

SULPHUR SPRINGS INDEPENDENT SCHOOL DISTRICT

Health Insurance 2023-2024

(\$250 Received from State/District)

PRIMARY -Deductible:\$2500 Employee Only/ \$5000 Family

<i>IN-NETWORK ONLY & REQUIRES REFERRAL TO SPECIALIST</i>	Out-Of-Pocket Maximum	MONTHLY	
		TOTAL COST	COST TO EMPLOYEE
EMPLOYEE Only	\$7,500	\$446	\$196
SPOUSE (Includes Employee)	\$15,000	\$1,205	\$955
CHILDREN (Includes Employee)	\$15,000	\$759	\$509
FAMILY (Includes Employee)	\$15,000	\$1,517	\$1,267

FAMILY deductible can be met by 1 or combo of family members

PLAN HD-Deductible:\$3000 Employee Only/ \$6000 Family

	Out-Of-Pocket Maximum	MONTHLY	
		TOTAL COST	COST TO EMPLOYEE
EMPLOYEE Only	\$7,500	\$458	\$208
SPOUSE (Includes Employee)	\$15,000	\$1,237	\$987
CHILDREN (Includes Employee)	\$15,000	\$779	\$529
FAMILY (Includes Employee)	\$15,000	\$1,558	\$1,308

FAMILY deductible can be met by 1 or combo of family members

PRIMARY+ - Deductible: \$1,200 Individual / \$2,400 FAMILY

<i>IN-NETWORK ONLY & REQUIRES REFERRAL TO SPECIALIST</i>	Out-Of-Pocket Maximum	TOTAL COST	COST TO EMPLOYEE
EMPLOYEE Only	\$6,900	\$524	\$274
SPOUSE (Includes Employee)	\$13,800	\$1,363	\$1,113
CHILDREN (Includes Employee)	\$13,800	\$891	\$641
FAMILY (Includes Employee)	\$13,800	\$1,730	\$1,480

PLAN 2 (CLOSED TO NEW ENROLLEES)- Deductible: \$1000 Individual / \$3000 Family

	Out-Of-Pocket Maximum	MONTHLY	
		TOTAL COST	COST TO EMPLOYEE
EMPLOYEE Only	\$7,900	\$1,013	\$763
SPOUSE (Includes Employee)	\$15,800	\$2,402	\$2,152
CHILDREN (Includes Employee)	\$15,800	\$1,507	\$1,257
FAMILY (Includes Employee)	\$15,800	\$2,841	\$2,591