



Plan Year 2009

Health & Dental (Out of Pocket) Rates

SEPTEMBER 1, 2008 THRU AUGUST 31, 2009
NOTE: All premiums are monthly.

Health Premium Rates • Full-Time Employees (FTE) and Retirees¹

PLAN NAME	MEMBER PAYS
HealthSelect of Texas	
Member Only	\$0.00
Member & Spouse	\$206.03
Member & Child(ren)	\$137.95
Member & Family	\$343.98
Community First	
Member Only	\$0.00
Member & Spouse	\$186.46
Member & Child(ren)	\$124.85
Member & Family	\$311.31
FirstCare (Amarillo)	
Member Only	\$0.00
Member & Spouse	\$229.92
Member & Child(ren)	\$153.95
Member & Family	\$383.87
FirstCare (Abilene)	
Member Only	\$0.00
Member & Spouse	\$230.38
Member & Child(ren)	\$154.26
Member & Family	\$384.64
FirstCare (Lubbock)	
Member Only	\$0.00
Member & Spouse	\$230.38
Member & Child(ren)	\$154.26
Member & Family	\$384.64
FirstCare (Waco)	
Member Only	\$0.00
Member & Spouse	\$223.28
Member & Child(ren)	\$149.50
Member & Family	\$372.78
Scott & White Health Plan	
Member Only	\$0.00
Member & Spouse	\$215.51
Member & Child(ren)	\$144.30
Member & Family	\$359.81

Health Premium Rates • Part-Time Employees (PTE), Graduate Students/Teaching Assistants (GRD), and Retirees²

MEMBER PAYS
\$180.26
\$489.30
\$387.18
\$696.23
\$163.25
\$442.95
\$350.52
\$630.22
\$201.04
\$545.93
\$431.96
\$776.85
\$201.44
\$547.02
\$432.83
\$778.41
\$201.44
\$547.02
\$432.83
\$778.41
\$195.26
\$530.18
\$419.51
\$754.43
\$188.51
\$511.77
\$404.96
\$728.22

Health Premium Rates • Survivors

PLAN NAME	MEMBER PAYS
HealthSelect of Texas	
Surviving Spouse Only	\$412.06
Surviving Spouse & Child(ren)	\$687.96
Surviving Child(ren) Only	\$275.90
Community First	
Surviving Spouse Only	\$372.93
Surviving Spouse & Child(ren)	\$622.63
Surviving Child(ren) Only	\$249.70
FirstCare (Amarillo)	
Surviving Spouse Only	\$459.85
Surviving Spouse & Child(ren)	\$767.75
Surviving Child(ren) Only	\$307.90
FirstCare (Abilene)	
Surviving Spouse Only	\$460.77
Surviving Spouse & Child(ren)	\$769.29
Surviving Child(ren) Only	\$308.52
FirstCare (Lubbock)	
Surviving Spouse Only	\$460.77
Surviving Spouse & Child(ren)	\$769.29
Surviving Child(ren) Only	\$308.52
FirstCare (Waco)	
Surviving Spouse Only	\$446.56
Surviving Spouse & Child(ren)	\$745.56
Surviving Child(ren) Only	\$299.00
Scott & White Health Plan	
Surviving Spouse Only	\$431.02
Surviving Spouse & Child(ren)	\$719.62
Surviving Child(ren) Only	\$288.60

In addition to the State contribution to insurance rates, the State also pays \$2.23 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.

¹ GBP participants classified as full-time at retirement.

² GBP participants classified as part-time at retirement.

Plan Year 2009



Health & Dental (Out of Pocket) Rates

SEPTEMBER 1, 2008 THRU AUGUST 31, 2009
NOTE: All premiums are monthly.

State Kids Insurance Program (SKIP)
Health Premium Rates & Contributions for Full-time Employees

PLAN NAME	MEMBER PAYS	
	Group 1	Group 2
HealthSelect of Texas		
Member & Child(ren)	\$15.00	\$25.00
Member & Family	\$221.03	\$231.03
Community First		
Member & Child(ren)	\$15.00	\$25.00
Member & Family	\$201.46	\$211.46
FirstCare (Amarillo)		
Member & Child(ren)	\$15.00	\$25.00
Member & Family	\$244.92	\$254.92
FirstCare (Abilene)		
Member & Child(ren)	\$15.00	\$25.00
Member & Family	\$245.38	\$255.38
FirstCare (Lubbock)		
Member & Child(ren)	\$15.00	\$25.00
Member & Family	\$245.38	\$255.38
FirstCare (Waco)		
Member & Child(ren)	\$15.00	\$25.00
Member & Family	\$238.28	\$248.28
Scott & White Health Plan		
Member & Child(ren)	\$15.00	\$25.00
Member & Family	\$230.51	\$240.51

State Kids Insurance Program (SKIP)
Health Premium Rates & Contributions for Part-time Employees

MEMBER PAYS	MEMBER PAYS	
	Group 1	Group 2
\$195.26	\$205.26	
\$504.31	\$514.31	
\$178.25	\$188.25	
\$457.95	\$467.95	
\$216.04	\$226.04	
\$560.93	\$570.93	
\$216.44	\$226.44	
\$562.02	\$572.02	
\$216.44	\$226.44	
\$562.02	\$572.02	
\$210.26	\$220.26	
\$545.18	\$555.18	
\$203.51	\$213.51	
\$526.77	\$536.77	

Note: Due to rounding, SKIP contributions have been adjusted.
Premium includes \$2.23 for basic term life and AD&D coverage.

Employee and Retiree Dental Rates

PLAN	MEMBER PAYS PREMIUM
Dental HMO Plan (Aetna)	
Member Only	\$7.22
Member & Spouse	\$13.00
Member & Child(ren)	\$15.66
Member & Family	\$19.27
Dental Choice PlanSM (GEHA)	
Member Only	\$22.08
Member & Spouse	\$41.73
Member & Child(ren)	\$49.90
Member & Family	\$69.55

Survivor Dental Rates

PLAN	MEMBER PAYS PREMIUM
Dental HMO Plan (Aetna)	
Spouse Only	\$5.78
Spouse & Child(ren)	\$12.05
Child(ren) Only	\$8.44
Dental Choice PlanSM (GEHA)	
Spouse Only	\$19.65
Spouse & Child(ren)	\$47.47
Child(ren) Only	\$27.82