Lubbock-Cooper ISD

Health Insurance Monthly Rates

Rates Effective 9-1-2025

$325 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