

Lubbock-Cooper ISD

BCBS Medical Rates 2024-2025 Plan Year

GOLD-Copay 1200k-7k Plan	Employer Contribution	Employee Contribution
Employee Only	\$325.00	\$236.32
Employee & Spouse	\$325.00	\$807.30
Employee & Child(ren)	\$325.00	\$657.62
Family	\$325.00	\$1,317.26

SILVER-Copay 2500-8k Plan	Employer Contribution	Employee Contribution
Employee Only	\$325.00	\$182.24
Employee & Spouse	\$325.00	\$697.46
Employee & Child(ren)	\$325.00	\$562.44
Family	\$325.00	\$1,103.70

BRONZE-HSA 3300-6900 Plan	Employer Contribution	Employee Contribution
Employee Only	\$325.00	\$147.34
Employee & Spouse	\$325.00	\$626.62
Employee & Child(ren)	\$325.00	\$501.00
Family	\$325.00	\$1,054.72