

2020 - 2021

TRS ActiveCare Health Plan Premiums

(Premiums include the district and state contribution)

PLAN	COVERAGE LEVEL	EMPLOYEE COST PER MONTH	EMPLOYEE COST PER PAY PERIOD
ACTIVECARE PRIMARY			
(New)	Employee Only	\$ 161.00	\$ 80.50
	Employee /Spouse	\$ 864.00	\$ 432.00
	Employee Children	\$ 470.00	\$ 235.00
	Employee Family	\$ 1,076.00	\$ 538.00
ACTIVECARE HD			
(Formerly 1-HD)	Employee Only	\$ 172.00	\$ 86.00
	Employee /Spouse	\$ 895.00	\$ 447.50
	Employee Children	\$ 490.00	\$ 245.00
	Employee Family	\$ 1,113.00	\$ 556.50
ACTIVECARE PRIMARY + (plus)			
(Formerly Select)	Employee Only	\$ 289.00	\$ 144.50
	Employee /Spouse	\$ 1,039.00	\$ 519.50
	Employee Children	\$ 609.00	\$ 304.50
	Employee Family	\$ 1,363.00	\$ 681.50
ACTIVECARE 2			
(No new enrollees)	Employee Only	\$ 712.00	\$ 356.00
	Employee /Spouse	\$ 1,997.00	\$ 998.50
	Employee Children	\$ 1,168.00	\$ 584.00
	Employee Family	\$ 2,402.00	\$ 1,201.00