

ROISD 2024-2025 Medical Insurance Rates

NOTE: These figures are the net cost to the Employee AFTER the District Contribution

Health Insurance Plan	TRS-ActiveCare Primary		TRS-ActiveCare Primary +		TRS-ActiveCare HD		TRS-ActiveCare 2 (only available for current enrollees)	
Coverage Category	Monthly Cost	Semi-Mo. Cost	Monthly Cost	Semi-Mo. Cost	Monthly Cost	Semi-Mo. Cost	Monthly Cost	Semi-Mo. Cost
Employee Only	\$176.00	\$88.00	\$263.00	\$131.50	\$188.00	\$94.00	\$688.00	\$344.00
Employee & Spouse	\$1,028.00	\$514.00	\$1,204.00	\$602.00	\$1,061.00	\$530.50	\$2,077.00	\$1,038.50
Employee & Children	\$527.00	\$263.50	\$675.00	\$337.50	\$548.00	\$274.00	\$1,182.00	\$591.00
Employee & Family	\$1,379.00	\$689.50	\$1,616.00	\$808.00	\$1,420.00	\$710.00	\$2,516.00	\$1,258.00



Red Oak ISD has contributed the following amount toward these rates:
\$325