

HEALTH INSURANCE PREMIUMS

2023/2024

	TOTAL MONTHLY PREMIUM	MONTHLY SPEARMAN ISD CONTRIBUTION	MONTHLY STATE CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	PREMIUM INCREASE/DECREASE 2023-2024
ActiveCare Primary					
Employee Only	\$ 401.00	\$ 325.00	\$ 75.00	\$ 1.00	\$ 21.00
Employee & Spouse	\$1,083.00	\$ 325.00	\$ 75.00	\$ 683.00	\$ (4.00)
Employee & Child(ren)	\$ 682.00	\$ 325.00	\$ 75.00	\$ 282.00	\$ (17.00)
Employee & Family	\$1,364.00	\$ 325.00	\$ 75.00	\$ 964.00	\$ 66.00
ActiveCare Primary +					
Employee Only	\$ 471.00	\$ 325.00	\$ 75.00	\$ 71.00	\$ (22.00)
Employee & Spouse	\$1,225.00	\$ 325.00	\$ 75.00	\$ 825.00	\$ 42.00
Employee & Child(ren)	\$ 801.00	\$ 325.00	\$ 75.00	\$ 401.00	\$ 17.00
Employee & Family	\$1,555.00	\$ 325.00	\$ 75.00	\$ 1,155.00	\$ 72.00
ActiveCare HD					
Employee Only	\$ 414.00	\$ 325.00	\$ 75.00	\$ 14.00	\$ 5.00
Employee & Spouse	\$1,118.00	\$ 325.00	\$ 75.00	\$ 718.00	\$ (4.00)
Employee & Child(ren)	\$ 704.00	\$ 325.00	\$ 75.00	\$ 304.00	\$ (17.00)
Employee & Family	\$1,408.00	\$ 325.00	\$ 75.00	\$ 1,008.00	\$ 69.00
					\$ -
West Texas Blue Essentials					
HMO Rates					
Employee Only	\$ 865.00	\$ 325.00	\$ 75.00	\$ 465.00	\$ 160.40
Employee & Spouse	\$2,103.16	\$ 325.00	\$ 75.00	\$ 1,703.16	\$ 415.90
Employee & Child(ren)	\$1,361.42	\$ 325.00	\$ 75.00	\$ 961.42	\$ 262.84
Employee & Family	\$2,233.34	\$ 325.00	\$ 75.00	\$ 1,833.34	\$ 442.76
ActiveCare 2					
Closed to new enrollees					
Employee Only	\$1,013.00	\$ 325.00	\$ 75.00	\$ 613.00	
Employee & Spouse	\$2,402.00	\$ 325.00	\$ 75.00	\$ 2,002.00	
Employee & Child(ren)	\$1,507.00	\$ 325.00	\$ 75.00	\$ 1,107.00	
Employee & Family	\$2,841.00	\$ 325.00	\$ 75.00	\$ 2,441.00	