2016-2017 Health Plan Cost Comparisons

Family Coverage					
	ActiveCare				
	ActiveCare 1 HD	Select	ActiveCare 2	Scott & White	
Monthly Premium	\$881	\$1,011	\$1,247	\$973	
Annual Premium	\$10,572	\$12,132	\$14,964	\$11,676	
Annual Deductible	\$5,000	\$3,600	\$3,000	\$3,000	
CoPay / Dr visit	\$0	\$30	\$30	\$20	
Your out of pocket minimum					
before insurance will begin to	\$15,572	\$15,762	\$17,994	\$14,696	
pay their 80%					
Your co-insurance after					
deductible is met	20%	20%	20%	20%	
TelaDoc Physician Services	\$40	100%	100%	N/A	
Prescription Deductible	\$0	\$200	\$200	\$100	
Prescription Copay	\$0	\$40	\$40	20% after deductible	

Employee + Children					
	ActiveCare				
	ActiveCare 1 HD	Select	ActiveCare 2	Scott & White	
Monthly Premium	\$265	\$429	\$692	\$489	
Annual Premium	\$3,180	\$5,148	\$8,304	\$5,870	
Annual Deductible	\$5,000	\$3,600	\$3,000	\$3,000	
CoPay / Dr visit	\$0	\$30	\$30	\$20_	
Your out of pocket minimum before insurance will begin to pay their 80%	\$8,180	\$8,778	\$11,334	\$8,890	
Your co-insurance after					
deductible is met	20%	20%	20%	20%	
TelaDoc Physician Services	\$40	100%	100%	N/A	
Prescription Deductible	\$0	\$200	\$200	\$100	
Prescription Copay	\$0	\$40	\$40	20% after deductible	

2016-2017 Health Plan Cost Comparisons

Employee + Spouse				
		ActiveCare		
	ActiveCare 1 HD	Select	ActiveCare 2	Scott & White
Monthly Premium	\$564	\$797	\$1,202	\$843
Annual Premium	\$6,768	\$9,564	\$14,424	\$10,116
Annual Deductible	\$5,000	\$3,600	\$3,000	\$3,000
CoPay / Dr visit	\$0	\$30	\$30	\$20
Your out of pocket minimum				
before insurance will begin to	\$11,768	\$13,194	\$17,454	\$13,136
pay their 80%				
Your co-insurance after				
deductible is met	20%	20%	20%	20%
TelaDoc Physician Services	\$40	100%	100%	N/A
Prescription Deductible	\$0	\$200	\$200	\$100
Prescription Copay	\$0	\$40	\$40_	20% after deductible
Empleyee Only				
Employee Only		ActiveCare		
	ActiveCare 1 HD	Select	ActiveCare 2	Scott & White
Monthly Premium	\$0	\$134	\$295	\$180
Annual Premium	\$0	\$1,608	\$3,540	\$2,160
Annual Deductible	\$2,500	\$1,200	\$1,000	\$1,000
CoPay / Dr visit	\$0	\$30	\$30	\$20
Your out of pocket minimum				
before insurance will begin to	\$2,500	\$2,838	\$4,570	\$3,180
pay their 80%				
Your co-insurance after				
deductible is met	20%	20%	20%	20%
TelaDoc Physician Services	\$40	100%	100%	N/A
Prescription Deductible	\$0	\$200	\$200	\$100
Prescription Copay	\$0	\$40	\$40	20% after deductible