FORT WORTH INDEPENDENT SCHOOL DISTRICT
2008-2009 RATES

TRS-ACTIVECARE PREMIUMS, FOR COVERAGE SEPTEMBER 2008 THRU AUGUST 2009

Premiums Begin August 2008 Paycheck

	12 Checks			18 Checks			24 Checks		
TRS-ActiveCare Plans	**Plan 1**	**Plan 2**	**Plan 3**	**Plan 1**	**Plan 2**	**Plan 3**	**Plan 1**	**Plan 2**	**Plan 3**
Employee Only	$29.00	$117.00	$240.00	$19.34	$78.00	$160.00	$14.50	$58.50	$120.00
Employee and Spouse	$369.00	$569.00	$848.00	$246.00	$379.34	$565.34	$184.50	$284.50	$424.00
Employee and Child(ren)	$187.00	$327.00	$523.00	$124.67	$218.00	$348.67	$93.50	$163.50	$261.50
Employee and Family	$430.00	$649.00	$956.00	$286.67	$432.67	$637.34	$215.00	$324.50	$478.00
Spousal - Both Employees of FWISD*	$193.00	$412.00	$719.00	$128.67	$274.67	$479.34	$96.50	$206.00	$359.50
Spousal - One FWISD Employee and One Other District**	$96.50	$206.00	$359.50	$64.34	$137.34	$239.67	$48.25	$103.00	$179.75

SPOUSAL PLANS INCLUDE COVERAGE FOR CHILDREN

*Both employees must complete an enrollment application, with one employee electing family coverage and the other declining. These forms must be submitted together.

**Both employee must complete an enrollment application, with one employee electing family coverage and the other declining. The non-FWISD employee must be working for a TRS - Active Care participating district. Premium will be deducted from each employee's paycheck as defined by their district. There is an additional form to be completed, Split Funding application.

THERE ARE NO "HMO" PLANS AVAILABLE IN TARRANT COUNTY OR THE IMMEDIATE SURROUNDING AREA

IF YOU LIVE IN A COUNTY WHERE AN HMO (AS LISTED IN YOUR ENROLLMENT GUIDE) IS OFFERED CONTACT THE EMPLOYEE BENEFITS OFFICE FOR RATES.