

DEVINE INDEPENDENT SCHOOL DISTRICT
 TRS ACTIVECARE INSURANCE PREMIUMS
2019-2020

PLAN OPTION	TRS ACTIVECARE HD-1			
COVERAGE	TOTAL COST	DISTRICT/STATE CONTRIBUTION	EMPLOYEE SEMI-MONTHLY DEDUCTION	INCREASE SEMI-MONTHLY
EMPLOYEE ONLY	\$ 378.00	\$ 250.00	\$ 64.00	\$ 5.50
EMPLOYEE & SPOUSE	\$ 1,066.00	\$ 250.00	\$ 408.00	\$ 15.50
EMPLOYEE & CHILDREN	\$ 722.00	\$ 250.00	\$ 236.00	\$ 10.50
EMPLOYEE & FAMILY	\$ 1,415.00	\$ 250.00	\$ 582.50	\$ 20.50

PLAN OPTION	TRS ACTIVECARE SELECT			
COVERAGE	TOTAL COST	DISTRICT/STATE CONTRIBUTION	EMPLOYEE SEMI-MONTHLY DEDUCTION	INCREASE SEMI-MONTHLY
EMPLOYEE ONLY	\$ 556.00	\$ 250.00	\$ 153.00	\$ 8.00
EMPLOYEE & SPOUSE	\$ 1,367.00	\$ 250.00	\$ 558.50	\$ 20.00
EMPLOYEE & CHILDREN	\$ 902.00	\$ 250.00	\$ 326.00	\$ 13.00
EMPLOYEE & FAMILY	\$ 1,718.00	\$ 250.00	\$ 734.00	\$ 25.00

PLAN OPTION	TRS ACTIVECARE 2			
COVERAGE	TOTAL COST	DISTRICT/STATE CONTRIBUTION	EMPLOYEE SEMI-MONTHLY DEDUCTION	INCREASE SEMI-MONTHLY
EMPLOYEE ONLY	\$ 852.00	\$ 250.00	\$ 301.00	\$ 35.00
EMPLOYEE & SPOUSE	\$ 2,020.00	\$ 250.00	\$ 885.00	\$ 82.50
EMPLOYEE & CHILDREN	\$ 1,267.00	\$ 250.00	\$ 508.50	\$ 52.00
EMPLOYEE & FAMILY	\$ 2,389.00	\$ 250.00	\$ 1,069.50	\$ 97.50