

# 2022 – 2023 GISD Medical Rates

Sep. 1, 2022 – Aug 31, 2023

Basic High Deductible (HD)				
Coverage Tier	Monthly Premium	GISD Contribution	Employee Monthly Cost	Employee Semi-Monthly Cost
Employee Only	\$402	\$378	\$24	\$12
Employee & Spouse	\$1,221	\$378	\$843	\$421.50
Employee & Child(ren)	\$761	\$378	\$383	\$191.50
Employee & Family	\$1,475	\$378	\$1,097	\$548.50

Standard				
Coverage Tier	Monthly Premium	GISD Contribution	Employee Monthly Cost	Employee Semi-Monthly Cost
Employee Only	\$430	\$378	\$52	\$26
Employee & Spouse	\$1,306	\$378	\$928	\$464
Employee & Child(ren)	\$814	\$378	\$436	\$218
Employee & Family	\$1,578	\$378	\$1,200	\$600

Enhanced				
Coverage Tier	Monthly Premium	GISD Contribution	Employee Monthly Cost	Employee Semi-Monthly Cost
Employee Only	\$535	\$378	\$157	\$78.50
Employee & Spouse	\$1,402	\$378	\$1,024	\$512
Employee & Child(ren)	\$895	\$378	\$517	\$258.50
Employee & Family	\$1,752	\$378	\$1,374	\$687



# 2022 – 2023 GISD Medical Plan Highlights

Sept. 1, 2022 – Aug 31, 2023

	Basic High Deductible (HD)		Standard		Enhanced	
<b>Monthly Premiums (includes GISD contribution)</b>						
Employee Only	\$24		\$52		\$157	
Employee & Spouse	\$843		\$928		\$1,024	
Employee & Children	\$383		\$436		\$517	
Employee & Family	\$1,097		\$1,200		\$1,374	
<b>Plan Features</b>	<b>In-Network Costs</b>	<b>Out-Of-Network Costs</b>	<b>In-Network Costs</b>	<b>Out-Of-Network Costs</b>	<b>In-Network Costs</b>	<b>Out-Of-Network Costs</b>
Annual Deductible	\$3,000 individual / \$6,000 family	\$6,000 individual / \$12,000 family	\$2,500 individual / \$5,000 family	\$5,000 individual / \$10,000 family	\$1,500 individual / \$3,000 family	\$4,000 individual / \$8,000 family
Coinsurance (after deductible is met)	20% after deductible	40% after deductible	30% after deductible	50% after deductible	10% after deductible	40% after deductible
Annual Out-of-Pocket Maximum	\$6,650 individual / \$13,300 family	\$12,700 individual / \$25,400 family	\$8,150 individual / \$16,300 family	\$16,000 individual / \$32,000 family	\$5,000 individual / \$10,000 family	\$8,000 individual / \$16,000 family
<b>Physician Services</b>						
Office Visits – Primary	20% after deductible	40% after deductible	\$35 copay	50% after deductible	\$35 copay	40% after deductible
Office Visits – Specialist	20% after deductible	40% after deductible	\$70 copay	50% after deductible	\$35 copay	40% after deductible
Urgent Care Visits	20% after deductible	40% after deductible	\$50 copay	50% after deductible	\$75 copay	40% after deductible
Emergency Care Visits	20% after deductible	40% after deductible	30% after deductible	50% after deductible	\$150 copay	40% after deductible
<b>Additional Services</b>						
Lab & X-ray Outpatient (minor)	20% after deductible	40% after deductible	\$35 copay	50% after deductible	\$35 copay	40% after deductible
Inpatient Hospital	20% after deductible	40% after deductible	30% after deductible	50% after deductible	10% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	30% after deductible	50% after deductible	10% after deductible	40% after deductible
Hospital Emergency Care Services (treated as network)	20% after deductible	40% after deductible	30% after deductible	50% after deductible	\$150 copay	\$150 copay
Chiropractic	20% after deductible	40% after deductible	30% after deductible	50% after deductible	\$50 copay	40% after deductible
<b>Prescription Drugs</b>						
Drug Deductible	Included with medical	Included with medical	None	None	None	None
Generic (30/90 Day Supply)	20% after deductible	40% after deductible	\$0 Retail and Mail Order	50% after deductible	\$10 copay / \$25 copay	40% after deductible
Preferred Brand	20% after deductible	40% after deductible	30% retail / \$125 Mail Order	50% after deductible	\$30 copay / \$75 copay	40% after deductible
Non-Preferred Brand	20% after deductible	40% after deductible	30% retail / \$125 Mail Order	50% after deductible	\$50 copay / \$125 copay	40% after deductible
Specialty	20% after deductible	40% after deductible	50% up to a max of \$1,500	50% after deductible	50% up to a max of \$1,500	40% after deductible