CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2017-2018						
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 Only	\$126	\$283	\$476	\$289.82	\$336.04	
Employee & Child(ren)	\$382	\$534	\$752	\$552.07	\$607.42	
Employee & Spouse	\$555	\$815	\$1,233	\$851.60	\$827.08	
Employee & Family	\$836	\$1,102	\$1,510	\$867.52	\$954.98	
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)					
Employee Only	\$126	\$283	\$476	\$289.82	\$336.04	
Employee & Child(ren)	\$445	\$597	\$815	\$591.07	\$663.42	
F 1	4040					
Employee & Spouse	\$618	\$878	\$1,296	\$914.60	\$887.08	
Employee & Spouse Employee & Family	\$618 \$939	\$878 \$1,205	\$1,296 \$1,613	\$914.60 \$970.52	\$887.08 \$1,057.98	
1	\$939	\$1,205		\$970.52	\$1,057.98	
Employee & Family	\$939	\$1,205	\$1,613	\$970.52	\$1,057.98	
Employee & Family EMPLOYEE CONTRIBUTION	\$939 SUBSTITUTE	\$1,205 E, TEMP, PAR	\$1,613 T-TIME RATES	\$970.52 (10+ HOURS	\$1,057.98 PER WEEK)	
Employee & Family EMPLOYEE CONTRIBUTION Employee Only	\$939 SUBSTITUTE \$351	\$1,205 E, TEMP, PAR \$514	\$1,613 T-TIME RATES \$714	\$970.52 (10+ HOURS \$514.82	\$1,057.98 PER WEEK) \$561.04	

DENTAL INSURANCE	Cigna PPO	J	Cigna DHMO		of America al Discount	MSofA Den (See Websi	
Employee Only	\$ 34.22	\$	9.04	No	Charge	Plan A	\$ 10.00
Employee & 1 Dependent	\$ 72.68	\$	14.18	\$	6.00	Plan B	\$ 5.00
Employee & 2 Dependent or more	\$ 102.76	\$	22.40	\$	9.00	Plan C	\$ 5.00

VISION INSURANCE	Guardian VSP Vision Plan	
Employee Only	\$	10.36
Employee & Child(ren)	\$	17.80
Employee & Spouse	\$	17.44
Employee & Family	\$	28.18

CANCER AND SPECIFIED DISEASE INSURANCE	Humana Insurance Company
Monthly Rates (Depending on Coverage	\$ 9.47 -
Selections - See website for Plan Details)	\$118.39

LONG TERM CARE INSURANCE	TRS / Genworth Life Insurance
Go to TRS Website for Plan Details	www.trs.state. tx.us

DISABILITY INSURANCE	Assurant Employee Benefits
PLAN A (see website for plan details / rates)	\$ 5.56 - \$ 316.26
PLAN B (see website for plan details / rates)	\$ 4.98 - \$ 281.90

OPTIONAL LIFE INSURANCE	Voya Financial
OPTIONAL EMPLOYEE LIFE INS. \$10,000 to \$500,000 of Life Coverage (See website for premium rates)	\$.59 to \$875.50
OPTIONAL SPOUSE LIFE INS. \$5,000 TO \$125,000 of Life Coverage (See website for premium rates)	\$.30 to \$218.88
OPTIONAL DEPENDENT CHILD LIFE INSURANCE (See website for additional info)	\$.42