

**SPLIT PREMIUMS
(SPOUSE EMPLOYED BY ANOTHER TRS-ACTIVE CARE
PARTICIPATING DISTRICT)**

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 AC2	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION	FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)				
Employee & Spouse	\$326.50	\$342.00	\$407.50	\$880.50	\$473.03
Employee & Family	\$410.50	\$429.00	\$550.50	\$1,066.50	\$516.28
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee & Spouse	\$358.00	\$373.50	\$439.00	\$912.00	\$503.03
Employee & Family	\$462.00	\$480.50	\$602.00	\$1,118.00	\$567.78