\$ 1,120.50
E + Fam Split Prem	\$ 710.25	\$ 150.00	\$ 710.25	\$ 560.25

BAYLOR SCOTT & WHITE HEALTH PLAN - HMO
2022-2023 HEALTH PLAN PREMIUMS – SEMI-MONTHLY RATES

Coverage Tier	MISD			
	TRS Premium per	Contribution per	Employee Cost	Employee Cost
	check	check	per check	per check
			OLD RATES	NEW RATES
EE only	\$ 271.68	\$ 150.00	\$ 271.24	\$ 121.68
E + Sp	\$ 682.46	\$ 150.00	\$ 681.35	\$ 532.46
E + Ch	\$ 436.79	\$ 150.00	\$ 436.08	\$ 286.79
E + Fam	\$ 785.49	\$ 150.00	\$ 784.21	\$ 635.49
E + Fam Pooled Prem	\$ 785.49	\$ 300.00	\$ 784.21	\$ 485.49
E + Fam Split Prem	\$ 392.75	\$ 150.00	\$ 392.11	\$ 242.75