

# MONTHLY HEALTH PREMIUMS

The monthly premium is based on the type of coverage selected and the permanent residence on file with TRS.

Type of Plan	Not Medicare Primary	Not Medicare Primary	Not Medicare Primary	Medicare Primary*
	Under Age 23	Age 23-64	Age 65 and Above	All Ages
<b>Benefit Recipient</b> enrolled in any managed care plan	\$56.47	\$175.36	\$238.92	\$69.30
<b>Benefit Recipient</b> enrolled in TCHP when a managed care plan is available in their county of residence	\$146.52	\$413.53	\$621.93	\$180.44
<b>Benefit Recipient</b> enrolled in TCHP when a managed care plan is not available in their county of residence	\$73.26	\$206.77	\$310.97	\$90.22
<b>Dependent Beneficiary</b> enrolled in any managed care plan	\$225.90	\$701.43	\$955.67	\$252.09**
<b>Dependent Beneficiary</b> enrolled in TCHP when a managed care plan is available in their county of residence	\$293.04	\$827.06	\$1,243.85	\$360.89
<b>Dependent Beneficiary</b> enrolled in TCHP when a managed care plan is not available in their county of residence	\$293.04	\$827.06	\$1,243.85	\$270.67**

\* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit. See page 12 for contact information.

\*\* Medicare Primary Dependent Beneficiaries enrolled in a managed care plan, or in TCHP when no managed care plan is available, receive a premium subsidy.