

**SULPHUR SPRINGS INDEPENDENT SCHOOL DISTRICT**  
**Health Insurance 2024-2025**  
**(\$250 Received from State/District)**

**PRIMARY -Deductible:\$2500 Employee Only/ \$5000 Family**

<b>IN-NETWORK ONLY &amp; REQUIRES REFERRAL TO SPECIALIST</b>	<b>Out-Of-Pocket Maximum</b>	<b>MONTHLY</b>	
		<b>TOTAL COST</b>	<b>COST TO EMPLOYEE</b>
EMPLOYEE Only	\$8,050	\$473	\$223
SPOUSE (Includes Employee)	\$16,100	\$1,278	\$1,028
CHILDREN (Includes Employee)	\$16,100	\$805	\$555
FAMILY (Includes Employee)	\$16,100	\$1,609	\$1,359

FAMILY deductible can be met by 1 or combo of family members

**PLAN HD-Deductible:\$3200Employee Only/ \$6400 Family**

	<b>Out-Of-Pocket Maximum</b>	<b>MONTHLY</b>	
		<b>TOTAL COST</b>	<b>COST TO EMPLOYEE</b>
EMPLOYEE Only	\$8,050	\$486	\$236
SPOUSE (Includes Employee)	\$16,100	\$1,313	\$1,063
CHILDREN (Includes Employee)	\$16,100	\$827	\$577
FAMILY (Includes Employee)	\$16,100	\$1,653	\$1,403

FAMILY deductible can be met by 1 or combo of family members

**PRIMARY+ - Deductible: \$1,200 Individual / \$2,400 FAMILY**

<b>IN-NETWORK ONLY &amp; REQUIRES REFERRAL TO SPECIALIST</b>	<b>Out-Of-Pocket Maximum</b>	<b>TOTAL COST</b>	<b>COST TO EMPLOYEE</b>
EMPLOYEE Only	\$6,900	\$555	\$305
SPOUSE (Includes Employee)	\$13,800	\$1,443	\$1,193
CHILDREN (Includes Employee)	\$13,800	\$944	\$694
FAMILY (Includes Employee)	\$13,800	\$1,832	\$1,582

**PLAN 2 (CLOSED TO NEW ENROLLEES)- Deductible: \$1000 Individual / \$3000 Family**

	<b>Out-Of-Pocket Maximum</b>	<b>MONTHLY</b>	
		<b>TOTAL COST</b>	<b>COST TO EMPLOYEE</b>
EMPLOYEE Only	\$7,900	\$1,013	\$763
SPOUSE (Includes Employee)	\$15,800	\$2,402	\$2,152
CHILDREN (Includes Employee)	\$15,800	\$1,507	\$1,257
FAMILY (Includes Employee)	\$15,800	\$2,841	\$2,591