

		Humana - Current		National General		Aetna		United Healthcare		Scott and White Health		BCBS of TX		Friday	
										Age Banded Rates		Age Banded Rates		Age Banded Rates	
Employee	3	\$806.07		\$653.13		\$439.85		\$560.24							
Employee & Spouse	0	\$1,612.14		\$1,567.50		\$1,079.07		\$1,120.48							
Employee & Child(ren)	1	\$1,612.14		\$1,204.94		\$864.05		\$1,120.48							
Family	0	\$2,418.21		\$2,090.00		\$1,476.38		\$1,680.72							
TOTAL:		\$4,030.35		\$3,164.33		\$2,183.60		\$2,801.20		\$1,929.17		\$2,509.66		\$2,189.74	
ANNUAL TOTAL:		\$48,364.20		\$37,971.96		\$26,203.20		\$33,614.40		\$23,150.04		\$30,115.92		\$26,276.88	
PLAN DESIGN		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible															
Single		\$3,000	\$12,000	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$10,000	\$3,000	\$6,000	\$3,000	\$6,000	\$2,300	N/A
Family		\$6,000	\$24,000	\$6,000	\$12,000	\$6,000	\$18,000	\$6,000	\$30,000	\$6,000	\$12,000	\$6,000	\$12,000	\$4,600	N/A
Out of Pocket Max															
Single		\$6,500	\$26,000	\$7,150	\$12,500	\$6,000	\$16,000	\$8,500	\$20,000	\$3,500	\$10,500	\$6,900	N/A	\$8,250	N/A
Family		\$13,000	\$52,000	\$14,300	\$25,000	\$12,000	\$48,000	\$17,000	\$60,000	\$7,000	\$21,000	\$13,800	N/A	\$16,500	N/A
Coinsurance		0%	50%	0%	30%	0%	50%	20%	50%	0%	50%	20%	40%	20%	N/A
Preventive Care		No Charge	50% AD	No Charge	30% AD	No Charge	50% AD	No Charge	50% AD	No Charge	50% AD	No Charge	40% AD	No Charge	N/A
Office Visits															
Primary Care		\$25	50% AD	\$40	30% AD	\$35	50% AD	\$10	50% AD	\$25	50% AD	\$35	40% AD	20% AD	N/A
Specialist		\$55	50% AD	\$60	30% AD	\$70	50% AD	\$40	50% AD	\$60	50% AD	\$70	40% AD	20% AD	N/A
Prescription Deductible															
Single		No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	w/ Medical	w/ Medical	N/A
Family		No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	w/ Medical	w/ Medical	N/A
Tier 1		\$10	10 then 30%	\$20	\$20	\$10	50%	\$10	\$10	\$15	\$15	\$5	\$5 AD	20% AD	N/A
Tier 2		\$40	40 then 30%	\$50	\$50	\$45	50%	\$40	\$40	\$55	\$55	\$15	\$15 AD	50% AD	N/A
Tier 3		\$75	75 then 30%	\$75	\$75	\$75	50%	\$125	\$125	\$150	\$150	\$50	\$50 AD	50% AD	N/A
Tier 4		25%	55%	N/A	N/A	\$500	N/A	\$300	\$300	\$500	\$500	\$250	\$250 AD	N/A	N/A
Network		Humana		Aetna Choice POS II		Aetna		Choice Plus		PPO Group		Blue Choice PPO		Texas Friday	