

**LOS FRESNOS CISD
SELF-FUNDED GROUP HEALTH PLANS
RATES AND CONTRIBUTIONS**

2025 MONTHLY PREMIUMS

BASIC PLAN (70/30)

A TRADITIONAL PPO HEALTH PLAN					
	2024	2025	District	Employee	Monthly
	Premium	Premium	Contribution	Contribution	Increase
EMPLOYEE ONLY	610.00	\$ 610.00	\$ 520.00	\$ 90.00	\$ -
EMPLOYEE AND SPOUSE	1,150.00	1,150.00	520.00	630.00	-
EMPLOYEE AND 1 CHILD	886.00	886.00	520.00	366.00	-
EMPLOYEE AND CHILDREN	1,022.00	1,022.00	520.00	502.00	-
EMPLOYEE AND FAMILY	1,359.00	1,359.00	520.00	839.00	-

SCHOOL PLAN (80/20)

A TRADITIONAL PPO HEALTH PLAN					
	2024	2025	District	Employee	Monthly
	Premium	Premium	Contribution	Contribution	Increase
EMPLOYEE ONLY	657.00	\$ 657.00	\$ 520.00	\$ 137.00	\$ -
EMPLOYEE AND SPOUSE	1,288.00	1,288.00	520.00	768.00	-
EMPLOYEE AND 1 CHILD	959.00	959.00	520.00	439.00	-
EMPLOYEE AND CHILDREN	1,106.00	1,106.00	520.00	586.00	-
EMPLOYEE AND FAMILY	1,468.00	1,468.00	520.00	948.00	-

HD PLAN w/HSA

THIS IS A HIGH DEDUCTIBLE HEALTH PLAN					
	2024	2025	District	Employee	Monthly
	Premium	Premium	Contribution*	Contribution	Increase
EMPLOYEE ONLY	500.00	\$ 500.00	\$ 455.00	\$ 45.00	\$ -
EMPLOYEE AND SPOUSE	1,005.00	1,005.00	455.00	550.00	-
EMPLOYEE AND 1 CHILD	825.00	825.00	455.00	370.00	-
EMPLOYEE AND CHILDREN	900.00	900.00	455.00	445.00	-
EMPLOYEE AND FAMILY	1,195.00	1,195.00	455.00	740.00	-

* The district will also contribute \$65/month to a Health Savings Account (HSA).

DENTAL

	2024	2025	District	Employee	Monthly
	Premium	Premium	Contribution	Contribution	Increase
EMPLOYEE ONLY	\$ 30.00	\$ 30.00	\$ -	\$ 30.00	\$ -
EMPLOYEE AND SPOUSE	58.00	58.00	-	58.00	-
EMPLOYEE AND 1 CHILD	45.00	45.00	-	45.00	-
EMPLOYEE AND CHILDREN	60.00	60.00	-	60.00	-
EMPLOYEE AND FAMILY	87.00	87.00	-	87.00	-

-PPO is short for Preferred Provider Organization.

-Cobra rates are equal to the total monthly premium + 2% administrative fee.

There are no district contributions for COBRA premiums.