

**Harlingen CISD
EFFECTIVE 1/1/2025**

Medical and Pharmacy Provider:
Blue Cross and Blue Shield of Texas / Prime Therapeutics

Coverage tier	LOW PPO PLAN		HIGH PPO PLAN		Non-Traditional High Deductible Employee Only with HSA option	Non-Traditional High Deductible Family Plan with HSA option
	Employer Monthly Premium	Employee Monthly Deduction	Employer Monthly Premium	Employee Monthly Deduction	Employee Monthly Deduction	Employee Monthly Deduction
EMPLOYEE ONLY	\$ 502.18	\$0.00	\$ 664.43	\$ 162.25	\$0.00	No self only coverage
EMPLOYEE AND SPOUSE	\$ 1,058.78	\$ 556.59	\$ 1,399.45	\$ 897.27	No family coverage	\$526.46
EMPLOYEE AND 1 CHILD *	\$ 909.57	\$ 407.39	\$ 1,265.81	\$ 763.62	No family coverage	\$385.33
EMPLOYEE AND CHILDREN	\$ 957.58	\$ 455.40	\$ 1,265.81	\$ 763.62	No family coverage	\$430.74
EMPLOYEE AND FAMILY	\$ 1,261.18	\$ 758.99	\$ 1,666.74	\$ 1,164.56	No family coverage	\$717.90
BOTH SPOUSES EMPLOYED IN DISTRICT (full-time)	\$ 1,261.18	\$ 256.82	\$1,666.74	\$ 662.38	No family coverage	\$242.90

	LOW PPO PLAN In-Network	HIGH PPO PLAN In-Network		
OFFICE VISITS - PCP	\$30 CO-PAY	\$20 CO-PAY	70% Of Allowable amount after deductible	70% Of Allowable amount after deductible
OFFICE VISITS - SPECIALISTS	\$45 CO-PAY	\$45 CO-PAY	70% Of Allowable amount after deductible	70% Of Allowable amount after deductible
MDLIVE Virtual Visits	\$0 CO-PAY	\$0 CO-PAY	70% Of Allowable amount after deductible	70% Of Allowable amount after deductible
CONTRACT YEAR DEDUCTIBLE	\$1,750 Individual \$3,500 Per Family	\$1,250 Individual \$2,500 Per Family	\$1,750 Employee Only	\$2,800 individual \$5,600 Family
OUT- OF- POCKET MAXIMUM	\$5,000 Individual \$10,000 Per Family	\$2,750 Individual \$5,500 Per Family	\$5,000 Employee Only	\$5,000 Individual \$10,000 Family
EMERGENCY CARE	\$150 Copay then 70% of allowable amount	\$150 Copay then 80% of allowable amount	70% Of Allowable amount after deductible	70% Of allowable amount after deductible
PHARMACY	\$15-\$35-\$65	\$10-\$30-\$60	70% Of Allowable amount after deductible	70% Of allowable amount after deductible
MAIL ORDER (90 DAYS)	\$30-\$70-\$130	\$20-\$60-\$120	70% Of Allowable amount after deductible	70% Of allowable amount after deductible