

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2020-2021

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 Only	\$161	\$172	\$283	\$699	\$326.10
Employee & Child(ren)	\$406	\$426	\$534	\$1,083	\$658.50
Employee & Spouse	\$653	\$684	\$815	\$1,761	\$946.06
Employee & Family	\$821	\$858	\$1,101	\$2,133	\$1,032.56
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee Only	\$161	\$172	\$283	\$699	\$326.10
Employee & Child(ren)	\$469	\$489	\$597	\$1,146	\$658.50
Employee & Spouse	\$716	\$747	\$878	\$1,824	\$1,006.06
Employee & Family	\$924	\$961	\$1,204	\$2,236	\$1,135.56
EMPLOYEE CONTRIBUTION	SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK)				
Employee Only	\$386	\$397	\$514	\$937	\$551.10
Employee & Child(ren)	\$695	\$715	\$834	\$1,393	\$883.50
Employee & Spouse	\$1,089	\$1,120	\$1,264	\$2,222	\$1,382.06
Employee & Family	\$1,301	\$1,338	\$1,588	\$2,627	\$1,478.56

DENTAL INSURANCE	Cigna PPO	Cigna DHMO	QCD of America Dental Discount	MSofA Dent-All Discount Plan (See Website for Plan Details)	
Employee Only	\$ 35.92	\$ 9.48	No Charge	Plan A	\$ 10.00
Employee & 1 Dependent	\$ 76.30	\$ 14.88	\$ 6.00	Plan B	\$ 5.00
Employee & 2 Dependent or more	\$ 107.88	\$ 23.50	\$ 9.00	Plan C	\$ 5.00

VISION INSURANCE	Guardian VSP Vision Plan A	Guardian VSP Vision Plan B	DISABILITY INSURANCE	Assurant Employee Benefits
Employee Only	\$ 10.36	\$13.80	PLAN A (see website for plan details / rates)	\$ 5.56 - \$ 316.26
Employee & Child(ren)	\$ 17.80	\$23.70		
Employee & Spouse	\$ 17.44	\$23.22	PLAN B (see website for plan details / rates)	\$ 4.98 - \$ 281.90
Employee & Family	\$ 28.18	\$37.50		

Identity Protection	iLock 360 Plus Plan	iLock 360 Premium Plan	CANCER AND SPECIFIED DISEASE INSURANCE	Humana Insurance Company
Employee Only	\$ 8.00	\$ 15.00	Monthly Rates (Depending on Coverage Selections - See website for Plan Details)	\$9.47 - \$118.39
Employee & Child(ren)	\$ 13.00	\$ 20.00		
Employee & Spouse	\$ 15.00	\$ 22.00		
Employee & Family	\$ 20.00	\$ 27.00		

OPTIONAL LIFE INSURANCE	Optional Employee	Optional Spouse	Optional Child	LONG TERM CARE INSURANCE
Voya Financial	\$.59-\$875.50	\$.30-\$218.88	\$0.42	www.trs.state.tx.us

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