

# 2024 – 2025 GISD Medical Rates

Sep. 1, 2024 – Aug 31, 2025

Basic High Deductible (HD)				
Coverage Tier	Monthly Premium	GISD Contribution	Employee Monthly Cost	Employee Semi-Monthly Cost
Employee Only	\$457	\$422	\$35	\$17.50
Employee & Spouse	\$1,393	\$422	\$971	\$485.50
Employee & Child(ren)	\$863	\$422	\$441	\$220.50
Employee & Family	\$1,681	\$422	\$1,259	\$629.50

Standard				
Coverage Tier	Monthly Premium	GISD Contribution	Employee Monthly Cost	Employee Semi-Monthly Cost
Employee Only	\$487	\$422	\$65	\$32.50
Employee & Spouse	\$1,489	\$422	\$1,067	\$533.50
Employee & Child(ren)	\$930	\$422	\$508	\$254
Employee & Family	\$1,806	\$422	\$1,384	\$692

Enhanced				
Coverage Tier	Monthly Premium	GISD Contribution	Employee Monthly Cost	Employee Semi-Monthly Cost
Employee Only	\$605	\$422	\$183	\$91.50
Employee & Spouse	\$1,602	\$422	\$1,180	\$590
Employee & Child(ren)	\$1,021	\$422	\$599	\$299.50
Employee & Family	\$1,997	\$422	\$1,575	\$787.50



# 2024 – 2025 GISD Medical Plan Highlights

Sept. 1, 2024 – Aug. 31, 2025

	Basic High Deductible (HD)		Standard		Enhanced	
<b>Monthly Premiums (includes GISD contribution)</b>						
Employee Only	\$35		\$65		\$183	
Employee & Spouse	\$971		\$1,067		\$1,180	
Employee & Children	\$441		\$508		\$599	
Employee & Family	\$1,259		\$1,384		\$1,575	
<b>Plan Features</b>	<b>In-Network Costs</b>	<b>Out-Of-Network Costs</b>	<b>In-Network Costs</b>	<b>Out-Of-Network Costs</b>	<b>In-Network Costs</b>	<b>Out-Of-Network Costs</b>
Annual Deductible	\$3,500 individual / \$7,000 family	N/A	\$2,750 individual / \$5,500 family	N/A	\$2,250 individual / \$4,500 family	N/A
Coinsurance (after deductible is met)	20% after deductible	N/A	30% after deductible	N/A	20% after deductible	N/A
Annual Out-of-Pocket Maximum	\$8,050 individual / \$16,100 family	N/A	\$9,000 individual / \$18,000 family	N/A	\$8,000 individual / \$16,000 family	N/A
<b>Physician Services</b>						
Office Visits – Primary	20% after deductible	N/A	\$40 copay	N/A	\$40 copay	N/A
Office Visits – Specialist	20% after deductible	N/A	\$75 copay	N/A	\$75 copay	N/A
Urgent Care Visits	20% after deductible	N/A	\$50 copay	N/A	\$50 copay	N/A
Emergency Care Visits	20% after deductible	N/A	30% after deductible	N/A	20% after deductible	N/A
<b>Additional Services</b>						
Lab & X-ray Outpatient (minor)	20% after deductible	N/A	30% after deductible	N/A	Lab \$50 copay X-ray \$75 copay	N/A
Inpatient Hospital	20% after deductible	N/A	30% after deductible	N/A	20% after deductible	N/A
Outpatient Surgery	20% after deductible	N/A	30% after deductible	N/A	20% after deductible	N/A
Hospital Emergency Care Services (treated as network)	20% after deductible	N/A	30% after deductible	N/A	20% after deductible	N/A
Chiropractic	20% after deductible	N/A	30% after deductible	N/A	20% after deductible	N/A
<b>Prescription Drugs</b>						
Drug Deductible	Integrated with medical		\$500 (Brand/Specialty only)		\$500 (Brand/Specialty only)	
Generic (30/90 Day Supply)	\$0 after deductible		Plan pays 100%, no deductible		\$0 Retail and Mail-Order	
Preferred Brand	20% after deductible		30% retail / \$300 Mail Order		\$75 Retail / \$150 Mail-Order	
Non-Preferred Brand	20% after deductible		30% retail / \$300 Mail Order		\$150 Retail / \$300 Mail-Order	
Specialty	50% after deductible, up to a max of \$2,500/script		50% up to a max of \$2,500/script		50% up to a max of \$2,500/script	
International Mail Order	Brand and Specialty \$0, after deductible		Brand and Specialty \$0, no deductible		Brand and Specialty \$0, no deductible	