

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2025-2026

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	\$257	\$271	\$346	\$775	
Employee & Child(ren)	\$573	\$597	\$714	\$1,197	
Employee & Spouse	\$933	\$971	\$1,101	\$1,941	
Employee & Family	\$1,244	\$1,292	\$1,480	\$2,347	
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee Only	\$257	\$271	\$346	\$775	
Employee & Child(ren)	\$612	\$636	\$764	\$1,260	
Employee & Spouse	\$996	\$1,034	\$1,164	\$2,004	
Employee & Family	\$1,347	\$1,395	\$1,583	\$2,450	
EMPLOYEE CONTRIBUTION	SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK)				
Employee Only	\$507	\$521	\$596	\$1,013	
Employee & Child(ren)	\$862	\$886	\$1,014	\$1,507	
Employee & Spouse	\$1,369	\$1,407	\$1,550	\$2,402	
Employee & Family	\$1,724	\$1,772	\$1,967	\$2,841	
DENTAL INSURANCE	Cigna PPO	Cigna DHMO	ARAG Legal	APL Cancer	
Employee Only	\$41.76	\$10.10	Employee & Family		
Employee & 1 Dependent	\$88.70	\$15.86	Option 1 : \$11.50	\$7.62 - \$142.14	
Employee & 2 Dependent or	\$125.40	\$25.06	Option 2: \$15.15		
VISION INSURANCE	MetLife Low Plan	MetLife High Plan	DISABILITY INSURANCE	The Standard	
Employee Only	\$7.56	\$10.08	Option1	\$5.56 - \$316.26	
Employee & Child(ren)	\$13.00	\$17.30	(see website for plan details / rates)		
Employee & Spouse	\$12.74	\$16.96	Option 2	\$4.98 - \$281.90	
Employee & Family	\$20.58	\$27.38	(see website for plan details / rates)		
Identity Protection (Employee Only Basic - No Charge)	iLock 360 Plus Plan	iLock 360 Premium Plan	MetLife Accident Low	MetLife Accident High	MetLife Critical Illness
Employee Only	\$8.00	\$15.00	\$5.44	\$7.34	\$3.00-\$286.00
Employee & Child(ren)	\$13.00	\$20.00	\$12.86	\$17.24	\$4.40-\$293.00
Employee & Spouse	\$15.00	\$22.00	\$10.72	\$14.34	\$6.00-\$601.00
Employee & Family	\$20.00	\$27.00	\$15.18	\$20.30	\$7.40-\$609.00
MetLife Hospital Indemnity	Low	High	MetLife Critical Illness		
Employee Only	\$11.66	\$22.08	\$3.00-\$286.00		
Employee & Child(ren)	\$17.94	\$33.78	\$4.40-\$293.00		
Employee & Spouse	\$20.60	\$38.96	\$6.00-\$601.00		
Employee & Family	\$26.86	\$50.66	\$7.40-\$609.00		
The Standard (Voluntary Supplemental Life and AD&D)	Optional Employee		Optional Spouse		Optional Child
	\$.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

