

Bishop Consolidated Independent School District
Self-Insured Medical Rates 2007-2008 School Year

Standard Plan/Plan I

	Employee Monthly Cost	Total Cost	Cobra Rates
Employee Only	\$60.00	\$335.00	\$341.70
Employee & Children	\$280.00	\$555.00	\$566.10
Employee & Spouse	\$312.00	\$587.00	\$598.74
Employee & Family	\$417.00	\$692.00	\$705.84

State Plan/Plan II

	Employee Monthly Cost	Total Cost	Cobra Rates
Employee Only	\$334.66	\$609.66	\$621.85
Employee & Children	\$578.66	\$853.66	\$870.73
Employee & Spouse	\$613.66	\$888.66	\$906.43
Employee & Family	\$723.66	\$998.66	\$1018.63

Alternate Plan

	Employee	Total Cost
Employee Only	\$Zero	\$200.00

District Contribution is \$200.00 plus an additional \$75.00 from State.