

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

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2019-2020

TRS-ACTIVECARE PLANS

MONTHLY PREMIUMS	TRS ActiveCare 1-HD	TRS ActiveCare Select	TRS ActiveCare 2	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION	FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)			
Employee & Spouse	\$616.00	\$911.00	\$1,559.00	\$856.58
Employee & Family	\$935.00	\$1,231.00	\$1,895.00	\$1,007.28
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)			
Employee & Spouse	\$616.00	\$911.00	\$1,559.00	\$856.58
Employee & Family	\$935.00	\$1,231.00	\$1,895.00	\$1,007.28