



2022-2023 APPROVED MEDICAL PREMIUMS PLAN YEAR 9/1/22-8/31/23

TRS-ACTIVECARE HD	TRS PREMIUM BEFORE DISTRICT CONTRIBUTION	WALLER ISD EMPLOYER CONTRIBUTION	EMPLOYEE COST PER MONTH	EMPLOYEE COST PER CHECK
EMPLOYEE ONLY	\$407.00	\$365.00	\$42.00	\$21.00
EMPLOYEE + SPOUSE	\$1,145.00	\$375.00	\$770.00	\$385.00
EMPLOYEE + CHILD(REN)	\$731.00	\$425.00	\$306.00	\$153.00
EMPLOYEE + FAMILY	\$1,370.00	\$480.00	\$890.00	\$445.00
TRS-ACTIVECARE PRIMARY	TRS PREMIUM BEFORE DISTRICT CONTRIBUTION	WALLER ISD EMPLOYER CONTRIBUTION	EMPLOYEE COST PER MONTH	EMPLOYEE COST PER CHECK
EMPLOYEE ONLY	\$395.00	\$365.00	\$30.00	\$15.00
EMPLOYEE + SPOUSE	\$1,113.00	\$375.00	\$738.00	\$369.00
EMPLOYEE + CHILD(REN)	\$709.00	\$425.00	\$284.00	\$142.00
EMPLOYEE + FAMILY	\$1,332.00	\$480.00	\$852.00	\$426.00
TRS-ACTIVECARE PRIMARY+	TRS PREMIUM BEFORE DISTRICT CONTRIBUTION	WALLER ISD EMPLOYER CONTRIBUTION	EMPLOYEE COST PER MONTH	EMPLOYEE COST PER CHECK
EMPLOYEE ONLY	\$496.00	\$365.00	\$131.00	\$65.50
EMPLOYEE + SPOUSE	\$1,212.00	\$375.00	\$837.00	\$418.50
EMPLOYEE + CHILD(REN)	\$798.00	\$425.00	\$373.00	\$186.50
EMPLOYEE + FAMILY	\$1,523.00	\$480.00	\$1,043.00	\$521.50
SCOTT & WHITE HMO	TRS PREMIUM BEFORE DISTRICT CONTRIBUTION	WALLER ISD EMPLOYER CONTRIBUTION	EMPLOYEE COST PER MONTH	EMPLOYEE COST PER CHECK
EMPLOYEE ONLY	\$527.81	\$365.00	\$162.81	\$81.41
EMPLOYEE + SPOUSE	\$1,325.22	\$375.00	\$950.22	\$475.11
EMPLOYEE + CHILD(REN)	\$848.31	\$425.00	\$423.31	\$211.66
EMPLOYEE + FAMILY	\$1,525.20	\$480.00	\$1,045.20	\$522.60
TRS-ACTIVECARE 2 <i>(closed to new enrollees)</i>	TRS PREMIUM BEFORE DISTRICT CONTRIBUTION	WALLER ISD EMPLOYER CONTRIBUTION	EMPLOYEE COST PER MONTH	EMPLOYEE COST PER CHECK
EMPLOYEE ONLY	\$1,013.00	\$375.00	\$638.00	\$319.00
EMPLOYEE + SPOUSE	\$2,402.00	\$375.00	\$2,027.00	\$1,013.50
EMPLOYEE + CHILD(REN)	\$1,507.00	\$375.00	\$1,132.00	\$566.00
EMPLOYEE + FAMILY	\$2,841.00	\$375.00	\$2,466.00	\$1,233.00