

Health Premium Rates

Full-Time Employees (FTE) and Retirees Only *

Effective September 1, 2009 – August 31, 2010

NOTE: All premiums are monthly.*

Plan Name	Premium	State Pays	Member Pays
Health Select of Texas Coverage			
Member Only	\$385.38	\$385.38	\$0.00
Member & Spouse	\$826.02	\$605.70	\$220.32
Member & Child(ren)	\$680.42	\$532.90	\$147.52
Family	\$1,121.06	\$753.22	\$367.84
Community First/San Antonio Coverage			
Member Only	\$356.62	\$356.62	\$0.00
Member & Spouse	\$764.18	\$560.40	\$203.78
Member & Child(ren)	\$629.50	\$493.06	\$136.44
Family	\$1,037.06	\$696.84	\$340.22
FirstCare/Waco Coverage			
Member Only	\$432.10	\$432.10	\$0.00
Member & Spouse	\$926.46	\$679.28	\$247.18
Member & Child(ren)	\$763.10	\$597.60	\$165.50
Family	\$1,257.46	\$844.78	\$412.68
Scott & White Health Plan			
Member Only	\$429.18	\$429.18	\$0.00
Member & Spouse	\$920.18	\$674.68	\$245.50
Member & Child(ren)	\$757.94	\$593.56	\$164.38
Family	\$1,248.94	\$839.06	\$409.88

***GBP participants classified as full-time at retirement.**

Note: These premiums are monthly and include basic term life rate of \$2.22 per month of basic term life and AD&D coverage for active employees and basic term life for retirees, which are included in these premiums.