

TRS ACTIVECARE PREMIUMS
2019-20 PLAN YEAR
(Employee cost after \$300.00/month contribution)

	2018-2019	Effective September 1, 2019			
ActiveCare 1-HD	Monthly Premium	Monthly Premium	24 Pay Rate	18 Pay Rate	Total Annual Premium
(Aetna Network)					
Employee Only	\$ 67.00	\$ 78.00	\$ 39.00	\$ 52.00	\$ 936.00
Employee/Spouse	\$ 735.00	\$ 766.00	\$ 383.00	\$ 510.67	\$ 9,192.00
Employee/Children	\$ 401.00	\$ 422.00	\$ 211.00	\$ 281.33	\$ 5,064.00
Employee/Family	\$ 1,074.00	\$ 1,115.00	\$ 557.50	\$ 743.33	\$ 13,380.00

	2018-2019	Effective September 1, 2019			
SELECT EPO		Monthly Premium	24 Pay Rate	18 Pay Rate	Total Annual Premium
(Kelsey Select & Memorial Herman Accountable Care Network)					
Employee Only	\$ 240.00	\$ 256.00	\$ 128.00	\$ 170.67	\$ 3,072.00
Employee/Spouse	\$ 1,027.00	\$ 1,067.00	\$ 533.50	\$ 711.33	\$ 12,804.00
Employee/Children	\$ 576.00	\$ 602.00	\$ 301.00	\$ 401.33	\$ 7,224.00
Employee/Family	\$ 1,368.00	\$ 1,418.00	\$ 709.00	\$ 945.33	\$ 17,016.00

	2018-2019	Effective September 1, 2019			
ActiveCare-2		Monthly Premium	24 Pay Rate	18 Pay Rate	Total Annual Premium
(Aetna Network)					
Employee Only	\$ 482.00	\$ 552.00	\$ 276.00	\$ 368.00	\$ 6,624.00
Employee/Spouse	\$ 1,555.00	\$ 1,720.00	\$ 860.00	\$ 1,146.67	\$ 20,640.00
Employee/Children	\$ 863.00	\$ 967.00	\$ 483.50	\$ 644.67	\$ 11,604.00
Employee/Family	\$ 1,894.00	\$ 2,089.00	\$ 1,044.50	\$ 1,392.67	\$ 25,068.00