CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2019-2020

TRS-ACTIVECARE PLANS *				
MONTHLY PREMIUMS	TRS ActiveCare 1-HD	TRS ActiveCare Select	TRS ActiveCare 2**	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)				
Employee Only	\$153	\$325	\$614	\$333.54
Employee & Child(ren)	\$433	\$602	\$957	\$595.76
Employee & Spouse	\$630	\$918	\$1,559	\$870.58
Employee & Family	\$935	\$1,231	\$1,895	\$1,011.28
EMPLOYEE CONTRIBUTION PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee Only	\$153	\$325	\$614	\$333.54
Employee & Child(ren)	\$496	\$665	\$1,020	\$651.76
Employee & Spouse	\$693	\$981	\$1,622	\$930.58
Employee & Family	\$1,038	\$1,334	\$1,998	\$1,114.28
EMPLOYEE CONTRIBUTION	SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK)			•
Employee Only	\$378	\$556	\$852	\$558.54
Employee & Child(ren)	\$722	\$902	\$1,267	\$876.76
Employee & Spouse	\$1,066	\$1,367	\$2,020	\$1,306.58
Employee & Family	\$1,415	\$1,718	\$2,389	\$1,457.28

DENTAL INSURANCE	Cigna PPO		Cigna DHMO		QCD of America Dental	Discount	MSofA Dent-All Discount Plan
Employee Only	\$	35.92	\$	9.48	No Charge	1	Plan A - \$10.00
Employee & 1 Dependent	\$	76.30	\$	14.88	\$	6.00	Plan B <i>-</i> \$5.00
Employee & 2 Dependent or more	\$ 1	07.88	\$	23.50	\$	9.00	Plan C - \$5.00

VISION INSURANCE	Guardian VSP Vision Plan		
Employee Only	\$	10.36	
Employee & Child(ren)	\$	17.80	
Employee & Spouse	\$	17.44	
Employee & Family	\$	28.18	

CANCER AND SPECIFIED	Humana Insurance	
DISEASE INSURANCE	Company	
Monthly Rates (Depending on Coverage Selections - See website for Plan Details)	\$ 9.47 - \$118.39	

LONG TERM CARE	TRS / Genworth Life		
INSURANCE	Insurance		
Go to TRS Website for Plan Details	www.trs.state. tx.us		

DISABILITY INSURANCE	Assurant Employee Benefits	
PLAN A (see website for plan details)	\$ 5.56 - \$ 316.26	
PLAN B (see website for plan details)	\$ 4.98 - \$ 281.90	

OPTIONAL LIFE INSURANCE	Voya Financial
OPTIONAL EMPLOYEE LIFE \$10,000 to \$500,000 Coverage (See website for rates)	\$.59 to \$875.50
OPTIONAL SPOUSE LIFE \$5,000 TO \$125,000 Coverage (See website for rates)	\$.30 to \$218.88
OPTIONAL DEPENDENT CHILD LIFE INSURANCE	\$0.42

* FOR POOLING AND SPLIT EMPLOYEE RATES SEE INSURANCE DEPT WEBSITE
** ONLY FOR CURRENT ENROLLEES. PLAN IS FROZEN FOR NEW ENROLLEES.