



# EAGLE PASS INDEPENDENT SCHOOL DISTRICT

## Benefits & Risk Management Department IMAGINE360

### HEALTH INSURANCE RATES FORM FOR EMPLOYEES

Effective September 1, 2024

#### PLATINUM OPTION

POLICY	MONTHLY PREMIUM	EMPLOYER'S CONTRIBUTION	EMPLOYEE'S COST PER MONTH	EMPLOYEE'S COST PER PAY PERIOD
EMPLOYEE ONLY	\$1,086.00	\$944.00	\$142.00	\$71.00
EMPLOYEE/SPOUSE	\$1,700.00	\$944.00	\$756.00	\$378.00
EMPLOYEE/CHILDREN	\$1,372.00	\$944.00	\$428.00	\$214.00
EMPLOYEE/FAMILY	\$1,884.00	\$944.00	\$940.00	\$470.00
EMPLOYEE/FAMILY BOTH EMPLOYED	\$2,412.00	\$1,888.00	\$524.00	\$262.00

#### HIGH OPTION

POLICY	MONTHLY PREMIUM	EMPLOYER'S CONTRIBUTION	EMPLOYEE'S COST PER MONTH	EMPLOYEE'S COST PER PAY PERIOD
EMPLOYEE ONLY	\$1,014.00	\$944.00	\$70.00	\$35.00
EMPLOYEE/SPOUSE	\$1,288.00	\$944.00	\$344.00	\$172.00
EMPLOYEE/CHILDREN	\$1,158.00	\$944.00	\$214.00	\$107.00
EMPLOYEE/FAMILY	\$1,546.00	\$944.00	\$602.00	\$301.00
EMPLOYEE/FAMILY BOTH EMPLOYED	\$2,074.00	\$1,888.00	\$186.00	\$93.00

#### LOW OPTION

POLICY	MONTHLY PREMIUM	EMPLOYER'S CONTRIBUTION	EMPLOYEE'S COST PER MONTH	EMPLOYEE'S COST PER PAY PERIOD
EMPLOYEE ONLY	\$944.00	\$944.00	\$0.00	\$0.00
EMPLOYEE/SPOUSE	\$1,188.00	\$944.00	\$244.00	\$122.00
EMPLOYEE/CHILDREN	\$1,056.00	\$944.00	\$112.00	\$56.00
EMPLOYEE/FAMILY	\$1,452.00	\$944.00	\$508.00	\$254.00
EMPLOYEE/FAMILY BOTH EMPLOYED	\$1,982.00	\$1,888.00	\$94.00	\$47.00

This Health Insurance Rates Form is for your information and in **NO WAY** constitutes a change made to your health insurance plan. If you wish to make changes to your health insurance coverage- adding/dropping dependents, changing options, etc- you must enroll online via [www.mybenefitshub.com/eaglepassisd](http://www.mybenefitshub.com/eaglepassisd) or complete an Imagine360 Health Insurance Change Form at the Benefits Dept during the months of June through August. **NO CHANGES WILL BE ACCEPTED AFTER AUGUST 30, 2024.**