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

## CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2026-2027

## 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 | $448.50 | $467.50 | $550.00 | $970.50 |
| Employee & Family | $647.50 | $671.50 | $784.00 | $1,173.50 |
| EMPLOYEE CONTRIBUTION | PART-TIME EMPLOYEE RATES ( 15 - 34 HOURS PER WEEK ) | | | |
| Employee & Spouse | $448.50 | $467.50 | $550.00 | $976.00 |
| Employee & Family | $647.50 | $671.50 | $784.00 | $1,195.50 |