SOUTH TEXAS HEALTH COOP

2026-2027 SUMMARY OF BENEFITS LA FERIA ISD		
TYPES OF SERVICES	**BASE PLAN**	**BUY UP 1 PLAN**
LIFETIME MAXIMUM	Unlimited	Unlimited
DEDUCTIBLE		
Individual	$1,000	$750
Family	$3,000	$2,250
OUT-OF-POCKET MAXIMUM		
Individual	$3,000	$3,000
Family	$9,000	$9,000
COINSURANCE %	80/20	80/20
OFFICE VISIT COPAY		
PCP	$35 Copay	$25 Copay
SPECIALIST	$65 Copay	$50 Copay
RADIOLOGY	100% AFTER $50 COPAY	100% AFTER $50 COPAY
INPATIENT BENEFIT	$100 COPAY/DAY + COINS ($500 MAX)	$100 COPAY/DAY + COINS ($500 MAX)
OUTPATIENT BENEFIT	$100 COPAY + COINS	$100 COPAY + COINS
URGENT CARE	$50 Copay	$50 Copay
PREVENTIVE SERVICES	**100%**	**100%**
PRESCRIPTION DRUGS		
ANNUAL DEDUCTIBLE	$100	$100
GENERIC DRUGS	$10 COPAY	$10 COPAY
BRAND DRUGS	$35 OR 50% > $200	$35 OR 50% > $200

4-TIER RATES	**EMPLOYEE PREMIUMS**	
EMPLOYEE ONLY:	**$0**	**$231**
EMPLOYEE & CHILD(REN):	**$283**	**$591**
EMPLOYEE & SPOUSE:	**$536**	**$1,002**
EMPLOYEE & FAMILY:	**$837**	**$1,136**

PLEASE CONTACT STHC IF YOU HAVE ANY QUESTIONS OR CONCERNS.

This is a very brief description of benefits. For full benefits, please refer to the plan document in your Districts's website.