

**DEVINE INDEPENDENT SCHOOL DISTRICT
 TRS ACTIVECARE INSURANCE PREMIUMS
 2017-2018**

PLAN OPTION	TRS ACTIVECARE HD-1		
COVERAGE	TOTAL COST	DISTRICT/STATE CONTRIBUTION	EMPLOYEE SEMI-MONTHLY DEDUCTION
EMPLOYEE ONLY	\$ 351.00	\$ 250.00	\$ 50.50
EMPLOYEE & SPOUSE	\$ 991.00	\$ 250.00	\$ 370.50
EMPLOYEE & CHILDREN	\$ 671.00	\$ 250.00	\$ 210.50
EMPLOYEE & FAMILY	\$ 1,316.00	\$ 250.00	\$ 533.00

PLAN OPTION	TRS ACTIVECARE SELECT		
COVERAGE	TOTAL COST	DISTRICT/STATE CONTRIBUTION	EMPLOYEE SEMI-MONTHLY DEDUCTION
EMPLOYEE ONLY	\$ 514.00	\$ 250.00	\$ 132.00
EMPLOYEE & SPOUSE	\$ 1,264.00	\$ 250.00	\$ 507.00
EMPLOYEE & CHILDREN	\$ 834.00	\$ 250.00	\$ 292.00
EMPLOYEE & FAMILY	\$ 1,589.00	\$ 250.00	\$ 669.50

PLAN OPTION	TRS ACTIVECARE 2		
COVERAGE	TOTAL COST	DISTRICT/STATE CONTRIBUTION	EMPLOYEE SEMI-MONTHLY DEDUCTION
EMPLOYEE ONLY	\$ 714.00	\$ 250.00	\$ 232.00
EMPLOYEE & SPOUSE	\$ 1,694.00	\$ 250.00	\$ 722.00
EMPLOYEE & CHILDREN	\$ 1,062.00	\$ 250.00	\$ 406.00
EMPLOYEE & FAMILY	\$ 2,004.00	\$ 250.00	\$ 877.00