CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2020-2021

TRS-ACTIVECARE PLANS					
MONTHLY PREMIUMS	TRS ActiveCare Primary	TRS ActiveCare HD	TRS ActiveCare Primary+	TRS ActiveCare 2**	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)					
Employee Only	\$161	\$172	\$283	\$699	\$326.10
Employee & Child(ren)	\$406	\$426	\$534	\$1,083	\$658.50
Employee & Spouse	\$653	\$684	\$815	\$1,761	\$946.06
Employee & Family	\$821	\$858	\$1,101	\$2,133	\$1,032.56
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee Only	\$161	\$172	\$283	\$699	\$326.10
Employee & Child(ren)	\$469	\$489	\$597	\$1,146	\$658.50
Employee & Spouse	\$716	\$747	\$878	\$1,824	\$1,006.06
Employee & Family	\$924	\$961	\$1,204	\$2,236	\$1,135.56
EMPLOYEE CONTRIBUTION SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK)					
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Employee Only	\$386	\$397	\$514	\$937	\$551.10
Employee & Child(ren)	\$695	\$715	\$834	\$1,393	\$883.50
Employee & Spouse	\$1,089	\$1,120	\$1,264	\$2,222	\$1,382.06
Employee & Family	\$1,301	\$1,338	\$1,588	\$2,627	\$1,478.56

** PLAN CLOSED. ONLY FOR CURRENT ENROLLEES.