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**medical plan comparisons and rates**

**Medical plan comparison chart**

Here's a link to help you compare deductibles, copays, annual coinsurance maximums and prescription drug benefits.



**CLICK TO VIEW**

**Medical plan rates per paycheck**

Here's a look at how much you can expect to pay per pay period (based on 24 pay periods) for each of HISD's medical plan options.

	MEDICAL PLAN					Open Access
	Per pay period cost, based on 24 pay periods per year					
	Consumer Basic LIMITED	Consumer Basic CHOICE	Consumer Plus LIMITED	Consumer Plus CHOICE		
Employee only	\$22.82	\$28.54	\$45.97	\$57.46		\$232.86
Employee + spouse	\$115.70	\$144.63	\$149.25	\$186.56		\$477.70
Employee + child(ren)	\$111.30	\$139.14	\$144.05	\$180.06		\$466.77
Employee + family	\$200.10	\$250.14	\$242.05	\$302.56		\$687.09

**Prescription drug cost comparison**

Use this chart to compare prescription drug costs among the plan options.

	 <b>Consumer Basic LIMITED</b> Memorial Hermann network only	 <b>Consumer Basic CHOICE</b> Tier I      Tier II		 <b>Consumer Plus LIMITED</b> Memorial Hermann network only	 <b>Consumer Plus CHOICE</b> Tier I      Tier II		 <b>Open Access</b> In-network only
<b>Prescription drugs – retail</b>							
Rx deductible	 \$50 individual	\$50 individual		\$50 individual	\$50 individual		—
Generic	\$20	\$20		\$15	\$15		\$20
Preferred brand	\$50	\$50		\$40	\$40		\$30
Non-preferred brand	\$70	\$70		\$60	\$60		\$60
<b>Prescription drugs – mail</b>							
Generic	\$50	\$50		\$37.50	\$37.50		\$40
Preferred brand	\$125	\$125		\$100	\$100		\$60
Non-preferred brand	\$175	\$175		\$150	\$150		\$120

<b>Enroll</b>	
New to the district	
Eligibility	
2014 benefits guide and video	
2014 per-paycheck rates for all benefits	
◀ 2014 medical plan overview <ul style="list-style-type: none"> <li>Consumer options</li> <li>Consumer provider networks</li> <li>HealthFund</li> <li>Open Access</li> <li>Open Access provider network</li> <li>Select plan</li> <li>Medical plan comparisons and rates</li> </ul>	
2014 prescription drug program	
◀ 2014 voluntary coverage options	

**Is your annual salary \$25,000 or less?**  
 Check out the new Select medical plan.



Need help? Call us at 877-780-HISD (4473) or [email your issues or concerns](#).

The content on this website is intended for general information only.



In the case of a discrepancy, the official [plan documents](#) and [insurance contracts](#) will prevail.  
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