

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

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
EMPLOYEE CONTRIBUTION	FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)			
Employee & Spouse	\$822.00	\$857.00	\$982.00	\$1,941.00
Employee & Family	\$1,122.00	\$1,166.00	\$1,338.00	\$2,347.00
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)			
Employee & Spouse	\$822.00	\$857.00	\$982.00	\$1,941.00
Employee & Family	\$1,122.00	\$1,166.00	\$1,338.00	\$2,347.00