

my Rates and Benefit Changes

Changes effective September 1, 2021



Coverage Tier/Benefit	2020-2021	2021-2022
Employee Only	\$551.10*	\$542.48*
Employee and Spouse	\$1,382.06*	\$1,362.70*
Employee and Child(ren)	\$883.50*	\$872.16*
Employee and Family	\$1,478.56*	\$1,568.42*
Deductible (individual)	\$950	\$1,150
Out-of-Pocket Maximum (individual)	\$7,450	\$7,450
Copays (no changes)	Primary care office visit copay \$20; copay for first visit for illness waived, does not apply to wellness or preventive visits; \$0 copay for dependents under 19 for primary care. Specialist copay \$70	Primary care office visit copay \$20; copay for first visit for illness waived, does not apply to wellness or preventive visits; \$0 copay for dependents under 19 for primary care. Specialist copay \$70
Inpatient Copays	\$150 per day and 20% of charges after deductible	20% of charges after deductible
Rx Deductible per Individual (does not apply to preferred generic drugs)	\$150	\$200
Preferred Generic Copay	\$5 copay	\$10 copay

*Full monthly premiums represented above do not include district and state contributions. Please check with your district for monthly contributions.

North Central Texas Region