



# MANOR INDEPENDENT SCHOOL DISTRICT

## Application for Pooled Funds

#ScholarsFirst

**Sept. 1, 2022 - Aug. 31, 2023**

This form is to be completed by both employee and spouse who wish to pool the cost of *Employee & Spouse* or *Employee & Family* coverage while being employed with Manor ISD and participating in TRS-ActiveCare or TRS-Scott & White.

The Employee identified in Section 1 (Primary), is required to select a plan under TRS-ActiveCare / Scott & White. The employee's spouse identified in Section 3 (Dependent), is required to decline (waive) coverage.

The cost for TRS-ActiveCare / Scott & White coverage will be pooled between the two employees. Each employee will be deducted 50% of the total cost after contributions of the TRS-ActiveCare / Scott & White plan selected by the employee in Section 1.

| Section 1 - TO BE COMPLETED BY THE EMPLOYEE that has elected Employee & Spouse or Employee & Family   |  |   |
|---|--|---|
| Employee Last Name  | First Name                                 | MI  |
| Social Security Number:   | <input type="checkbox"/> Employee & Spouse | <input type="checkbox"/> Employee & Family    |
| <input type="checkbox"/> ActiveCare Primary   | <input type="checkbox"/> ActiveCare HD     | <input type="checkbox"/> ActiveCare Primary + |
|   |  | <input type="checkbox"/> Scott & White        |
| I have elected Employee & Spouse or Employee & Family coverage, and I elect to pool the cost of coverage 50/50 with my spouse as listed on Section 3. |  |   |
| Employee Signature _____  |  | Date _____                                    |

| Section 2 - TO BE COMPLETED BY THE EMPLOYER  |  |
|--|--|
| Employer Name  | TRS Reporting Number                   |
| <b>MANOR ISD</b>   | <b>0858</b>                            |
| Health Benefits Plan (Check One)   |  |
| <input type="checkbox"/> ActiveCare Primary  | <input type="checkbox"/> ActiveCare HD |
| <input type="checkbox"/> ActiveCare Primary +  | <input type="checkbox"/> Scott & White |
| I confirm this employee and spouse are active employees enrolled for TRS-ActiveCare coverage. I understand the cost of coverage will be split 50/50 between the employee and employee's spouse after both contributions. |  |
| Employer Verification Signature _____  | Date _____                             |

| Section 3 - TO BE COMPLETED BY THE EMPLOYEE that will be declining (waiving) coverage  |            |            |
|--|------------|------------|
| Employee Last Name   | First Name | MI         |
| Social Security Number:  |            |            |
| I elect to split the cost of coverage 50/50 with my spouse. I have waived Medical coverage under Manor ISD and will be covered as a dependent of my spouse as listed in Section 1. |            |            |
| Employee Signature _____   |            | Date _____ |



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**MANOR INDEPENDENT SCHOOL DISTRICT**  
 PAYROLL & BENEFITS OFFICE



**TRS-ACTIVECARE / SCOTT & WHITE 2022-2023 POOLED MEDICAL RATES**

**Effective September 1, 2022 - August 31, 2023**

| <b>TRS ACTIVECARE PRIMARY (BCBS)</b>     |                 |  |                 |
|--|-----------------|--|-----------------|
| <b>Employee &amp; Spouse Pooled Fund</b> |                 | <b>Employee &amp; Family Pooled Fund</b> |                 |
| Employee & Spouse Premium                | \$1,026.00      | Employee & Family Premium                | \$1,228.00      |
| MISD employee contribution               | \$417.00        | MISD employee contribution               | \$417.00        |
| MISD spouse contribution                 | \$417.00        | MISD spouse contribution                 | \$417.00        |
| Pooled Premium                           | \$192.00        | Pooled Premium                           | \$394.00        |
| Between spouses                          | Divide by 2     | Between spouses                          | Divide by 2     |
| <b>Monthly deduction</b>                 | <b>\$96.00</b>  | <b>Monthly deduction</b>                 | <b>\$197.00</b> |
| <b>Semi-monthly deduction</b>            | <b>\$ 48.00</b> | <b>Semi-monthly deduction</b>            | <b>\$ 98.50</b> |

| <b>TRS ACTIVECARE HD *HIGH DEDUCTIBLE* (BCBS)</b> |                 |  |                  |
|---|-----------------|--|------------------|
| <b>Employee &amp; Spouse Pooled Fund</b>          |                 | <b>Employee &amp; Family Pooled Fund</b> |                  |
| Employee & Spouse Premium                         | \$1,058.00      | Employee & Family Premium                | \$1,265.00       |
| MISD employee contribution                        | \$417.00        | MISD employee contribution               | \$417.00         |
| MISD spouse contribution                          | \$417.00        | MISD spouse contribution                 | \$417.00         |
| Pooled Premium                                    | \$224.00        | Pooled Premium                           | \$431.00         |
| Between spouses                                   | Divide by 2     | Between spouses                          | Divide by 2      |
| <b>Monthly deduction</b>                          | <b>\$112.00</b> | <b>Monthly deduction</b>                 | <b>\$215.50</b>  |
| <b>Semi-monthly deduction</b>                     | <b>\$ 56.00</b> | <b>Semi-monthly deduction</b>            | <b>\$ 107.75</b> |

| <b>TRS ACTIVECARE PRIMARY + (BCBS)</b>   |                 |  |                  |
|--|-----------------|--|------------------|
| <b>Employee &amp; Spouse Pooled Fund</b> |                 | <b>Employee &amp; Family Pooled Fund</b> |                  |
| Employee & Spouse Premium                | \$1,117.00      | Employee & Family Premium                | \$1,405.00       |
| MISD employee contribution               | \$417.00        | MISD employee contribution               | \$417.00         |
| MISD spouse contribution                 | \$417.00        | MISD spouse contribution                 | \$417.00         |
| Pooled Premium                           | \$283.00        | Pooled Premium                           | \$571.00         |
| Between spouses                          | Divide by 2     | Between spouses                          | Divide by 2      |
| <b>Monthly deduction</b>                 | <b>\$141.50</b> | <b>Monthly deduction</b>                 | <b>\$285.50</b>  |
| <b>Semi-monthly deduction</b>            | <b>\$ 70.75</b> | <b>Semi-monthly deduction</b>            | <b>\$ 142.75</b> |

| <b>SCOTT &amp; WHITE (HMO)</b>           |                 |  |                  |
|--|-----------------|--|------------------|
| <b>Employee &amp; Spouse Pooled Fund</b> |                 | <b>Employee &amp; Family Pooled Fund</b> |                  |
| Employee & Spouse Premium                | \$1,232.58      | Employee & Family Premium                | \$1,418.42       |
| MISD employee contribution               | \$417.00        | MISD employee contribution               | \$417.00         |
| MISD spouse contribution                 | \$417.00        | MISD spouse contribution                 | \$417.00         |
| Pooled Premium                           | \$398.58        | Pooled Premium                           | \$584.42         |
| Between spouses                          | Divide by 2     | Between spouses                          | Divide by 2      |
| <b>Monthly deduction</b>                 | <b>\$199.29</b> | <b>Monthly deduction</b>                 | <b>\$292.21</b>  |
| <b>Semi-monthly deduction</b>            | <b>\$ 99.65</b> | <b>Semi-monthly deduction</b>            | <b>\$ 146.11</b> |