

**COLLEGE STATION ISD**  
**MONTHLY RATE SCHEDULE FOR TRS ACTIVECARE and SCOTT & WHITE (09/01/2007)**

**EMPLOYEES WORKING 20+ HOURS PER WEEK**

	TRS ACTIVECARE 1			TRS ACTIVECARE 2			TRS ACTIVECARE 3			Scott & White Health Plan		
	TOTAL	CSISD	EMPLOYEE	TOTAL	CSISD	EMPLOYEE	TOTAL	CSISD	EMPLOYEE	TOTAL	CSISD	EMPLOYEE
	COST	PAYS	COST	COST	PAYS	COST	COST	PAYS	COST	COST	PAYS	COST
EMPLOYEE ONLY	\$266	\$266	\$0	\$354	\$325	\$29	\$477	\$325	\$152	\$351.48	\$325.00	\$26.48
EMPLOYEE/SPOUSE	\$606	\$325	\$281	\$806	\$325	\$481	\$1,085	\$325	\$760	\$827.76	\$325.00	\$502.76
EMPLOYEE/CHILD(REN)	\$424	\$325	\$99	\$564	\$325	\$239	\$760	\$325	\$435	\$555.28	\$325.00	\$230.28
EMPLOYEE/FAMILY	\$667	\$325	\$342	\$886	\$325	\$561	\$1,193	\$325	\$868	\$862.10	\$325.00	\$537.10

**EMPLOYEES WORKING 15 TO 19 HOURS PER WEEK**

	TRS ACTIVECARE 1			TRS ACTIVECARE 2			TRS ACTIVECARE 3			Scott & White Health Plan		
	TOTAL	CSISD	EMPLOYEE	TOTAL	CSISD	EMPLOYEE	TOTAL	CSISD	EMPLOYEE	TOTAL	CSISD	EMPLOYEE
	COST	PAYS	COST	COST	PAYS	COST	COST	PAYS	COST	COST	PAYS	COST
EMPLOYEE ONLY	\$266	\$133.00	\$133.00	\$354	\$162.50	\$191.50	\$477	\$162.50	\$314.50	\$351.48	\$162.50	\$188.98
EMPLOYEE/SPOUSE	\$606	\$162.50	\$443.50	\$806	\$162.50	\$643.50	\$1,085	\$162.50	\$922.50	\$827.76	\$162.50	\$665.26
EMPLOYEE/CHILD(REN)	\$424	\$162.50	\$261.50	\$564	\$162.50	\$401.50	\$760	\$162.50	\$597.50	\$555.28	\$162.50	\$392.78
EMPLOYEE/FAMILY	\$667	\$162.50	\$504.50	\$886	\$162.50	\$723.50	\$1,193	\$162.50	\$1,030.50	\$862.10	\$162.50	\$699.60

**EMPLOYEES REGULARLY SCHEDULED TO WORK 10 HOURS PER WEEK, BUT LESS THAN 15 HOURS PER WEEK**

	TRS ACTIVECARE 1			TRS ACTIVECARE 2			TRS ACTIVECARE 3			Scott & White Health Plan		
	TOTAL	CSISD	EMPLOYEE	TOTAL	CSISD	EMPLOYEE	TOTAL	CSISD	EMPLOYEE	TOTAL	CSISD	EMPLOYEE
	COST	PAYS	COST	COST	PAYS	COST	COST	PAYS	COST	COST	PAYS	COST
EMPLOYEE ONLY	\$266	\$0	\$266	\$354	\$0	\$354	\$477	\$0	\$477	\$351.48	\$0	\$351.48
EMPLOYEE/SPOUSE	\$606	\$0	\$606	\$806	\$0	\$806	\$1,085	\$0	\$1,085	\$827.76	\$0	\$827.76
EMPLOYEE/CHILD(REN)	\$424	\$0	\$424	\$564	\$0	\$564	\$760	\$0	\$760	\$555.28	\$0	\$555.28
EMPLOYEE/FAMILY	\$667	\$0	\$667	\$886	\$0	\$886	\$1,193	\$0	\$1,193	\$862.10	\$0	\$862.10

The District's contribution when both spouses are full time employees of CSISD is the lesser of \$325 per employee or the total cost of the coverage selected for the family unit.