

**Abilene Independent School District
Medical Rates for 2024-2025
Blue Cross Blue Shield of Texas**

The chart below shows the new premium rates, current level of district contribution, and net employee cost for each plan.
*AISD has elected to contribute \$410 per month rather than the state minimum requirement of \$225.

	HSA High Deductible				PPO High Deductible			
	\$3,200 Deductible Individual (PPO Network) \$6,000 Deductible Individual (Out-of-Network) \$6,000 Deductible Family (PPO Network) \$12,000 Deductible Family (Out-of-Network) \$6,900/\$13,800 Individual/Family MOOP (PPO Network) Unlimited MOOP (Out-of-Network)				\$2,500 Deductible Individual (PPO Network) \$5,000 Deductible Individual (Out-of-Network) \$5,000 Deductible Family (PPO Network) \$10,000 Deductible Family (Out-of-Network) \$8,000/\$16,000 Individual/Family MOOP (PPO Network) Unlimited MOOP (Out-of-Network)			
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	\$489.90	\$410.00	\$79.90	\$39.95	\$526.86	\$410.00	\$116.86	\$58.43
Employee & Spouse	\$988.54	\$410.00	\$578.54	\$289.27	\$1,063.56	\$410.00	\$653.56	\$326.78
Employee & Child(ren)	\$857.83	\$410.00	\$447.83	\$223.92	\$922.87	\$410.00	\$512.87	\$256.44
Employee & Family (incl spouse)	\$1,433.93	\$410.00	\$1,023.93	\$511.97	\$1,542.97	\$410.00	\$1,132.97	\$566.49
	HMO High Deductible (In-Network ONLY)				PPO Low Deductible			
	\$5,000 Deductible Individual \$10,000 Deductible Family \$7,000/\$14,000 Individual/Family MOOP				\$1,200 Deductible Individual (PPO Network) \$2,400 Deductible Individual (Out-of-Network) \$2,400 Deductible Family (PPO Network) \$4,800 Deductible Family (Out-of-Network) \$7,000/\$14,000 Individual/Family MOOP (PPO Network) Unlimited MOOP (Out-of-Network)			
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	\$479.84	\$410.00	\$69.84	\$34.92	\$584.16	\$410.00	\$174.16	\$87.08
Employee & Spouse	\$968.11	\$410.00	\$558.11	\$279.06	\$1,179.89	\$410.00	\$769.89	\$384.95
Employee & Child(ren)	\$840.11	\$410.00	\$430.11	\$215.06	\$1,023.73	\$410.00	\$613.73	\$306.87
Employee & Family (incl spouse)	\$1,404.21	\$410.00	\$994.21	\$497.11	\$1,711.99	\$410.00	\$1,301.99	\$651.00
	HMO Low Deductible (In-Network ONLY)				Abbreviations			
	\$1,500 Deductible Individual \$3,000 Deductible Family \$5,000/\$10,000 Individual/Family MOOP				HMO	Health Maintenance Organization		
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	MOOP	Maximum Out of Pocket		
Employee ONLY	\$570.28	\$410.00	\$160.28	\$80.14	PPO	Preferred Provider Organization		
Employee & Spouse	\$1,151.71	\$410.00	\$741.71	\$370.86				
Employee & Child(ren)	\$999.30	\$410.00	\$589.30	\$294.65				
Employee & Family (incl spouse)	\$1,671.05	\$410.00	\$1,261.05	\$630.53				