

# BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

## 2025 Rate Sheet

### Deductible - January to December



	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	<b>\$250</b> Co-Pay then Ded. & 30%	<b>\$225</b> Co-Pay then Ded. & 20%	<b>\$200</b> Co-Pay then Ded. & 10%
Out-Of-Network Services per visit	Deductible & 40%	Deductible & 40%	Deductible & 30%
<b>Deductible</b>	<b>Out-of-Pocket Expenses</b>	<b>Out-of-Pocket Expenses</b>	<b>Out-of-Pocket Expenses</b>
In-Network	<b>\$750 Individual</b> / \$1,250 Family	<b>\$500 Individual</b> / \$1,000 Family	<b>\$250 Individual</b> / \$ 500 Family
Out-Of-Network	<b>\$1,250 Individual</b> / \$2,500 Family	<b>\$1,000 Individual</b> / \$2,000 Family	<b>\$750 Individual</b> / \$1,500 Family
<b>Co-Insurance Percent</b>			
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
<b>Co-Ins Maximum</b>			
In-Network	<b>\$ 4,000 Individual</b> / \$ 8,000 Family	<b>\$ 2,000 Individual</b> / \$ 4,000 Family	<b>\$ 750 Individual</b> / \$ 1,000 Family
Out-Of-Network	<b>\$ 8,000 Individual</b> / \$16,000 Family	<b>\$ 6,000 Individual</b> / \$ 12,000 Family	<b>\$ 1,500 Individual</b> / \$ 3,000 Family
<b>Prescription Drugs</b>			
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
<b>Rate</b>			
Employee Only	<b>\$15.00</b>	<b>\$170.08</b>	<b>\$319.62</b>
Employee & Spouse	<b>\$404.41</b>	<b>\$697.45</b>	<b>\$1,008.11</b>
Employee & Child(ren)	<b>\$291.82</b>	<b>\$584.86</b>	<b>\$895.52</b>
2 Employee & Child(ren)	<b>\$247.98</b>	<b>\$520.15</b>	<b>\$804.94</b>
Employee & Family	<b>\$584.32</b>	<b>\$970.10</b>	<b>\$1,379.06</b>
<b>Bi-Weekly Rate</b>			
Employee Only	<b>\$15.00</b> (\$7.50 per paycheck)	<b>\$170.08</b> (\$85.04 per paycheck)	<b>\$319.62</b> (\$159.81 per paycheck)
Employee & Spouse	<b>\$404.41</b> (\$202.21 per paycheck)	<b>\$697.45</b> (\$348.73 per paycheck)	<b>\$1,008.11</b> (\$504.06 per paycheck)
Employee & Child(ren)	<b>\$291.82</b> (\$145.91 per paycheck)	<b>\$584.86</b> (\$292.43 per paycheck)	<b>\$895.52</b> (\$447.76 per paycheck)
2 Employee & Child(ren)	<b>\$247.98</b> (\$123.99 per paycheck)	<b>\$520.15</b> (\$268.08 per paycheck)	<b>\$804.94</b> (\$402.47 per paycheck)
Employee & Family	<b>\$584.32</b> (\$292.16 per paycheck)	<b>\$970.10</b> (\$485.05 per paycheck)	<b>\$1,379.06</b> (\$689.53 per paycheck)
<b>9-Month Rate</b>			
Employee Only	<b>\$20.00</b> (\$10.00 per paycheck)	<b>\$226.77</b> (\$113.39 per paycheck)	<b>\$426.16</b> (\$213.08 per paycheck)
Employee & Spouse	<b>\$539.21</b> (\$269.61 per paycheck)	<b>\$929.93</b> (\$464.97 per paycheck)	<b>\$1,344.15</b> (\$672.07 per paycheck)
Employee & Child(ren)	<b>\$389.09</b> (\$194.55 per paycheck)	<b>\$779.81</b> (\$389.91 per paycheck)	<b>\$1,194.03</b> (\$597.01 per paycheck)
2 Employee & Child(ren)	<b>\$330.64</b> (\$165.32 per paycheck)	<b>\$693.53</b> (\$346.73 per paycheck)	<b>\$1,073.25</b> (\$536.63 per paycheck)
Employee & Family	<b>\$779.09</b> (\$389.55 per paycheck)	<b>\$1,293.47</b> (\$646.73 per paycheck)	<b>\$1,838.75</b> (\$919.37 per paycheck)