

# Whitehouse ISD Medical Rates

Effective 9/1/2023– 8/31/2024



*The rates below are not inclusive of your district's medical contribution. Please visit your benefit website for more information regarding your district's medical contribution amounts.*

## TSHBP HIGH DEDUCTIBLE PLAN (HD)

EMPLOYEE ONLY - \$435.00  
EMPLOYEE + CHILDREN - \$815.00  
EMPLOYEE + SPOUSE - \$1,191.00  
EMPLOYEE + FAMILY - \$1,561.00

## TSHBP COPAY PLAN

EMPLOYEE ONLY - \$485.00  
EMPLOYEE + CHILDREN - \$922.00  
EMPLOYEE + SPOUSE - \$1,355.00  
EMPLOYEE + FAMILY - \$1,790.00

## AETNA SIGNATURE PLAN

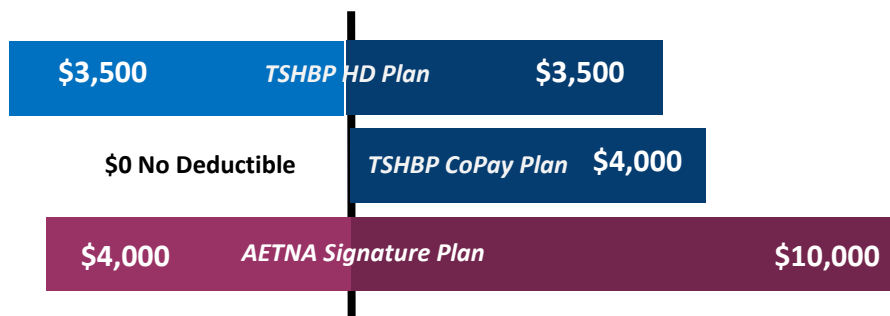
EMPLOYEE ONLY - \$618.00  
EMPLOYEE + CHILDREN - \$1,048.00  
EMPLOYEE + SPOUSE - \$1,615.00  
EMPLOYEE + FAMILY - \$1,982.00

## Individual Deductible & Maximum Out of Pocket for 2023 - 2024

In-Network Services

Cost for Individual Deductible

Cost for Individual Max OOP



**NOTE:** The TSHBP plan designs and rates are final for the 2023 – 2024 plan year. The TSHBP is a self-funded plan that funds for the annual expected claims expenses (including runout claims), additional reserves for claims, and operational expenses.