Health Insurance Rate Sheet - 9/1/19 – 8/31/20

TRS ACTIVE CARE – AETNA - PPO
2019-2020 HEALTH PLAN PREMIUMS – MONTHLY RATES

	TRS Premium per month	MISD Contribution per month	Employee Cost per month
ActiveCare 1-HD			
EE only	378.00	266.00	**112.00**
E + Sp	1,066.00	266.00	**800.00**
E + Ch	722.00	266.00	**456.00**
E + Fam	1415.00	266.00	**1148.00**
E + Fam Pooled Prem	1415.00	532.00	**883.00**
E + Fam Split Prem	707.50	266.00	**441.50**
ActiveCare 2			
EE only	852.00	297.00	**555.00**
E + Sp	2020.00	297.00	**1723.00**
E + Ch	1267.00	297.00	**970.00**
E + Fam	2389.00	297.00	**2092.00**
E + Fam Pooled Prem	2389.00	594.00	**1795.00**
E + Fam Split Prem	1194.50	297.00	**897.50**
ActiveCare Select Plan			
EE only	556.00	266.00	**290.00**
E + Sp	1367.00	266.00	**1101.00**
E + Ch	902.00	266.00	**636.00**
E + Fam	1718.00	266.00	**1452.00**
E + Fam Pooled Prem	1718.00	532.00	**1186.00**
E + Fam Split Prem	859.00	266.00	**593.00**

SCOTT & WHITE HEALTH PLAN - HMO
2019-2020 HEALTH PLAN PREMIUMS – MONTHLY RATES

	TRS Premium per month	MISD Contribution per month	Employee Cost per month
Coverage Tier			
EE only	558.54	266.00	**292.54**
E + Sp	1306.58	266.00	**1040.58**
E + Ch	876.76	266.00	**610.76**
E + Fam	1457.28	266.00	**1191.28**
E + Fam Pooled Prem	1457.28	532.00	**928.28**
E + Fam Split Prem	728.64	266.00	**462.64**

May 3, 2019

Health Insurance Rate Sheet - 9/1/19 – 8/31/20

TRS ACTIVE CARE – AETNA - PPO
2019-2020 HEALTH PLAN PREMIUMS – SEMI-MONTHLY RATES

	TRS Premium per check	MISD Contribution per check	Employee Cost per check
ActiveCare 1-HD			
EE only	189.00	133.00	**56.00**
E + Sp	533.00	133.00	**400.00**
E + Ch	361.00	133.00	**228.00**
E + Fam	707.50	133.00	**574.50**
E + Fam Pooled Prem	707.50	266.00	**441.50**
E + Fam Split Prem	353.75	133.00	**220.75**
ActiveCare 2			
EE only	426.00	148.50	**277.50**
E + Sp	1010.00	148.50	**861.50**
E + Ch	633.50	148.50	**485.00**
E + Fam	1194.50	148.50	**1046.00**
E + Fam Pooled Prem	1194.50	297.00	**897.50**
E + Fam Split Prem	597.25	148.50	**448.75**
ActiveCare Select Plan			
EE only	290.00	133.00	**145.00**
E + Sp	683.50	133.00	**550.50**
E + Ch	451.00	133.00	**318.00**
E + Fam	859.00	133.00	**726.00**
E + Fam Pooled Prem	859.00	266.00	**593.00**
E + Fam Split Prem	429.50	133.00	**296.50**

SCOTT & WHITE HEALTH PLAN – HMO
2019-2020 HEALTH PLAN PREMIUMS – SEMI-MONTHLY RATES

	TRS Premium per check	MISD Contribution per check	Employee Cost per check
Coverage Tier			
EE only	279.27	133.00	**146.27**
E + Sp	653.29	133.00	**520.29**
E + Ch	438.38	133.00	**305.38**
E + Fam	728.64	133.00	**595.64**
E + Fam Pooled Prem	728.64	266.00	**462.64**
E + Fam Split Prem	364.32	133.00	**231.32**