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

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2024-2025

TRS-ACTIVECARE PLANS				
MONTHLY PREMIUMS	TRS ActiveCare	TRS ActiveCare	TRS ActiveCare	TRS ActiveCare
	Primary	HD	Primary+	2
EMPLOYEE CONTRIBUTION	FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)			
Employee & Spouse	\$411.00	\$428.50	\$491.00	\$970.50
Employee & Family	\$561.00	\$583.00	\$669.00	\$1,173.50
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15-34 HOURS PER WEEK)			
Employee & Spouse	\$411.00	\$428.50	\$494.00	\$976.00
Employee & Family	\$576.00	\$598.00	\$687.50	\$1,195.50