

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

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 & Spouse	\$270.50	\$404.00	\$616.50	\$418.80	\$406.54
Employee & Family	\$418.00	\$551.00	\$755.00	\$424.26	\$475.49
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee & Spouse	\$270.50	\$407.00	\$622.00	\$418.80	\$406.54
Employee & Family	\$433.00	\$569.50	\$777.00	\$424.26	\$475.49