

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

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2021-2022

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 & Spouse	\$726.00	\$759.00	\$878.00	\$1,941.00	\$913.00
Employee & Family	\$925.00	\$965.00	\$1,188.00	\$2,347.00	\$1,118.00
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee & Spouse	\$726.00	\$759.00	\$878.00	\$1,941.00	\$913.00
Employee & Family	\$925.00	\$965.00	\$1,188.00	\$2,347.00	\$1,118.00