

MONTHLY RATE SCHEDULE FOR TRS ACTIVECARE, SCOTT & WHITE & FIRST HEALTH (09/01/2008)

EMPLOYEES WORKING 20+ HOURS PER WEEK

TRS ACTIVECARE 1

	TOTAL COST	CSISD PAYS	YOUR COST	No. Part.*
EMPLOYEE ONLY	\$266	\$266	\$0	43
EMPLOYEE/SPOUSE	\$606	\$325	\$281	6
EMPLOYEE/CHILD(REN)	\$424	\$325	\$99	5
EMPLOYEE/FAMILY	\$667	\$325	\$342	15

6.73%

EMPLOYEES WORKING 15 TO 19 HOURS PER WEEK

TRS ACTIVECARE 1

	TOTAL COST	CSISD PAYS	YOUR COST
EMPLOYEE ONLY	\$266	\$133.00	\$133.00
EMPLOYEE/SPOUSE	\$606	\$162.50	\$443.50
EMPLOYEE/CHILD(REN)	\$424	\$162.50	\$261.50
EMPLOYEE/FAMILY	\$667	\$162.50	\$504.50

TRS ACTIVECARE 2

	TOTAL COST	CSISD PAYS	YOUR COST	No. Part.*
EMPLOYEE ONLY	\$354	\$325	\$29	47
EMPLOYEE/SPOUSE	\$606	\$325	\$481	19
EMPLOYEE/CHILD(REN)	\$564	\$325	\$239	67
EMPLOYEE/FAMILY	\$886	\$325	\$561	55

54.39%

TRS ACTIVECARE 2

	TOTAL COST	CSISD PAYS	YOUR COST
EMPLOYEE ONLY	\$354	\$162.50	\$191.50
EMPLOYEE/SPOUSE	\$606	\$162.50	\$643.50
EMPLOYEE/CHILD(REN)	\$564	\$162.50	\$401.50
EMPLOYEE/FAMILY	\$886	\$162.50	\$723.50

TRS ACTIVECARE 3

	TOTAL COST	CSISD PAYS	YOUR COST	No. Part.*
EMPLOYEE ONLY	\$477	\$325	\$152	51
EMPLOYEE/SPOUSE	\$1,085	\$325	\$760	2
EMPLOYEE/CHILD(REN)	\$760	\$325	\$435	13
EMPLOYEE/FAMILY	\$1,193	\$325	\$868	4

6.82%

TRS ACTIVECARE 3

	TOTAL COST	CSISD PAYS	YOUR COST
EMPLOYEE ONLY	\$477	\$162.50	\$314.50
EMPLOYEE/SPOUSE	\$1,085	\$162.50	\$922.50
EMPLOYEE/CHILD(REN)	\$760	\$162.50	\$597.50
EMPLOYEE/FAMILY	\$1,193	\$162.50	\$1,030.50

Scott & White Health Plan

	TOTAL COST	CSISD PAYS	YOUR COST	No. Part.*
EMPLOYEE ONLY	\$383.17	\$325.00	\$58.17	239
EMPLOYEE/SPOUSE	\$902.98	\$325.00	\$577.98	3
EMPLOYEE/CHILD(REN)	\$605.60	\$325.00	\$280.60	67
EMPLOYEE/FAMILY	\$940.48	\$325.00	\$615.48	20

32.06%

Scott & White Health Plan

	TOTAL COST	CSISD PAYS	YOUR COST
EMPLOYEE ONLY	\$383.17	\$162.50	\$220.67
EMPLOYEE/SPOUSE	\$902.98	\$162.50	\$740.48
EMPLOYEE/CHILD(REN)	\$605.60	\$162.50	\$443.10
EMPLOYEE/FAMILY	\$940.48	\$162.50	\$777.98

First Care

	TOTAL COST	CSISD PAYS	YOUR COST	No. Part.*
EMPLOYEE ONLY	\$394	\$325	\$69	0
EMPLOYEE/SPOUSE	\$977	\$325	\$652	0
EMPLOYEE/CHILD(REN)	\$627	\$325	\$302	0
EMPLOYEE/FAMILY	\$981	\$325	\$656	0

0.00%

First Care

	TOTAL COST	CSISD PAYS	YOUR COST
EMPLOYEE ONLY	\$394	\$162.50	\$231.50
EMPLOYEE/SPOUSE	\$977	\$162.50	\$814.50
EMPLOYEE/CHILD(REN)	\$627	\$162.50	\$464.50
EMPLOYEE/FAMILY	\$981	\$162.50	\$818.50

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

TRS ACTIVECARE 1

	TOTAL COST	CSISD PAYS	YOUR COST
EMPLOYEE ONLY	\$266	\$0	\$266
EMPLOYEE/SPOUSE	\$606	\$0	\$606
EMPLOYEE/CHILD(REN)	\$424	\$0	\$424
EMPLOYEE/FAMILY	\$667	\$0	\$667

TRS ACTIVECARE 2

	TOTAL COST	CSISD PAYS	YOUR COST
EMPLOYEE ONLY	\$354	\$0	\$354
EMPLOYEE/SPOUSE	\$606	\$0	\$606
EMPLOYEE/CHILD(REN)	\$564	\$0	\$564
EMPLOYEE/FAMILY	\$886	\$0	\$886

TRS ACTIVECARE 3

	TOTAL COST	CSISD PAYS	YOUR COST
EMPLOYEE ONLY	\$477	\$0	\$477
EMPLOYEE/SPOUSE	\$1,085	\$0	\$1,085
EMPLOYEE/CHILD(REN)	\$760	\$0	\$760
EMPLOYEE/FAMILY	\$1,193	\$0	\$1,193

Scott & White Health Plan

	TOTAL COST	CSISD PAYS	YOUR COST
EMPLOYEE ONLY	\$383.17	\$0	\$383.17
EMPLOYEE/SPOUSE	\$902.98	\$0	\$902.98
EMPLOYEE/CHILD(REN)	\$605.60	\$0	\$605.60
EMPLOYEE/FAMILY	\$940.48	\$0	\$940.48

First Care

	TOTAL COST	CSISD PAYS	YOUR COST
EMPLOYEE ONLY	\$394	\$0	\$394.00
EMPLOYEE/SPOUSE	\$977	\$0	\$977.00
EMPLOYEE/CHILD(REN)	\$627	\$0	\$627.00
EMPLOYEE/FAMILY	\$981	\$0	\$981.00

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.

\* Indicates number of CSISD employees that have selected the respective plan as of June 9, 2008. The total is 1,026 employee participants.