

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

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2018-2019

TRS-ACTIVECARE PLANS

MONTHLY PREMIUMS	TRS ActiveCare 1-HD	TRS ActiveCare Select	TRS ActiveCare 2	FIRST CARE HMO	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION	FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)				
Employee & Spouse	\$292.50	\$435.50	\$697.00	\$449.46	\$451.70
Employee & Family	\$447.00	\$590.50	\$850.00	\$467.68	\$529.78
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee & Spouse	\$292.50	\$438.50	\$702.50	\$449.46	\$451.70
Employee & Family	\$462.00	\$609.00	\$872.00	\$467.68	\$529.78