

2023 - 2024

Monthly Health Insurance Rates

TRS ActiveCare – HD	Premium	Employer Contribution	Monthly Premium
Employee Only	\$408.00	\$408.00	\$0.00
Employee/Spouse	\$1,102.00	\$408.00	\$694.00
Employee/Children	\$694.00	\$408.00	\$286.00
Employee Family	\$1,388.00	\$408.00	\$980.00
TRS ActiveCare Primary	Premium		
Employee Only	\$395.00	\$395.00	\$0.00
Employee/Spouse	\$1,067.00	\$408.00	\$659.00
Employee/Children	\$672.00	\$408.00	\$264.00
Employee Family	\$1,343.00	\$408.00	\$935.00
TRS ActiveCare Primary +	Premium		
Employee Only	\$463.00	\$408.00	\$55.00
Employee/Spouse	\$1,204.00	\$408.00	\$796.00
Employee/Children	\$788.00	\$408.00	\$380.00
Employee Family	\$1,528.00	\$408.00	\$1,120.00
TRS ActiveCare 2 (closed to new enrollment)	Premium		
Employee Only	\$1,013.00	\$408.00	\$605.00
Employee/Spouse	\$2,402.00	\$408.00	\$1994.00
Employee/Children	\$1,507.00	\$408.00	\$1,099.00
Employee Family	\$2,841.00	\$408.00	\$2,433.00
Scott & White HMO	Premium		
Employee Only	\$515.37	\$408.00	\$107.37
Employee/Spouse	\$1,293.46	\$408.00	\$885.46
Employee/Children	\$828.11	\$408.00	\$420.11
Employee Family	\$1,488.60	\$408.00	\$1,080.60

To enroll or for questions please contact

Kristen Sovil at 512-352-1391 ext 1045 or email kkieschnick@taylorisd.org



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Semi-Monthly Health Insurance Rates

	Dagasium	Employer	Semi-Monthly
TRS ActiveCare – HD	Premium	Contribution	Premium
Employee Only	\$408.00	\$408.00	\$0.00
Employee/Spouse	\$1,102.00	\$408.00	\$347.00
Employee/Children	\$694.00	\$408.00	\$143.00
Employee Family	\$1,388.00	\$408.00	\$490.00
TRS ActiveCare Primary	Premium		
Employee Only	\$395.00	\$395.00	\$0.00
Employee/Spouse	\$1,067.00	\$408.00	\$329.50
Employee/Children	\$672.00	\$408.00	\$132.00
Employee Family	\$1,343.00	\$408.00	\$467.50
TRS ActiveCare Primary +	Premium		
Employee Only	\$463.00	\$408.00	\$27.50
Employee/Spouse	\$1,204.00	\$408.00	\$398.00
Employee/Children	\$788.00	\$408.00	\$190.00
Employee Family	\$1,528.00	\$408.00	\$560.00
TRS ActiveCare 2 (closed to new			
enrollment)	Premium		
Employee Only	\$1,013.00	\$408.00	\$302.50
Employee/Spouse	\$2,402.00	\$408.00	\$997.00
Employee/Children	\$1,507.00	\$408.00	\$549.50
Employee Family	\$2,841.00	\$408.00	\$1,216.50
Scott & White HMO	Premium		
Employee Only	\$515.37	\$408.00	\$53.69
Employee/Spouse	\$1,293.46	\$408.00	\$442.73
Employee/Children	\$828.11	\$408.00	\$210.06
Employee Family	\$1,488.60	\$408.00	\$540.30

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