

**Abilene Independent School District
Medical Rates for 2023-2024
Blue Cross Blue Shield of Texas**

The chart below shows the new premium rates, current level of district contribution, and net employee cost for each plan.
*AISD has elected to contribute \$410 per month rather than the minimum requirement of \$225.

	HSA High Deductible				PPO High Deductible			
	\$3,000 Deductible Individual (PPO Network) \$6,000 Deductible Individual (Out-of-Network) \$6,000 Deductible Family (PPO Network) \$12,000 Deductible Family (Out-of-Network) \$6,900/\$13,800 Individual/Family MOOP (PPO Network) Unlimited MOOP (Out-of-Network)				\$2,500 Deductible Individual (PPO Network) \$5,000 Deductible Individual (Out-of-Network) \$5,000 Deductible Family (PPO Network) \$10,000 Deductible Family (Out-of-Network) \$8,000/\$16,000 Individual/Family MOOP (PPO Network) Unlimited MOOP (Out-of-Network)			
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	\$446.53	\$410.00	\$36.53	\$18.27	\$480.22	\$410.00	\$70.22	\$35.11
Employee & Spouse	\$901.02	\$410.00	\$491.02	\$245.51	\$969.40	\$410.00	\$559.40	\$279.70
Employee & Child(ren)	\$781.88	\$410.00	\$371.88	\$185.94	\$841.17	\$410.00	\$431.17	\$215.59
Employee & Family (incl spouse)	\$1,306.97	\$410.00	\$896.97	\$448.49	\$1,406.36	\$410.00	\$996.36	\$498.18
					PPO Low Deductible			
					\$1,200 Deductible Individual (PPO Network) \$2,400 Deductible Individual (Out-of-Network) \$2,400 Deductible Family (PPO Network) \$4,800 Deductible Family (Out-of-Network) \$7,000/\$14,000 Individual/Family MOOP (PPO Network) Unlimited MOOP (Out-of-Network)			
					HMO High Deductible (In-Network ONLY)			
					\$5,000 Deductible Individual \$10,000 Deductible Family \$7,000/\$14,000 Individual/Family MOOP			
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	\$437.35	\$410.00	\$27.35	\$13.68	\$532.44	\$410.00	\$122.44	\$61.22
Employee & Spouse	\$882.40	\$410.00	\$472.40	\$236.20	\$1,075.42	\$410.00	\$665.42	\$332.71
Employee & Child(ren)	\$765.73	\$410.00	\$355.73	\$177.87	\$933.09	\$410.00	\$523.09	\$261.55
Employee & Family (incl spouse)	\$1,279.89	\$410.00	\$869.89	\$434.95	\$1,560.41	\$410.00	\$1,150.41	\$575.21
					HMO Low Deductible (In-Network ONLY)			
					\$1,500 Deductible Individual \$3,000 Deductible Family \$5,000/\$10,000 Individual/Family MOOP			
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	Abbreviations			
Employee ONLY	\$519.79	\$410.00	\$109.79	\$54.90	HMO	Health Maintenance Organization		
Employee & Spouse	\$1,049.74	\$410.00	\$639.74	\$319.87	MOOP	Maximum Out of Pocket		
Employee & Child(ren)	\$910.82	\$410.00	\$500.82	\$250.41	PPO	Preferred Provider Organization		
Employee & Family (incl spouse)	\$1,523.10	\$410.00	\$1,113.10	\$556.55				