PSFCA Health Plan Medical Rate Tier & Pricing
BCBSTX 2027

HOW TO READ THIS TERMS SHEET

1.0 IS THE BASELINE - The 1.0 tier is the standard starting rate used to calculate medical premiums. Your school's assigned medical rate tier is determined using its demographic data and/or medical claims history. A tier below 1.0 produces a lower medical rate than the baseline; a tier above 1.0 produces a higher medical rate. A 0.90 tier is below the 1.0 baseline. A 1.20 tier is above it. The applicable rate varies by coverage level and plan. The 1.0 baseline is not necessarily the rate your school will pay. Submit a completed census to obtain your School's tier rate for the plan year.

Plan	Coverage	.70 Rates	.80 Rates	.90 Rates	1.0 Rates	1.10 Rates	1.20 Rates	1.30 Rates	1.40 Rates	1.50 Rates	2.60 Rates
7k HDHP HAS	**Employee**	**$534.24**	**$604.85**	**$675.45**	**$746.06**	**$816.67**	**$887.27**	**$957.88**	**$1,028.48**	**$1,099.09**	**$1,875.76**
	Employee/Spouse	$995.38	$1,131.86	$1,268.34	$1,404.83	$1,541.31	$1,677.79	$1,814.27	$1,950.76	$2,087.24	$3,588.55
	Employee/Child(ren)	$956.82	$1,087.80	$1,218.77	$1,349.75	$1,480.72	$1,611.70	$1,742.67	$1,873.64	$2,004.62	$3,445.34
	Family	$1,458.48	$1,661.12	$1,863.76	$2,066.40	$2,269.04	$2,471.68	$2,674.32	$2,876.96	$3,079.60	$5,308.63
4k Deductible	**Employee**	**$556.29**	**$630.05**	**$703.80**	**$777.56**	**$851.31**	**$925.07**	**$998.82**	**$1,072.58**	**$1,146.34**	**$1,957.65**
	Employee/Spouse	$1,037.99	$1,180.56	$1,323.13	$1,465.70	$1,608.27	$1,750.83	$1,893.40	$2,035.97	$2,178.54	$3,746.81
	Employee/Child(ren)	$997.72	$1,134.54	$1,271.35	$1,408.17	$1,544.99	$1,681.80	$1,818.62	$1,955.44	$2,092.25	$3,597.24
	Family	$1,521.75	$1,733.43	$1,945.10	$2,156.78	$2,368.46	$2,580.14	$2,791.82	$3,003.50	$3,215.17	$5,543.64
3.5k Deductible	**Employee**	**$657.80**	**$746.06**	**$834.31**	**$922.57**	**$1,010.83**	**$1,099.08**	**$1,187.34**	**$1,275.60**	**$1,363.85**	**$2,334.68**
	Employee/Spouse	$1,234.20	$1,404.80	$1,575.40	$1,746.00	$1,916.60	$2,087.20	$2,257.80	$2,428.40	$2,599.00	$4,475.60
	Employee/Child(ren)	$1,186.01	$1,349.72	$1,513.44	$1,677.15	$1,840.87	$2,004.58	$2,168.30	$2,332.01	$2,495.73	$4,296.60
	Family	$1,813.07	$2,066.37	$2,319.67	$2,572.96	$2,826.26	$3,079.56	$3,332.85	$3,586.15	$3,839.45	$6,625.71
2k Deductible	**Employee**	**$732.75**	**$831.72**	**$930.68**	**$1,029.65**	**$1,128.61**	**$1,227.58**	**$1,326.54**	**$1,425.51**	**$1,524.47**	**$2,613.08**
	Employee/Spouse	$1,379.09	$1,570.39	$1,761.69	$1,952.99	$2,144.29	$2,335.59	$2,526.89	$2,718.19	$2,909.49	$5,013.78
	Employee/Child(ren)	$1,325.05	$1,508.63	$1,692.21	$1,875.79	$2,059.37	$2,242.94	$2,426.52	$2,610.10	$2,793.68	$4,813.05
	Family	$2,028.19	$2,312.22	$2,596.25	$2,880.28	$3,164.30	$3,448.33	$3,732.36	$4,016.39	$4,300.41	$7,424.72
TX HMO	**Employee**	**$582.94**	**$660.51**	**$738.07**	**$815.63**	**$893.20**	**$970.76**	**$1,048.32**	**$1,125.89**	**$1,203.45**	**$2,056.65**
	Employee/Spouse	$1,089.51	$1,239.44	$1,389.38	$1,539.31	$1,689.24	$1,839.17	$1,989.10	$2,139.03	$2,288.96	$3,938.20
	Employee/Child(ren)	$1,047.16	$1,191.04	$1,334.91	$1,478.79	$1,622.67	$1,766.55	$1,910.43	$2,054.31	$2,198.19	$3,780.86
	Family	$1,598.25	$1,820.86	$2,043.46	$2,266.07	$2,488.68	$2,711.28	$2,933.89	$3,156.50	$3,379.10	$5,827.78