

Lubbock-Cooper ISD
Health Insurance Monthly Rates
Rates Effective 9-1-2025

\$350 Contribution Per Month					
Plan	Total Rate	Monthly Contribution	Employee Monthly Contribution		COBRA
HSA Bronze - Consumer HSA 7950-8300					
EE	\$534.30	\$325.00	\$209.30		\$544.99
EE+SP	\$1,175.47	\$325.00	\$850.47		\$1,198.98
EE+CHREN	\$961.74	\$325.00	\$636.74		\$980.97
EE+FAM	\$1,602.91	\$325.00	\$1,277.91		\$1,634.97
HMO Silver - Copay 2500-8k					
EE	\$644.53	\$325.00	\$319.53		\$657.42
EE+SP	\$1,417.97	\$325.00	\$1,092.97		\$1,446.33
EE+CHREN	\$1,160.16	\$325.00	\$835.16		\$1,183.36
EE+FAM	\$1,933.60	\$325.00	\$1,608.60		\$1,972.27
HMO Gold - Copay 1200-7k					
EE	\$711.85	\$325.00	\$386.85		\$726.09
EE+SP	\$1,566.08	\$325.00	\$1,241.08		\$1,597.40
EE+CHREN	\$1,281.33	\$325.00	\$956.33		\$1,306.96
EE+FAM	\$2,135.56	\$325.00	\$1,810.56		\$2,178.27