



Open Enrollment July 26, 2021 – August 13, 2021

- The TRS Board called a special meeting on Thursday, June 3, 2021 to set the new premium rates and plans for the plan year effective September 1, 2021.
- TRS-ActiveCare HD, ActiveCare2, and ActiveCare Primary will have an 8% increase.
- TRS-ActiveCare Primary+ will have a 5.5% increase.
- The only medical plan with a structure change will be TRS-ActiveCare HD. There will be an increase to the individual and family deductible, the coinsurance and the maximum out of pocket.
- A comprehensive open enrollment benefits bulletin will be distributed before open enrollment begins in early July.
- All optional plan vendors will remain the same and the only increase in premium will be the CIGNA PPO Dental Plan.

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 2**	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION	FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)				
Employee Only	\$192	\$204	\$311	\$775	\$317
Employee & Child(ren)	\$462	\$483	\$579	\$1,197	\$647
Employee & Spouse	\$740	\$773	\$885	\$1,941	\$927
Employee & Family	\$925	\$965	\$1,188	\$2,347	\$1,122
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee Only	\$192	\$204	\$311	\$775	\$317
Employee & Child(ren)	\$525	\$546	\$642	\$1,260	\$647
Employee & Spouse	\$803	\$836	\$948	\$2,004	\$987
Employee & Family	\$1,028	\$1,068	\$1,291	\$2,450	\$1,225
EMPLOYEE CONTRIBUTION	SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK)				
Employee Only	\$417	\$429	\$542	\$1,013	\$542
Employee & Child(ren)	\$751	\$772	\$879	\$1,507	\$872
Employee & Spouse	\$1,176	\$1,209	\$1,334	\$2,402	\$1,363
Employee & Family	\$1,405	\$1,445	\$1,675	\$2,841	\$1,568
DENTAL INSURANCE	Cigna PPO	Cigna DHMO	QCD of America Dental Discount	MSofA Dent-All Discount Plan (See Website for Plan Details)	
Employee Only	\$ 37.72	\$ 9.48	No Charge	Plan A	\$ 10.00
Employee & 1 Dependent	\$ 80.12	\$ 14.88	\$ 6.00	Plan B	\$ 5.00
Employee & 2 Dependent or more	\$ 113.28	\$ 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	PLAN B (see website for plan details / rates)		
Employee & Spouse	\$ 17.44	\$23.22			\$ 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	