

PLAN YEAR 2012 RATES

HealthSelectSM of Texas

FY2012 Monthly Contribution Rates		
	TOTAL CONTRIBUTION	YOU PAY
You Only	\$ 438.30	\$ 0.00
You & Spouse	939.78	250.74
You & Children	774.10	167.90
You & Family	1,275.58	418.64

SURVIVING DEPENDENTS	
Spouse Only	\$501.48
Children Only	335.80
Spouse & Children	837.28

	COBRA	COBRA DISABILITY
You Only	\$ 444.80	\$ 654.12
You & Spouse	956.31	1,406.34
You & Children	787.32	1,157.82
You & Family	1,298.83	1,910.04

Monthly Premium Contribution Rates - Part-time Employees and Graduate Students/Teaching Assistants

PLAN NAME	PREMIUM	YOU PAY
HealthSelectSM of Texas		
You Only	\$ 438.30	\$219.15
You & Spouse	939.78	595.26
You & Child(ren)	774.10	471.00
You & Family	1,275.58	847.11
Community First		
You Only	\$ 384.34	\$192.17
You & Spouse	823.78	521.75
You & Child(ren)	678.58	412.85
You & Family	1,118.02	742.43
Scott & White Health Plan		
You Only	\$ 458.62	\$229.31
You & Spouse	983.50	622.97
You & Child(ren)	810.06	492.89
You & Family	1,334.94	886.55

Humana Medicare Advantage

Coverage level	Humana MA Premium
Retiree Only	\$ 0.00
Retiree & Spouse	113.00
Retiree & Children	113.00
Retiree & Family	226.00
Surviving Spouse Only	226.00
Surviving Children Only	226.00
Surviving Spouse & Children	452.00

HMO Premium Rates

PLAN NAME	PREMIUM	YOU PAY
Community First		
You Only	\$ 384.34	\$ 0.00
You & Spouse	823.78	219.72
You & Child(ren)	678.58	147.12
You & Family	1,118.02	366.84

SURVIVING DEPENDENTS	
Spouse Only	\$439.44
Children Only	294.24
Spouse & Children	733.68

	COBRA	COBRA DISABILITY
You Only	\$ 389.76	\$ 573.18
You & Spouse	837.99	1,232.34
You & Children	689.89	1,014.54
You & Family	1,138.12	1,673.70

PLAN NAME	PREMIUM	YOU PAY
Scott & White Health Plan		
You Only	\$ 458.62	\$ 0.00
You & Spouse	983.50	262.44
You & Child(ren)	810.06	175.72
You & Family	1,334.94	438.16

SURVIVING DEPENDENTS	
Spouse Only	\$524.88
Children Only	351.44
Spouse & Children	876.32

	COBRA	COBRA DISABILITY
You Only	\$ 465.53	\$ 684.60
You & Spouse	1,000.91	1,471.92
You & Children	824.00	1,211.76
You & Family	1,359.37	1,999.08

Medicare Advantage HMO

Medicare Advantage HMO (Medicare Eligible Retirees Only) KelseyCare Advantage – Houston Area	
	YOU PAY
You Only	\$ 0.00
You & Spouse	125.32
SURVIVING DEPENDENTS	
Spouse Only	\$250.64