

## TRS/Aetna Coverage 2017-2018

| Coverage Level          | Coverage Type         | Cost of Plan | Employer Contribution | Employee Responsibility |
|-------------------------|-----------------------|--------------|-----------------------|-------------------------|
| <b>Active Care 1-HD</b> | Employee only         | \$351.00     | \$250.00              | \$101.00                |
|                         | Employee + spouse     | \$991.00     | \$250.00              | \$741.00                |
|                         | Employee + Child(ren) | \$671.00     | \$250.00              | \$421.00                |
|                         | Employee + Family     | \$1,316.00   | \$250.00              | \$1,066.00              |

| Coverage Level            | Coverage Type         | Cost of Plan | Employer Contribution | Employee Responsibility |
|---------------------------|-----------------------|--------------|-----------------------|-------------------------|
| <b>Active Care Select</b> | Employee only         | \$514.00     | \$250.00              | \$264.00                |
|                           | Employee + spouse     | \$1264.00    | \$250.00              | \$1,014.00              |
|                           | Employee + Child(ren) | \$834.00     | \$250.00              | \$584.00                |
|                           | Employee + Family     | \$1,589.00   | \$250.00              | \$1,339.00              |

| Coverage Level       | Coverage Type         | Cost of Plan | Employer Contribution | Employee Responsibility |
|----------------------|-----------------------|--------------|-----------------------|-------------------------|
| <b>Active Care 2</b> | Employee only         | \$714.00     | \$250.00              | \$464.00                |
|                      | Employee + spouse     | \$1,694.00   | \$250.00              | \$1,444.00              |
|                      | Employee + Child(ren) | \$1,062.00   | \$250.00              | \$812.00                |
|                      | Employee + Family     | \$2,004.00   | \$250.00              | \$1,754.00              |

*Other plans available: HMO – First Care Health Plans, Scott & White Health Plan and Allegian Health Plans*