POOLING RATES (BOTH SPOUSES ARE CFISD EMPLOYEES)

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2018-2019

TRS-ACTIVECARE PLANS **TRS TRS FIRST SCOTT &** TRS ActiveCare **CARE MONTHLY PREMIUMS ActiveCare** WHITE **ActiveCare** Select 1-HD **HMO** HMO FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK) **EMPLOYEE CONTRIBUTION** Employee & Spouse \$585.00 \$871.00 \$1,394.00 \$898.92 \$903.40 Employee & Family \$894.00 \$1,181.00 \$1,700.00 \$935.36 \$1,059.56 **PART-TIME EMPLOYEE RATES EMPLOYEE CONTRIBUTION** (15 - 34 HOURS PER WEEK) Employee & Spouse \$585.00 \$871.00 \$1,394.00 \$898.92 \$903.40

\$1,700.00

\$935.36

\$1,059.56

\$1,181.00

\$894.00

Employee & Family