



GREGORY-PORTLAND INDEPENDENT SCHOOL DISTRICT

STATE OF TEXAS ALTERNATIVE MEDICAL PROGRAM



ELAP-MULTI HEALTH PLANS

MONTHLY PAYROLL STAFF DEDUCTIONS

Individual deductible: **\$1,500** // Individual + 1 or more: **\$3,000**

**PRIMARY
PLAN**

Coverage Type	Cost	G-PISD Contribution	Net Monthly Cost
Employee Only	\$368	\$250	\$118
Employee w/ Spouse	\$1,107	\$250	\$857
Employee w/ Children	\$713	\$250	\$463
Employee w/ Family	\$1,356	\$250	\$1,106

Individual deductible: **\$500** // Individual + 1 or more: **\$1,500**

**PRIMARY+
PLAN**

Coverage Type	Cost	G-PISD Contribution	Net Monthly Cost
Employee Only	\$400	\$250	\$150
Employee w/ Spouse	\$1,225	\$250	\$975
Employee w/ Children	\$787	\$250	\$537
Employee w/ Family	\$1,500	\$250	\$1,250

Individual deductible: **\$1,400** // Individual + 1 or more: **\$2,800**

**HIGH
DEDUCTIBLE
PLAN**

Coverage Type	Cost	G-PISD Contribution	Net Monthly Cost
Employee Only	\$371	\$250	\$121
Employee w/ Spouse	\$1,121	\$250	\$992
Employee w/ Children	\$721	\$250	\$471
Employee w/ Family	\$1,355	\$250	\$1,085