

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

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 & Spouse	\$464.00	\$691.00	\$1,091.00	\$730.50	\$742.82
Employee & Family	\$751.00	\$874.00	\$1,103.00	\$740.50	\$872.98
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee & Spouse	\$464.00	\$691.00	\$1,091.00	\$730.50	\$742.82
Employee & Family	\$751.00	\$874.00	\$1,103.00	\$740.50	\$872.98

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

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 & Spouse	\$232.00	\$345.50	\$545.50	\$365.25	\$371.41
Employee & Family	\$375.50	\$437.00	\$551.50	\$370.25	\$436.49
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee & Spouse	\$232.00	\$348.50	\$551.00	\$365.25	\$371.41
Employee & Family	\$390.50	\$455.50	\$573.50	\$370.25	\$436.49