

2026-2027 PLAN YEAR

12 Paychecks Per Year



**TRS-ACTIVECARE
PRIMARY
IN NETWORK
COVERAGE ONLY
STATEWIDE NETWORK**
**YES
NO**

**TRS-ACTIVECARE
PRIMARY PLUS
IN NETWORK
COVERAGE ONLY
STATEWIDE NETWORK**
**YES
NO**

**TRS-ACTIVECARE HD
(HIGH-DEDUCTIBLE)
NATIONWIDE NETWORK
(OUT OF NETWORK
DEDUCTS/MAXS DIFFER)**
**NO
YES**

HEALTH INSURANCE PREMIUMS (Per Paycheck)

The District contributes \$479/month towards any one of the group plans available through TRS

EMPLOYEE ONLY	78.00	177.00	98.00
EMPLOYEE AND SPOUSE	1,025.00	1,227.00	1,079.00
EMPLOYEE AND CHILDREN	468.00	637.00	502.00
EMPLOYEE AND FAMILY	1,415.00	1,686.00	1,483.00

IN-NETWORK COSTS

DEDUCTIBLE INDIVIDUAL/FAMILY	\$2,500/\$5,000	\$1,200/\$2,400	\$3,400/\$6,800
COINSURANCE	YOU PAY 30% AFTER DEDUCTIBLE	YOU PAY 20% AFTER DEDUCTIBLE	YOU PAY 30% AFTER DEDUCTIBLE
OUT OF POCKET MAX INDIVIDUAL/FAMILY	\$8,050/\$16,100	\$6,900/\$13,800	\$8,300/\$16,600

OUT-OF-NETWORK COSTS

DEDUCTIBLE INDIVIDUAL/FAMILY	NOT APPLICABLE	NOT APPLICABLE	\$6,600/\$13,200
COINSURANCE	NOT APPLICABLE	NOT APPLICABLE	YOU PAY 50% AFTER DEDUCTIBLE
OUT OF POCKET MAX INDIVIDUAL/FAMILY	NOT APPLICABLE	NOT APPLICABLE	\$20,500/\$41,000

DOCTOR VISITS

PRIMARY CARE	\$30 COPAY	\$15 COPAY	30% /50% IN/OUT NETWORK AFTER DEDUCTIBLE
SPECIALIST	\$70 COPAY	\$70 COPAY	30% /50% IN/OUT NETWORK AFTER DEDUCTIBLE
URGENT CARE	\$50 COPAY	\$50 COPAY	30% /50% IN/OUT NETWORK AFTER DEDUCTIBLE

TRS VIRTUAL HEALTH	\$12 PER CONSULTATION	\$12 PER CONSULTATION	\$42 PER CONSULTATION
PRESCRIPTION DRUGS			
DRUG DEDUCTIBLES	INTEGRATED WITH MEDICAL	\$200 DEDUCTIBLE PER PARTICIPANT (Brand Drugs Only)	INTEGRATED WITH MEDICAL
INSULIN OUT-OF-POCKET COSTS	\$25 31-DAY SUPPLY \$75 61-90 DAY SUPPLY	\$25 31-DAY SUPPLY \$75 61-90 DAY SUPPLY	25% AFTER DEDUCTIBLE