

SEMI-MONTHLY PAYCHECK RATES FOR TRS ACTIVECARE

Effective 09/01/11

www.trs.state.tx.us/trs-activecare or 1-866-355-5999

	1/2 Month Premium	District Contribution	Employee Contribution 2011-2012	Employee Contribution 2010-2011
Plan 1 (\$1200 ded.)				
Employee only	\$162.50	\$162.50	\$0	\$0
Employee and Spouse	\$370.50	\$162.50	\$208.00	\$176.00
Employee and Children	\$259.50	\$162.50	\$97.00	\$74.50
Family	\$408.50	\$162.50	\$246.00	\$210.50
Plan 2 (\$750 ded.)				
Employee only	\$217.00	\$162.50	\$54.50	\$35.50
Employee and Spouse	\$493.50	\$162.50	\$331.00	\$288.00
Employee and Children	\$345.00	\$162.50	\$182.50	\$152.50
Family	\$542.50	\$162.50	\$380.00	\$333.00
Plan 3 (\$300 ded.)				
Employee only	\$292.00	\$162.50	\$129.50	\$104.00
Employee and Spouse	\$664.00	\$162.50	\$501.50	\$444.00
Employee and Children	\$465.50	\$162.50	\$303.00	\$262.50
Family	\$730.50	\$162.50	\$568.00	\$504.50
Scott&Wh.HMO (\$750 ded.)				
Employee only	\$194.40	\$162.50	\$31.90	\$65.85
Employee and Spouse	\$467.45	\$162.50	\$304.95	\$376.29
Employee and Children	\$311.95	\$162.50	\$149.45	\$198.70
Family	\$484.45	\$162.50	\$321.95	\$398.68
Plan 1-HD (\$2400 ded.)				
Employee only	\$143.50	\$143.50	\$0	\$0
Employee and Spouse	\$351.50	\$162.50	\$189.00	\$158.50
Employee and Children	\$224.00	\$162.50	\$61.50	\$42.00
Family	\$460.00	\$162.50	\$297.50	\$257.50

Your health coverage plan selection can only be changed by a new enrollment form. All employees who decline the group health plan must decline each year.