

WILLIS INDEPENDENT SCHOOL DISTRICT
Benefit Plan Summaries
For the Plan Year 2026 - 2027

SUMMARY	WISD Plan I- HD		WISD Plan II	
Medical				
Deductible - Individual	\$4,000		\$2,500	
Family	\$8,000		\$5,000	
3 month carry-over	No		Yes	
Co-insurance (Plan Pays after deductible)	80% of Network Charge		70% of Network Charge	
Preventative	100%*		100%*	
*Based on Health Care Reform's definition of preventive care				
Office Visit Copay - Primary	20% after deductible		\$45	
Office Visit Copay - Specialist	20% after deductible		\$75	
Emergency Room Copay	20% after deductible		\$500	
In Hospital Deductible	20% after deductible		\$500	
Out-of-Pocket Maximum				
Individual	\$6,350		\$6,350	
Family	\$11,200		\$11,200	
Lifetime Maximum	unlimited		unlimited	
Prescription Drugs				
Plan Year Deductible	Subject to plan deductible		\$0-generic	
<i>Retail - 30 day</i>			\$200-brand name	
	You Pay		You Pay	
Generic	20% after deductible		\$20	
Brand Copay (Formulary)	25% after deductible		\$60	
Brand Copay (Non-Formulary)	40% after deductible		\$75	
Specialty Drugs Co-pay	20% after deductible		\$200 then, 30% co-insurance	
Premiums per Month	WISD Plan I- HD		WISD Plan II	
	Fulltime Employee Monthly Cost		Fulltime Employee Monthly Cost	
	With **HRA	Without HRA	With HRA	Without HRA
Employee Only Coverage	\$125	\$225	\$225	\$325
Employee Plus Children	\$450	\$550	\$552	\$652
Employee Plus Spouse	\$802	\$902	\$1,078	\$1,178
Employee Plus Family	\$1,000	\$1,100	\$1,162	\$1,262

District pays \$450 monthly for each full time employee

**Health Risk Assessment performed at Next Level Urgent Care at no cost