

**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)	
<b>EMPLOYEE CONTRIBUTION</b>	<b>FULL-TIME EMPLOYEE RATES ( MINIMUM 35 HOURS PER WEEK )</b>				
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	
<b>EMPLOYEE CONTRIBUTION</b>	<b>PART-TIME EMPLOYEE RATES ( 15 - 34 HOURS PER WEEK )</b>				
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	
<b>EMPLOYEE CONTRIBUTION</b>	<b>SUBSTITUTE, TEMP, PART-TIME RATES ( 10+ HOURS PER WEEK )</b>				
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	
<b>DENTAL INSURANCE</b>	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
<b>VISION INSURANCE</b>	Guardian VSP Vision Plan A	Guardian VSP Vision Plan B	<b>DISABILITY INSURANCE</b>		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			
<b>Identity Protection (Employee Only Basic - No Charge)</b>	iLock 360 Plus Plan	iLock 360 Premium Plan	<b>ARAG Legal</b>		Humana Cancer
Employee Only	\$8.00	\$15.00	Employee & Family Option 1 : \$11.50 Option 2: \$15.15		\$9.47 - \$118.39
Employee & Child(ren)	\$13.00	\$20.00			
Employee & Spouse	\$15.00	\$22.00			
Employee & Family	\$20.00	\$27.00			
<b>AETNA Hospital Indemnity</b>	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
<b>LIFE INSURANCE (Employee Basic Life - District Paid)</b>	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		
<b>* FOR POOLING AND SPLIT EMPLOYEE RATES SEE INSURANCE DEPT WEBSITE</b>					

