

2022 -2023 Monthly Health Insurance Rates

TRS ActiveCare - HD	Premium	Employer Contribution	Monthly Premium
Employee Only	\$376.00	\$376.00	\$0.00
Employee/Spouse	\$1,058.00	\$376.00	\$682.00
Employee/Children	\$675.00	\$376.00	\$299.00
Employee Family	\$1,265.00	\$376.00	\$889.00
TRS ActiveCare Primary	Premium		
Employee Only	\$364.00	\$364.00	\$0.00
Employee/Spouse	\$1,026.00	\$376.00	\$650.00
Employee/Children	\$654.00	\$376.00	\$278.00
Employee Family	\$1,228.00	\$376.00	\$852.00
TRS ActiveCare Primary +	Premium		
Employee Only	\$457.00	\$376.00	\$81.00
Employee/Spouse	\$1,117	\$376.00	\$741.00
Employee/Children	\$735.00	\$376.00	\$359.00
Employee Family	\$1,405.00	\$376.00	\$1,029.00
TRS ActiveCare 2(closed to new enrollment)	Premium		
Employee Only	\$1,013.00	\$376.00	\$637.00
Employee/Spouse	\$2,402.00	\$376.00	\$2,026.00
Employee/Children	\$1,507.00	\$376.00	\$,1,131.00
Employee Family	\$2,841.00	\$376.00	\$2,465.00
Scott & White HMO	Premium		
Employee Only	\$491.55	\$376.00	\$115.55
Employee/Spouse	\$1,232.58	\$376.00	\$856.58
Employee/Children	\$789.39	\$376.00	\$413.39
Employee Family	\$1,418.42	\$376.00	\$1,042.42

To enroll or for questions please contact

Julie Porter at 512-352-6361 ext 1048 or email jporter@taylorisd.org



2022 -2023 SEMI-Monthly Health Insurance Rates

TRS ActiveCare - HD	Premium	Employer Contribution	Semi- Monthly Premium
Employee Only	\$376.00	\$376.00	\$0.00
Employee/Spouse	\$1,058.00	\$376.00	\$341.00
Employee/Children	\$675.00	\$376.00	\$149.00
Employee Family	\$1,265.00	\$376.00	\$444.50
TRS ActiveCare Primary	Premium		
Employee Only	\$364.00	\$364.00	\$0.00
Employee/Spouse	\$1,026.00	\$376.00	\$325.00
Employee/Children	\$654.00	\$376.00	\$139.00
Employee Family	\$1,228.00	\$376.00	\$426.00
TRS ActiveCare Primary +	Premium		
Employee Only	\$457.00	\$376.00	\$40.50
Employee/Spouse	\$1,117	\$376.00	\$370.50
Employee/Children	\$735.00	\$376.00	\$179.50
Employee Family	\$1,405.00	\$376.00	\$514.50
TRS ActiveCare 2(closed to	Premium		
new enrollment)			
Employee Only	\$1,013.00	\$376.00	\$637.50
Employee/Spouse	\$2,402.00	\$376.00	\$1,013.00
Employee/Children	\$1,507.00	\$376.00	\$,565.50
Employee Family	\$2,841.00	\$376.00	\$1,232.50
Scott & White HMO	Premium		
Employee Only	\$491.55	\$376.00	\$57.78
Employee/Spouse	\$1,232.58	\$376.00	\$428.29
Employee/Children	\$789.39	\$376.00	\$206.70
Employee Family	\$1,418.42	\$376.00	\$521.21

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