




**Kingsville Independent School District**

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*Dolores N. Hernandez*  
*Director of Personnel*



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## **Kingsville ISD Schedule of Premiums and Benefits**

Nondiscrimination: The Kingsville I. S. D. does not discriminate on the basis of age, race, religion, color, national origin, sex, or disability in providing education services, activities, and programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

**KINGSVILLE INDEPENDENT SCHOOL DISTRICT**  
**Schedule of Premiums and Benefit Adjustments**  
**Health Benefit Plan Year September 1, 2009 through August 31, 2010**

**Plan I - \$750 Deductible**

\$30.00 DR. OFFICE VISIT CO-PAY/\$100.00 MAXIMUM PER VISIT  
 GENERIC PRESCRIPTION DRUG CARD ONLY - \$5.00 CO-PAY  
 BRAND NAME DRUG - APPLIES TO DEDUCTIBLE  
 COVERAGE 80% AFTER DEDUCTIBLE IS MET  
 (Refer to plan booklet for complete benefit explanations)

Employee only	\$ 13.00
Employee & Child(ren)	\$153.00
Employee & Spouse	\$201.00
Employee & Family	\$342.00

**Plan II - \$500 Deductible**

\$20.00 DR. OFFICE VISIT CO-PAY/\$100.00 MAXIMUM PER VISIT  
 GENERIC DRUG - \$10.00 CO-PAY  
 BRAND DRUG WITH NO GENERIC AVAILABLE - \$25.00 CO-PAY  
 BRAND DRUG WITH A GENERIC AVAILABLE - \$40.00 CO-PAY  
 (Plus cost difference between the brand & generic)  
 COVERAGE 90% AFTER DEDUCTIBLE IS MET  
 (Refer to plan booklet for complete benefit explanations)

Employee only	\$ 87.00
Employee & Child(ren)	\$263.00
Employee & Spouse	\$424.00
Employee & Family	\$558.00

**Plan III - \$200 Deductible**

\$20.00 DR. OFFICE VISIT CO-PAY/\$100.00 MAXIMUM PER VISIT  
 GENERIC DRUG - \$10.00 CO-PAY  
 BRAND DRUG WITH NO GENERIC AVAILABLE - \$25.00 CO-PAY  
 BRAND DRUG WITH A GENERIC AVAILABLE - \$25.00 CO-PAY  
 (Plus cost difference between the brand & generic)  
 COVERAGE 90% AFTER DEDUCTIBLE IS MET  
 (Refer to plan booklet for complete benefit explanations)

Employee only	\$131.00
Employee & Child(ren)	\$376.00
Employee & Spouse	\$463.00
Employee & Family	\$709.00

**In-Hospital Benefit Plan (IHB)**

Employee only	\$0.00
\$25,000.00 Life Insurance Policy	\$0.00