

**Harlingen CISD**  
**EFFECTIVE 1/1/2023**

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

|   | LOW PPO PLAN             |                            | HIGH PPO PLAN            |                            | Non-Traditional High Deductible Employee Only with HSA option | Non-Traditional High Deductible Family Plan with HSA option |
|---|--------------------------|----------------------------|--------------------------|----------------------------|---|---|
| Coverage tier                                   | 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 E<br>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        |
| <b>MDLIVE Virtual Visits</b> | <b>\$0 CO-PAY</b>                           | <b>\$0 CO-PAY</b>                           | <b>70% Of Allowable amount after deductible</b> | <b>70% Of Allowable amount after deductible</b> |
| CONTRACT YEAR DEDUCTIBLE     | \$1,750 Individual<br>\$3,500 Per Family    | \$1,250 Individual<br>\$2,500 Per Family    | \$1,750 Employee Only                           | \$2,800 individual<br>\$5,600 Family            |
| OUT- OF- POCKET MAXIMUM      | \$5,000 Individual<br>\$10,000 Per Family   | \$2,750 Individual<br>\$5,500 Per Family    | \$5,000 Employee Only                           | \$5,000 Individual<br>\$10,000 Family           |
| EMERGENCY CARE               | \$150 Copay then<br>70% of allowable amount | \$150 Copay then<br>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        |