CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2015-2016							
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	\$242	\$376	\$193.80	\$278.60		
Employee & Child(ren)	\$326	\$462	\$682	\$400.74	\$517.30		
Employee & Spouse	\$478	\$673	\$1,017	\$614.44	\$699.62		
Employee & Family	\$751	\$844	\$1,027	\$629.84	\$813.76		
EMPLOYEE CONTRIBUTION	PART-TIM	E EMPLOYI	EE RATES	( 15 - 34 HOURS	PER WEEK )		
Employee Only	\$116	\$242	\$376	\$193.80	\$278.60		
Employee & Child(ren)	\$389	\$525	\$745	\$439.74	\$573.30		
Employee & Spouse	\$541	\$736	\$1,080	\$677.44	\$759.62		
Employee & Family	\$854	\$947	\$1,130	\$732.84	\$916.76		
EMPLOYEE CONTRIBUTION SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK)							
				£440.00	\$503.60		
Employee Only	\$341	\$473	\$614	\$418.80	\$505.60		
Employee Only Employee & Child(ren)	\$341 \$615	\$473 \$762	\$614 \$992	\$418.80 \$664.74	\$503.60 \$798.30		
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DENTAL INSURANCE	Assurant Indemnity		Heritage Prepaid		QCD of America Dental Discount		MSofA Dent-All Discount Plan ( See Website for Plan Details)		
Employee Only	\$	36.40	\$	12.32	\$	-	Plan A	\$	10.00
Employee & 1 Dependent	\$	77.30	\$	19.92	\$	6.00	Plan B	\$	5.00
Employee & 2 Dependent or more	\$	109.32	\$	30.52	\$	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

Assurant Employee Benefits	
\$ 5.56 - \$ 316.26	
\$ 4.98 - \$ 281.90	

OPTIONAL EMPLOYEE LIFE INSURANCE	Sun Life Assurance Company of Canada
\$10,000 to \$250,000 of Life Coverage ( See Ins. website premium rates )	\$ .35 - \$ 400.50
OPTIONAL SPOUSE LIFE INSURANCE ( See Ins. website for premium rates )	\$ .18 - \$ 124.63
OPTIONAL DEPENDENT CHILD LIFE INSURANCE ( See Ins. website for additional info )	\$ 2.02