Ezzell 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 - \$621.00 EMPLOYEE + CHILDREN - \$1,053.00 EMPLOYEE + SPOUSE - \$1,623.00 EMPLOYEE + FAMILY - \$1,992.00

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
 \$10,000

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.

WWW.TSHBP.ORG