

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2018-2019

TRS-ACTIVECARE PLANS *

| MONTHLY PREMIUMS | TRS ActiveCare 1-HD | TRS ActiveCare Select | TRS ActiveCare 2** | FIRST CARE HMO | SCOTT & WHITE HMO |
|------------------------------|---|-----------------------|--------------------|----------------|-------------------|
| EMPLOYEE CONTRIBUTION | FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK) | | | | |
| Employee Only | \$142 | \$309 | \$544 | \$309.04 | \$353.36 |
| Employee & Child(ren) | \$412 | \$576 | \$853 | \$585.76 | \$627.06 |
| Employee & Spouse | \$599 | \$878 | \$1,394 | \$912.92 | \$917.40 |
| Employee & Family | \$894 | \$1,181 | \$1,700 | \$954.36 | \$1,063.56 |
| EMPLOYEE CONTRIBUTION | PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK) | | | | |
| Employee Only | \$142 | \$309 | \$544 | \$309.04 | \$353.36 |
| Employee & Child(ren) | \$475 | \$639 | \$916 | \$624.76 | \$683.06 |
| Employee & Spouse | \$662 | \$941 | \$1,457 | \$975.92 | \$977.40 |
| Employee & Family | \$997 | \$1,284 | \$1,803 | \$1,057.36 | \$1,166.56 |
| EMPLOYEE CONTRIBUTION | SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK) | | | | |
| Employee Only | \$367 | \$540 | \$782 | \$534.04 | \$578.36 |
| Employee & Child(ren) | \$701 | \$876 | \$1,163 | \$849.76 | \$908.06 |
| Employee & Spouse | \$1,035 | \$1,327 | \$1,855 | \$1,348.92 | \$1,353.40 |
| Employee & Family | \$1,374 | \$1,668 | \$2,194 | \$1,385.36 | \$1,509.56 |

| DENTAL INSURANCE | Cigna PPO | Cigna DHMO | QCD of America Dental Discount | MSofA Dent-All Discount Plan (See Website for Plan Details) | |
|--------------------------------|-----------|------------|--------------------------------|---|----------|
| Employee Only | \$ 34.22 | \$ 9.04 | No Charge | Plan A | \$ 10.00 |
| Employee & 1 Dependent | \$ 72.68 | \$ 14.18 | \$ 6.00 | Plan B | \$ 5.00 |
| Employee & 2 Dependent or more | \$ 102.76 | \$ 22.40 | \$ 9.00 | Plan C | \$ 5.00 |

| VISION INSURANCE | Guardian VSP Vision Plan |
|-----------------------|--------------------------|
| Employee Only | \$ 10.36 |
| Employee & Child(ren) | \$ 17.80 |
| Employee & Spouse | \$ 17.44 |
| Employee & Family | \$ 28.18 |

| DISABILITY INSURANCE | Assurant Employee Benefits |
|--|----------------------------|
| PLAN A (see website for plan details / rates) | \$ 5.56 - \$ 316.26 |
| PLAN B (see website for plan details / rates) | \$ 4.98 - \$ 281.90 |

| CANCER AND SPECIFIED DISEASE INSURANCE | Humana Insurance Company |
|---|--------------------------|
| Monthly Rates (Depending on Coverage Selections - See website for Plan Details) | \$ 9.47 - \$118.39 |

| OPTIONAL LIFE INSURANCE | Voya Financial |
|--|--------------------|
| OPTIONAL EMPLOYEE LIFE INS. \$10,000 to \$500,000 of Life Coverage (See website for premium rates) | \$.59 to \$875.50 |
| OPTIONAL SPOUSE LIFE INS. \$5,000 TO \$125,000 of Life Coverage (See website for premium rates) | \$.30 to \$218.88 |
| OPTIONAL DEPENDENT CHILD LIFE INSURANCE (See website for additional info) | \$.42 |

| LONG TERM CARE INSURANCE | TRS / Genworth Life Insurance |
|------------------------------------|-------------------------------|
| Go to TRS Website for Plan Details | www.trs.state.tx.us |

* FOR POOLING AND SPLIT EMPLOYEE RATES SEE INSURANCE DEPT WEBSITE
** ONLY FOR CURRENT ENROLLEES. PLAN FROZEN FOR 2018-2019 PLAN YEAR