

**POOLING RATES
(BOTH SPOUSES ARE CFISD EMPLOYEES)**

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2020-2021

TRS-ACTIVECARE PLANS

MONTHLY PREMIUMS	TRS ActiveCare Primary	TRS ActiveCare HD	TRS ActiveCare Primary Plus	TRS ActiveCare 2	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION	FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)				
Employee & Spouse	\$639.00	\$670.00	\$808.00	\$1,761.00	\$932.06
Employee & Family	\$821.00	\$858.00	\$1,101.00	\$2,133.00	\$1,028.56
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee & Spouse	\$639.00	\$670.00	\$808.00	\$1,761.00	\$932.06
Employee & Family	\$821.00	\$858.00	\$1,101.00	\$2,133.00	\$1,028.56