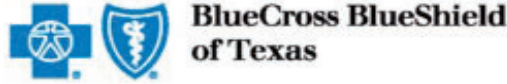




MANOR INDEPENDENT SCHOOL DISTRICT
Business and Finance Department - Payroll & Benefits



2023-2024 MONTHLY & SEMI-MONTHLY MEDICAL INSURANCE RATES

Effective September 1, 2023 - August 31, 2024

Blue Essentials HMO 2500 *Comparable to TRS ActiveCare Primary					
Coverage Tier	2022-2023 Plan Year	2023-2024 Plan Year	MISD Contribution	Monthly Employee Contribution	Semi-Monthly Employee Contribution
Employee Only	\$364.00	\$398.56	\$417.00	\$0.00	\$0.00
Employee and Spouse	\$1,026.00	\$1,153.52	\$417.00	\$736.52	\$368.26
Employee and Child(ren)	\$654.00	\$772.05	\$417.00	\$355.05	\$177.53
Employee and Family	\$1,228.00	\$1,380.34	\$417.00	\$963.34	\$481.67

BlueChoice HDHP PPO 3000 *Comparable to TRS ActiveCare HD					
Coverage Tier	2022-2023 Plan Year	2023-2024 Plan Year	MISD Contribution	Monthly Employee Contribution	Semi-Monthly Employee Contribution
Employee Only	\$376.00	\$378.56	\$417.00	\$0.00	\$0.00
Employee and Spouse	\$1,058.00	\$1,168.99	\$417.00	\$751.99	\$376.00
Employee and Child(ren)	\$675.00	\$751.43	\$417.00	\$334.43	\$167.22
Employee and Family	\$1,265.00	\$1,400.96	\$417.00	\$983.96	\$491.98

Blue Essentials HMO2 *Comparable to TRS ActiveCare Primary +					
Coverage Tier	2022-2023 Plan Year	2023-2024 Plan Year	MISD Contribution	Employee Contribution	Semi-Monthly Employee Contribution
Employee Only	\$457.00	\$499.14	\$417.00	\$82.14	\$41.07
Employee and Spouse	\$1,117.00	\$1,511.23	\$417.00	\$1,094.23	\$547.12
Employee and Child(ren)	\$735.00	\$991.20	\$417.00	\$574.20	\$287.10
Employee and Family	\$1,405.00	\$1,527.99	\$417.00	\$1,110.99	\$555.50

BlueChoice PPO 1200 *New Plan					
Coverage Tier	2022-2023 Plan Year	2023-2024 Plan Year	MISD Contribution	Employee Contribution	Semi-Monthly Employee Contribution
Employee Only	N/A	\$516.88	\$417.00	\$99.88	\$49.94
Employee and Spouse	N/A	\$1,297.86	\$417.00	\$880.86	\$440.43
Employee and Child(ren)	N/A	\$885.46	\$417.00	\$468.46	\$234.23
Employee and Family	N/A	\$1,576.23	\$417.00	\$1,159.23	\$579.62

BlueCross BlueShield of Texas
Med Plan # 370294
1-800-521-2227
[HTTPS://MYBAM.BCBSTX.COM](https://mybam.bcbstx.com)

2023-2024 BCBSTX Plans	HMO \$2,500	HMO2 \$1,200	PPO \$1,200	HDHP PPO \$3,000
Previous Plan Equivalent	TRS-ActiveCare Primary	TRS Active Care Primary +	New Plan	TRS ActiveCare HD
PLAN FEATURES				
Type of Coverage	In-network only	In-network only	In-network and out-of-network	In-network and out-of-network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$3,600	In: \$1,200 / \$3,600 Out: \$2,000 / \$6,000	In: \$3,000 / \$6,000 Out: \$5,500 / \$11,000
Coinsurance	70%	80%	In: 80% Out: 60%	In: 70% Out: 50%
Individual/Family Out of Pocket	\$8,150 / \$16,300	\$6,900 / \$13,800	In: \$6,900 / \$13,800 Out: \$23,700 / \$47,400	In: \$7,050 / \$14,100 Out: \$20,250 / \$40,500
Network	Blue Essentials HMO	Blue Essentials HMO	BlueChoice PPO	BlueChoice PPO
PCP Required	Yes	Yes	No	No
DOCTOR VISITS				
Primary Care	\$30 copay	\$30 copay	\$30 copay	70% after ded.
Specialist	\$70 copay	\$70 copay	\$70 copay	70% after ded.
IMMEDIATE CARE				
Urgent Care	\$50 copay	\$50 copay	\$50 copay	70% after ded.
Emergency Care	70% after ded.	80% after ded.	80% after \$250 copay	70% after ded.
Virtual Health	\$15 copay	\$15 copay	\$15 copay	70% after ded.
PRESCRIPTION DRUGS				
Drug Deductible	N/A	\$200 brand	\$200	N/A
Generics (30 Day/90 Day Supply)	\$15/\$30	\$15/\$45	\$20/\$50	80% after ded.
Preferred Brand/Non-Preferred Brand	\$45/\$80	75%/50% after ded.	\$45/\$95	75%/50% after ded.
Specialty	Covered at applicable tier	70% after ded.	Covered at applicable tier	80% after ded.
Insulin Out of Pocket Costs	Covered at applicable tier	Covered at applicable tier	Covered at applicable tier	Covered at applicable tier
DIAGNOSTIC LABS				
Office/Independent	70% after ded.	\$0 copay	Lab/x-ray: 100% Other: 80% after ded.	70% after ded.
Outpatient	70% after ded.	80% after ded.	80% after ded.	70% after ded.
HIGH TECH RADIOLOGY	70% after ded.	80% after ded.	80% after ded.	70% after ded.
OUTPATIENT COSTS	70% after ded.	80% after ded.	80% after ded.	70% after ded.
INPATIENT HOSPITAL COSTS	70% after ded.	80% after ded.	80% after ded.	70% after ded.
FREESTANDING EMERGENCY ROOM	70% after ded.	80% after ded. & \$500 copay	80% after ded.	70% after ded.
BARIATRIC SURGERY	70% after ded.	80% after ded.	80% after ded.	70% after ded.
ANNUAL VISION EXAM	\$30 copay PCP / \$70 copay specialist (annual through age 17, every two years age 18+)	\$30 copay PCP / \$70 copay specialist (annual through age 17, every two years age 18+)	N/A	N/A
ANNUAL HEARING EXAM	\$30 copay PCP / \$70 copay specialist (annual through age 17, every two years age 18+)	\$30 copay PCP / \$70 copay specialist (annual through age 17, every two years age 18+)	N/A	N/A