

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

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2023-2024

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	\$717.00	\$749.00	\$863.00	\$1,941.00	\$940.74
Employee & Family	\$989.00	\$1,030.00	\$1,187.00	\$2,347.00	\$1,150.72
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee & Spouse	\$717.00	\$749.00	\$863.00	\$1,941.00	\$940.74
Employee & Family	\$989.00	\$1,030.00	\$1,187.00	\$2,347.00	\$1,150.72