

# Brooks County 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 - \$427.00  
EMPLOYEE + CHILDREN - \$799.00  
EMPLOYEE + SPOUSE - \$1,168.00  
EMPLOYEE + FAMILY - \$1,530.00

## TSHBP COPAY PLAN

EMPLOYEE ONLY - \$475.00  
EMPLOYEE + CHILDREN - \$903.00  
EMPLOYEE + SPOUSE - \$1,329.00  
EMPLOYEE + FAMILY - \$1,754.00

## AETNA SIGNATURE PLAN

EMPLOYEE ONLY - \$589.00  
EMPLOYEE + CHILDREN - \$1,000.00  
EMPLOYEE + SPOUSE - \$1,541.00  
EMPLOYEE + FAMILY - \$1,891.00

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

Cost for Individual Deductible

Cost for Individual Max OOP

\$3,500	TSHBP HD Plan	\$3,500
\$0 No Deductible	TSHBP CoPay Plan	\$4,000
\$4,000	AETNA Signature Plan	\$9,100

**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.