

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 Only	\$170	\$182	\$265	\$775	\$302.82
Employee & Child(ren)	\$420	\$442	\$498	\$1,197	\$623.32
Employee & Spouse	\$677	\$709	\$763	\$1,941	\$889.22
Employee & Family	\$852	\$890	\$1,036	\$2,347	\$1,079.20
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee Only	\$170	\$182	\$265	\$775	\$302.82
Employee & Child(ren)	\$483	\$505	\$561	\$1,260	\$623.32
Employee & Spouse	\$740	\$772	\$826	\$2,004	\$982.22
Employee & Family	\$955	\$993	\$1,139	\$2,450	\$1,149.20
EMPLOYEE CONTRIBUTION	SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK)				
Employee Only	\$395	\$407	\$496	\$1,013	\$527.82
Employee & Child(ren)	\$709	\$731	\$798	\$1,507	\$848.32
Employee & Spouse	\$1,113	\$1,145	\$1,212	\$2,402	\$1,325.22
Employee & Family	\$1,332	\$1,370	\$1,523	\$2,841	\$1,525.20

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		
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
Voya Financial	\$.59 - \$875.50	\$.30 - \$218.88	\$0.42

* FOR POOLING AND SPLIT EMPLOYEE RATES SEE INSURANCE DEPT WEBSITE

** PLAN CLOSED. ONLY FOR CURRENT ENROLLEES.