

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

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 AC2	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION	FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)				
Employee & Spouse	\$370.00	\$386.50	\$442.50	\$970.50	\$463.50
Employee & Family	\$462.50	\$482.50	\$594.00	\$1,173.50	\$561.00
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee & Spouse	\$401.50	\$418.00	\$474.00	\$1,002.00	\$493.50
Employee & Family	\$514.00	\$534.00	\$645.50	\$1,225.00	\$612.50