

2018-2019 Monthly Medical Plan Premiums

Plan	Total Premium	District Contribution	Employee Rate	Change from 2017-2018
ActiveCare 1-HD				
Employee Only	\$367.00	\$275.00	\$92.00	\$16.00
Employee & Spouse	\$1,035.00	\$275.00	\$760.00	\$44.00
Employee & Children	\$701.00	\$275.00	\$426.00	\$30.00
Employee & Family	\$1,374.00	\$275.00	\$1,099.00	\$58.00
ActiveCare Select EPO				
Employee Only	\$540.00	\$275.00	\$265.00	\$26.00
Employee & Spouse	\$1,327.00	\$275.00	\$1,052.00	\$63.00
Employee & Children	\$876.00	\$275.00	\$601.00	\$42.00
Employee & Family	\$1,668.00	\$275.00	\$1,393.00	\$79.00
ActiveCare 2				
Employee Only	\$782.00	\$275.00	\$507.00	\$68.00
Employee & Spouse	\$1,855.00	\$275.00	\$1,580.00	\$161.00
Employee & Children	\$1,163.00	\$275.00	\$888.00	\$101.00
Employee & Family	\$2,194.00	\$275.00	\$1,919.00	\$190.00
Scott & White HMO				
Employee Only	\$578.36	\$275.00	\$303.36	\$17.32
Employee & Spouse	\$1,353.40	\$275.00	\$1,078.40	\$90.32
Employee & Children	\$908.06	\$275.00	\$633.06	\$19.64
Employee & Family	\$1,509.56	\$275.00	\$1,234.56	\$108.58