

# Health Premium Rates

## Part-Time Employees and Graduate Students/Teaching Assistants \*

Effective September 1, 2009 – August 31, 2010

**NOTE: All premiums are monthly.\***

Plan Name	Premium	State Pays	Member Pays
<b>Health Select of Texas Coverage</b>			
Member Only	\$385.38	\$192.69	\$192.69
Member & Spouse	\$826.02	\$302.85	\$523.17
Member & Child(ren)	\$680.42	\$266.45	\$413.97
Family	\$1,121.06	\$376.61	\$744.45
<b>Community First/San Antonio Coverage</b>			
Member Only	\$356.62	\$178.31	\$178.31
Member & Spouse	\$764.18	\$280.20	\$483.98
Member & Child(ren)	\$629.50	\$246.53	\$382.97
Family	\$1,037.06	\$348.42	\$688.64
<b>FirstCare/Waco Coverage</b>			
Member Only	\$432.10	\$216.05	\$216.05
Member & Spouse	\$926.46	\$339.64	\$586.82
Member & Child(ren)	\$763.10	\$298.80	\$464.30
Family	\$1,257.46	\$422.39	\$835.07
<b>Scott &amp; White Health Plan</b>			
Member Only	\$429.18	\$214.59	\$214.59
Member & Spouse	\$920.18	\$337.34	\$582.84
Member & Child(ren)	\$757.94	\$296.78	\$461.16
Family	\$1,248.94	\$419.53	\$829.41

Note: These premiums are monthly and include basic term life rate of \$2.22