

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2016-2017

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	\$116	\$253	\$407	\$247.50	\$305.16
Employee & Child(ren)	\$326	\$479	\$732	\$484.50	\$558.16
Employee & Spouse	\$478	\$698	\$1,091	\$744.50	\$756.82
Employee & Family	\$751	\$874	\$1,103	\$759.50	\$876.98
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee Only	\$116	\$253	\$407	\$247.50	\$305.16
Employee & Child(ren)	\$389	\$542	\$795	\$523.50	\$614.16
Employee & Spouse	\$541	\$761	\$1,154	\$807.50	\$816.82
Employee & Family	\$854	\$977	\$1,206	\$862.50	\$979.98
EMPLOYEE CONTRIBUTION	SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK)				
Employee Only	\$341	\$484	\$645	\$472.50	\$530.16
Employee & Child(ren)	\$615	\$779	\$1,042	\$748.50	\$839.16
Employee & Spouse	\$914	\$1,147	\$1,552	\$1,180.50	\$1,192.82
Employee & Family	\$1,231	\$1,361	\$1,597	\$1,190.50	\$1,322.98