## TRS Activecare Medical Plan Rates for Full-Time Employees 2023-2024 Plan Year Effective September 1, 2023 Through August 31, 2024

TRS ACTIVECARE PRIMARY										
Coverage Category		Т	otal Cost		Local Funding		Monthly Cost		Cost Per Paycheck	
Employee Only		\$	430.00	\$	430.00		\$ -		\$	
Employee and Spouse		\$	1,161.00	\$	430.00		\$ 731.00		\$	365.50
Employee and Child(ren)		\$	731.00	\$	430.00		\$ 301.00		\$	150.50
Employee and Family		\$	1,462.00	\$	430.00		\$ 1,032.00		\$	516.00

TRS ACTIVECARE PRIMARY +										
Coverage Category	Total Cost		F	Local unding	Monthly Cost			Cost Per Paycheck		
Employee Only	\$	505.00	\$	430.00	\$	75.00		\$	37.50	
Employee and Spouse	\$	1,313.00	\$	430.00	\$	883.00		\$	441.50	
Employee and Child(ren)	\$	859.00	\$	430.00	\$	429.00		\$	214.50	
Employee and Family	\$	1,667.00	\$	430.00	\$	1,237.00		\$	618.50	

TRS ACTIVECARE HD											
Coverage Category	7	Total Cost	F	Local unding		Monthly Cost			Cost Per Paycheck		
Employee Only	\$	443.00	\$	430.00		\$ 13.00		\$	6.50		
Employee and Spouse	\$	1,197.00	\$	430.00		\$ 767.00		\$	383.50		
Employee and Child(ren)	\$	754.00	\$	430.00		\$ 324.00		\$	162.00		
Employee and Family	\$	1,507.00	\$	430.00		\$ 1,077.00		\$	538.50		

TRS ACTIVECARE 2 *CLOSED TO NEW ENROLLEES*										
Coverage Category	Т	Total Cost		Local unding	Monthly Cost			Cost Per Paycheck		
Employee Only	\$	1,013.00	\$	430.00	\$	583.00		\$	291.50	
Employee and Spouse	\$	2,402.00	\$	430.00	\$	1,972.00		\$	986.00	
Employee and Child(ren)	\$	1,507.00	\$	430.00	\$	1,077.00		\$	538.50	
Employee and Family	\$	2,841.00	\$	430.00	\$	2,411.00		\$	1,205.50	