

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

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2022-2023

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	\$663.00	\$695.00	\$756.00	\$1,941.00	\$875.22
Employee & Family	\$852.00	\$890.00	\$1,036.00	\$2,347.00	\$1,075.20
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee & Spouse	\$663.00	\$695.00	\$756.00	\$1,941.00	\$875.22
Employee & Family	\$852.00	\$890.00	\$1,036.00	\$2,347.00	\$1,075.20