

SULPHUR SPRINGS INDEPENDENT SCHOOL DISTRICT

Health Insurance 2026-2027

(\$350 Received from State/District)

PRIMARY -Deductible:\$2500 Employee Only/ \$5000 Family

IN-NETWORK ONLY & REQUIRES REFERRAL TO SPECIALIST	Out-Of-Pocket Maximum	MONTHLY	
		TOTAL COST	COST TO EMPLOYEE
EMPLOYEE Only	\$8,050	\$591	\$241
SPOUSE (Includes Employee)	\$16,100	\$1,596	\$1,246
CHILDREN (Includes Employee)	\$16,100	\$1,005	\$655
FAMILY (Includes Employee)	\$16,100	\$2,010	\$1,660

FAMILY deductible can be met by 1 or combo of family members

PLAN HD-Deductible:\$3400 Employee Only/ \$6800 Family

	Out-Of-Pocket Maximum	MONTHLY	
		TOTAL COST	COST TO EMPLOYEE
EMPLOYEE Only	\$8,300	\$613	\$263
SPOUSE (Includes Employee)	\$16,600	\$1,656	\$1,306
CHILDREN (Includes Employee)	\$16,600	\$1,043	\$693
FAMILY (Includes Employee)	\$16,600	\$2,085	\$1,735

FAMILY deductible can be met by 1 or combo of family members

PRIMARY+ - Deductible: \$1,200 Individual / \$2,400 FAMILY

IN-NETWORK ONLY & REQUIRES REFERRAL TO SPECIALIST	Out-Of-Pocket Maximum	TOTAL COST	COST TO EMPLOYEE
EMPLOYEE Only	\$6,900	\$697	\$347
SPOUSE (Includes Employee)	\$13,800	\$1,813	\$1,463
CHILDREN (Includes Employee)	\$13,800	\$1,185	\$835
FAMILY (Includes Employee)	\$13,800	\$2,301	\$1,951

PLAN 2 (CLOSED TO NEW ENROLLEES)- Deductible: \$1000 Individual / \$3000 Family

	Out-Of-Pocket Maximum	MONTHLY	
		TOTAL COST	COST TO EMPLOYEE
EMPLOYEE Only	\$7,900	\$1,013	\$663
SPOUSE (Includes Employee)	\$15,800	\$2,402	\$2,052
CHILDREN (Includes Employee)	\$15,800	\$1,507	\$1,157
FAMILY (Includes Employee)	\$15,800	\$2,841	\$2,491