

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2023-2024

TRS-ACTIVECARE PLANS *

MONTHLY PREMIUMS	TRS ActiveCare Primary	TRS ActiveCare HD	TRS ActiveCare Primary+	TRS ActiveCare 2**	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION	FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)				
Employee Only	\$207	\$219	\$276	\$775	\$328.46
Employee & Child(ren)	\$446	\$466	\$562	\$1,197	\$664.98
Employee & Spouse	\$731	\$763	\$870	\$1,941	\$954.74
Employee & Family	\$989	\$1,030	\$1,187	\$2,347	\$1,154.72
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee Only	\$207	\$219	\$276	\$775	\$328.46
Employee & Child(ren)	\$509	\$529	\$625	\$1,260	\$664.98
Employee & Spouse	\$794	\$826	\$933	\$2,004	\$1,047.74
Employee & Family	\$1,092	\$1,133	\$1,290	\$2,450	\$1,224.72
EMPLOYEE CONTRIBUTION	SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK)				
Employee Only	\$432	\$444	\$507	\$1,013	\$553.46
Employee & Child(ren)	\$735	\$755	\$862	\$1,507	\$889.98
Employee & Spouse	\$1,167	\$1,199	\$1,319	\$2,402	\$1,390.74
Employee & Family	\$1,469	\$1,510	\$1,674	\$2,841	\$1,600.72
DENTAL INSURANCE	Cigna PPO	Cigna DHMO	QCD of America Dental Discount	MS of A Dent-All Discount Plan (See Website for Plan Details)	
Employee Only	\$ 41.76	\$ 9.80	No Charge	Plan A	\$ 10.00
Employee & 1 Dependent	\$ 88.70	\$ 15.40	\$ 6.00	Plan B	\$ 5.00
Employee & 2 Dependent or more	\$ 125.40	\$ 24.32	\$ 9.00	Plan C	\$ 5.00
VISION INSURANCE	Guardian VSP Vision Plan A	Guardian VSP Vision Plan B	DISABILITY INSURANCE		Assurant Employee Benefits
Employee Only	\$ 10.36	\$13.80	PLAN A (see website for plan details / rates)		\$5.56 - \$316.26
Employee & Child(ren)	\$ 17.80	\$23.70	PLAN B (see website for plan details / rates)		\$4.98 - \$281.90
Employee & Spouse	\$ 17.44	\$23.22			
Employee & Family	\$ 28.18	\$37.50			
Identity Protection (Employee Only Basic - No Charge)	iLock 360 Plus Plan	iLock 360 Premium Plan	ARAG Legal		Humana Cancer
Employee Only	\$ 8.00	\$ 15.00	Employee & Family		\$9.47 - \$118.39
Employee & Child(ren)	\$ 13.00	\$ 20.00	Option 1 : \$11.50		
Employee & Spouse	\$ 15.00	\$ 22.00	Option 2: \$15.15		
Employee & Family	\$ 20.00	\$ 27.00			
AETNA Hospital Indemnity	Low	High	AETNA Accident Low	AETNA Accident High	Met Life Critical Illness
Employee Only	\$ 13.99	\$ 26.60	\$ 5.98	\$ 8.88	\$3.40 - \$64.30
Employee & Child(ren)	\$ 20.89	\$ 39.52	\$ 14.25	\$ 18.64	\$4.90 - \$65.80
Employee & Spouse	\$ 24.93	\$ 47.00	\$ 13.48	\$ 17.76	\$6.60 - \$135.10
Employee & Family	\$ 31.75	\$ 59.91	\$ 20.85	\$ 27.52	\$8.20 - \$136.70
LIFE INSURANCE (Employee Basic Life - District Paid)	Optional Employee		Optional Spouse		Optional Child
Voya Financial	\$.59 - \$875.50		\$.30 - \$218.88		\$0.42
Texas Permanent Life	Non-Tobacco		Tobacco		
Employee	\$10.75 - \$478.35		\$16.14 - \$719.25		
Spouse & Child	\$10.05 - \$74.75		\$14.95 - \$111.25		
* FOR POOLING AND SPLIT EMPLOYEE RATES SEE INSURANCE DEPT WEBSITE					