

TRS ActiveCare 2016-2017 Plan Year Rates

2016-17	TRS ACTIVE CARE 1 HD			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 341.00	\$ 275.00	\$ 66.00	\$ 33.00
Employee/Children	\$ 615.00	\$ 292.00	\$ 323.00	\$ 161.50
Employee/Spouse	\$ 914.00	\$ 330.00	\$ 584.00	\$ 292.00
Family	\$ 1,231.00	\$ 330.00	\$ 901.00	\$ 450.50
Pool: Two Employees	\$ 914.00	\$ 660.00	\$ 254.00	\$ 127.00
Pool: Two Emps & Fam.	\$ 1,231.00	\$ 660.00	\$ 571.00	\$ 285.50
Split: Employee/Spouse	\$ 457.00	\$ 330.00	\$ 127.00	\$ 63.50
Split: Employee + Family	\$ 615.50	\$ 330.00	\$ 285.50	\$ 142.75

2016-17	TRS ACTIVE CARE 2			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 645.00	\$ 275.00	\$ 370.00	\$ 185.00
Employee/Children	\$ 1,042.00	\$ 292.00	\$ 750.00	\$ 375.00
Employee/Spouse	\$ 1,552.00	\$ 330.00	\$ 1,222.00	\$ 611.00
Family	\$ 1,597.00	\$ 330.00	\$ 1,267.00	\$ 633.50
Pool: Two Employees	\$ 1,552.00	\$ 660.00	\$ 892.00	\$ 446.00
Pool: Two Emps & Fam.	\$ 1,597.00	\$ 660.00	\$ 937.00	\$ 468.50
Split: Employee/Spouse	\$ 776.00	\$ 330.00	\$ 446.00	\$ 223.00
Split: Employee + Family	\$ 798.50	\$ 330.00	\$ 468.50	\$ 234.25

2016-17	TRS ACTIVE CARE SELECT			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 484.00	\$ 275.00	\$ 209.00	\$ 104.50
Employee/Children	\$ 779.00	\$ 292.00	\$ 487.00	\$ 243.50
Employee/Spouse	\$ 1,147.00	\$ 330.00	\$ 817.00	\$ 408.50
Family	\$ 1,361.00	\$ 330.00	\$ 1,031.00	\$ 515.50
Pool: Two Employees	\$ 1,147.00	\$ 660.00	\$ 487.00	\$ 243.50
Pool: Two Emps & Fam.	\$ 1,361.00	\$ 660.00	\$ 701.00	\$ 350.50
Split: Employee/Spouse	\$ 573.50	\$ 330.00	\$ 243.50	\$ 121.75
Split: Employee + Family	\$ 680.50	\$ 330.00	\$ 350.50	\$ 175.25

2016-17	HUMANA DENTAL DHMO			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 7.66	\$ 6.00	\$ 1.66	\$ 0.83
Employee/Children	\$ 17.20	\$ 6.00	\$ 11.20	\$ 5.60
Employee/Spouse	\$ 15.30	\$ 6.00	\$ 9.30	\$ 4.65
Family	\$ 25.62	\$ 6.00	\$ 19.62	\$ 9.81
Pool: Two Employees	\$ 15.30	\$ 12.00	\$ 3.30	\$ 1.65
Pool: Two Emps & Fam.	\$ 25.62	\$ 12.00	\$ 13.62	\$ 6.81

2016-17	HUMANA DENTAL PPO			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 34.42	\$ 6.00	\$ 28.42	\$ 14.21
Employee/Children	\$ 67.08	\$ 6.00	\$ 61.08	\$ 30.54
Employee/Spouse	\$ 69.46	\$ 6.00	\$ 63.46	\$ 31.73
Family	\$ 95.96	\$ 6.00	\$ 89.96	\$ 44.98
Pool: Two Employees	\$ 69.46	\$ 12.00	\$ 57.46	\$ 28.73
Pool: Two Emps & Fam.	\$ 95.96	\$ 12.00	\$ 83.96	\$ 41.98

2016-17	DAVIS VISION			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 4.80	\$ -	\$ 4.80	\$ 2.40
Employee/Children	\$ 9.10	\$ -	\$ 9.10	\$ 4.55
Employee/Spouse	\$ 8.62	\$ -	\$ 8.62	\$ 4.31
Family	\$ 14.38	\$ -	\$ 14.38	\$ 7.19