

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2024-2025

TRS-ACTIVECARE PLANS

| MONTHLY PREMIUMS | TRS ActiveCare Primary | TRS ActiveCare HD | TRS ActiveCare Primary+ | TRS ActiveCare 2 (Closed Plan) | |
|--|---|----------------------------|---|--|----------------------------|
| EMPLOYEE CONTRIBUTION | FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK) | | | | |
| Employee Only | \$246 | \$259 | \$322 | \$775 | |
| Employee & Child(ren) | \$512 | \$534 | \$641 | \$1,197 | |
| Employee & Spouse | \$836 | \$871 | \$989 | \$1,941 | |
| Employee & Family | \$1,122 | \$1,166 | \$1,338 | \$2,347 | |
| EMPLOYEE CONTRIBUTION | PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK) | | | | |
| Employee Only | \$246 | \$259 | \$322 | \$775 | |
| Employee & Child(ren) | \$575 | \$597 | \$704 | \$1,260 | |
| Employee & Spouse | \$899 | \$934 | \$1,052 | \$2,004 | |
| Employee & Family | \$1,225 | \$1,269 | \$1,441 | \$2,450 | |
| EMPLOYEE CONTRIBUTION | SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK) | | | | |
| Employee Only | \$471 | \$484 | \$553 | \$1,013 | |
| Employee & Child(ren) | \$801 | \$823 | \$941 | \$1,507 | |
| Employee & Spouse | \$1,272 | \$1,307 | \$1,438 | \$2,402 | |
| Employee & Family | \$1,602 | \$1,646 | \$1,825 | \$2,841 | |
| 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 | \$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

