

WILLIS INDEPENDENT SCHOOL DISTRICT
Benefit Plan Summaries
For the Plan Year 2024-2025

SUMMARY	WISD Plan I- HD		WISD Plan II	
Medical				
Deductible - Individual	4,000		2,500	
Family	8,000		5,000	
3 month carry-over	No		Yes	
Co-insurance (Plan Pays after deductible)	80% of Network Charge		70% of Network Charge	
Preventative	100%*		100%*	
*Based on Health Care Reform's definition of preventive care				
Office Visit Copay - Primary	20% after deductible		\$45	
Office Visit Copay - Specialist	20% after deductible		\$75	
Emergency Room Copay	20% after deductible		\$500	
In Hospital Deductible	10% after deductible		\$500	
Out-of-Pocket Maximum				
Individual	6,350		6,350	
Family	9,200		9,200	
Lifetime Maximum	unlimited		unlimited	
Prescription Drugs				
Plan Year Deductible	Subject to plan deductible		\$0-generic \$200-brand name	
<i>Retail - 30 day</i>				
	You Pay		You Pay	
Generic	20% after deductible		\$20	
Brand Copay (Formulary)	20% after deductible		\$45	
Brand Copay (Non-Formulary)	20% after deductible		\$60	
Specialty Drugs Co-pay	20% after deductible		\$200	
Premiums per Month	WISD Plan I- HD		WISD Plan II	
	Fulltime Employee Cost		Fulltime Employee Cost	
	With **HRA	Without HRA	With HRA	Without HRA
Employee Only Coverage	\$50	\$150	\$170	\$270
Employee Plus Children	\$345	\$445	\$485	\$585
Employee Plus Spouse	\$499	\$599	\$825	\$925
Employee Plus Family	\$765	\$865	\$950	\$1,050

District pays \$450 monthly for each full time employee