

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

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 AC2	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION	FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)				
Employee & Spouse	\$365.50	\$381.50	\$435.00	\$970.50	\$477.37
Employee & Family	\$494.50	\$515.00	\$593.50	\$1,173.50	\$577.36
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee & Spouse	\$397.00	\$413.00	\$466.50	\$1,002.00	\$523.87
Employee & Family	\$546.00	\$566.50	\$645.00	\$1,225.00	\$612.36