

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

2023 Rate Sheet

Deductible - January to December



BlueCross BlueShield
of Texas

	Plan A	Plan B	Plan C
	Co-pay	Co-pay	Co-pay
In-Network Primary Doctor per visit	\$35	\$30	\$20
In-Network Specialist per visit	\$40	\$35	\$30
Virtual Visit per session	\$15	\$10	\$5
Urgent Care per visit	\$45	\$40	\$35
Emergency Room per visit	\$250 Co-Pay then Ded. & 30%	\$225 Co-Pay then Ded. & 20%	\$200 Co-Pay then Ded. & 10%
Out-Of-Network Services per visit	Deductible & 40%	Deductible & 40%	Deductible & 30%
Deductible	Out-of-Pocket Expenses	Out-of-Pocket Expenses	Out-of-Pocket Expenses
In-Network	\$750 Indiv./ \$1,250 Family	\$500 Indiv./ \$1,000 Family	\$250 Indiv./ \$ 500 Family
Out-Of-Network	\$1,250 Indiv./ \$2,500 Family	\$1,000 Indiv./ \$2,000 Family	\$750 Indiv./ \$1,500 Family
Co-Insurance Percent			
In-Network	70% BISD / 30% Member	80% BISD / 20% Member	90% BISD / 10% Member
Out-Of-Network	60% BISD / 40% Member	60% BISD / 40% Member	70% BISD / 30% Member
Co-Ins Maximum			
In-Network	\$ 4,000 Indiv. / \$ 8,000 Family	\$ 2,000 Indiv. / \$ 4,000 Family	\$ 750 Indiv. / \$ 1,000 Family
Out-Of-Network	\$ 8,000 Indiv. / \$16,000 Family	\$ 6,000 Indiv. / \$ 12,000 Family	\$ 1,500 Indiv. / \$ 3,000 Family
Prescription Drugs			
Generic	.00¢ to \$10	.00¢ to \$10	.00¢ to \$5
Brand	.00¢ to \$30	.00¢ to \$30	.00¢ to \$25
Specialty	20%	20%	20%
90-Day Supply	Generic \$-0- / Brand \$60	Generic \$-0- / Brand \$60	Generic \$-0- / Brand \$50
Rate			
Employee Only	\$15.00	\$170.08	\$319.62
Employee & Spouse	\$404.41	\$697.45	\$1,008.11
Employee & Child(ren)	\$291.82	\$584.86	\$895.52
2 Employee & Child(ren)	\$247.98	\$520.15	\$804.94
Employee & Family	\$584.32	\$970.10	\$1,379.06
Bi-Weekly Rate			
Employee Only	\$15.00 (\$7.50 per paycheck)	\$170.08 (\$85.04 per paycheck)	\$319.62 (\$159.81 per paycheck)
Employee & Spouse	\$404.41 (\$202.21 per paycheck)	\$697.45 (\$348.73 per paycheck)	\$1,008.11 (\$504.06 per paycheck)
Employee & Child(ren)	\$291.82 (\$145.91 per paycheck)	\$584.86 (\$292.43 per paycheck)	\$895.52 (\$447.76 per paycheck)
2 Employee & Child(ren)	\$247.98 (\$123.99 per paycheck)	\$520.15 (\$268.08 per paycheck)	\$804.94 (\$402.47 per paycheck)
Employee & Family	\$584.32 (\$292.16 per paycheck)	\$970.10 (\$485.05 per paycheck)	\$1,379.06 (\$689.53 per paycheck)
9-Month Rate			
Employee Only	\$20.00 (\$10.00 per paycheck)	\$226.77 (\$113.39 per paycheck)	\$426.16 (\$213.08 per paycheck)
Employee & Spouse	\$539.21 (\$269.61 per paycheck)	\$929.93 (\$464.97 per paycheck)	\$1,344.15 (\$672.07 per paycheck)
Employee & Child(ren)	\$389.09 (\$194.55 per paycheck)	\$779.81 (\$389.91 per paycheck)	\$1,194.03 (\$597.01 per paycheck)
2 Employee & Child(ren)	\$330.64 (\$165.32 per paycheck)	\$693.53 (\$346.73 per paycheck)	\$1,073.25 (\$536.63 per paycheck)
Employee & Family	\$779.09 (\$389.55 per paycheck)	\$1,293.47 (\$646.73 per paycheck)	\$1,838.75 (\$919.37 per paycheck)