

TEXAS HEALTH BENEFITS POOL

Employer Group Medical Plans - 2024-2025

Plan	Benefit Percent After Deductible In Network/ Out of Network	In Network Deductible	Out of Network Deductible	In Network Out-of-Pocket Maximum	Office Visit	Coverage	2024-25 Rates <i>(Employer Contribution of \$325 Reflected Below)</i>
Gold Plan	80% / 50%	\$1,200	\$2,400	\$7,000	\$30	Eligible Employee Only	\$236.32
						Eligible Employee + Spouse	\$807.30
BlueCross BlueShield						Eligible Employee + Child(ren)	\$657.62
						Eligible Employee + Family	\$1,317.26
Silver Plan	80% / 50%	\$2,500	\$5,000	\$8,000	\$30	Eligible Employee Only	\$182.24
						Eligible Employee + Spouse	\$697.46
BlueCross BlueShield						Eligible Employee + Child(ren)	\$562.44
						Eligible Employee + Family	\$1,103.70
Bronze Plan	80% / 50%	\$3,300	\$6,000	\$6,900	N/A	Eligible Employee Only	\$147.34
						Eligible Employee + Spouse	\$626.62
BlueCross BlueShield						Eligible Employee + Child(ren)	\$501.00
						Eligible Employee + Family	\$1,054.72

In Network Deductible applies towards In Network Out-of-Pocket maximum.

Medical Plan Accumulators will be based on Plan Year (September 1 - August 31).

Benefit Waiting Period: 1st of the month after date of hire for employees hired after the start of school in August.

You will select the Hospital Indemnity Plan when completing the enrollment process if you are declining medical coverage.

As a benefit-eligible employee you may choose to decline medical coverage, but you are required to indicate one of the following reasons for declining:	
<input type="checkbox"/>	You were hired after retiring and are receiving medical coverage through your previous employer due to retirement.
<input type="checkbox"/>	You are under age 26 and have medical coverage through your parents.
<input type="checkbox"/>	You are covered by your spouse's employer-sponsored medical plan.
<input type="checkbox"/>	You are covered by the Veterans Administration (VA) or TRICARE.
<input type="checkbox"/>	You are enrolled in Medicare.
<input type="checkbox"/>	You are enrolled in Tribal Medical coverage.
<input type="checkbox"/>	You are employed by another employer and are enrolled in that medical plan.
<input type="checkbox"/>	You were enrolled in a qualified medical plan* prior to employment with LCISD and chose to keep that medical plan.
<i>* A qualified health plan provides all essential health benefits as defined by the ACA and follows established limits on cost sharing.</i>	

If you decline medical coverage, Texas Health Benefits Pool is requiring that you provide proof of other coverage. You will be directed to this link [Skyward Login to Required Online Form](#) to login to Skyward Employee Access. If you follow the steps provided, you will be able to upload a copy of your proof of insurance.