

These rates **DO NOT** reflect the \$355 Employer Contribution

PLAN NAME	Current Monthly 17-18 Rate	Proposed Monthly 18-19 Rate	Increased Monthly Difference
<b>TRS-ACTIVE CARE 1-HD</b>			
Employee Only	\$351.00	\$367.00	\$16.00
Employee and Spouse	\$991.00	\$1,035.00	\$44.00
Employee and Child(ren)	\$671.00	\$701.00	\$30.00
Employee and Family	\$1,316.00	\$1,374.00	\$58.00
<b>TRS-ACTIVE CARE SELECT</b>			
Employee Only	\$514.00	\$540.00	\$26.00
Employee and Spouse	\$1,264.00	\$1,327.00	\$63.00
Employee and Child(ren)	\$834.00	\$876.00	\$42.00
Employee and Family	\$1,589.00	\$1,668.00	\$79.00
<b>TRS-ACTIVE CARE 2</b>			
Employee Only	\$714.00	\$782.00	\$68.00
Employee and Spouse	\$1,694.00	\$1,855.00	\$161.00
Employee and Child(ren)	\$1,062.00	\$1,163.00	\$101.00
Employee and Family	\$2,004.00	\$2,194.00	\$190.00
<b>SCOTT &amp; WHITE</b>			
Employee Only	\$561.04	\$578.36	\$17.32
Employee and Spouse	\$1,263.08	\$1,353.40	\$90.32
Employee and Child(ren)	\$888.42	\$908.06	\$19.64
Employee and Family	\$1,400.98	\$1,509.56	\$108.58

\*The District will provide up to \$370 for employee insurance coverage.

\*This will provide a free insurance for employee only on the Active Care-1 HD.

\*Please note **Active Care 2** is only available to employees currently enrolled in the plan. You cannot enroll if you were not enrolled during the 17-18 year.