

**Montgomery ISD Healthcare Premiums
2022-2023 Plan Year**

MISD Board Contribution	\$370.00
Employee Cost Per Pay Check	See Below

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Employee Cost Per Pay Check	See Below

TSHBP Direct Care (DC)	Full	Employee	Per Pay
HD Plan	Premium	Cost	Check Amount
Employee Only	\$378.00	\$8.00	\$4.00
Employee + Spouse	\$1,035.00	\$665.00	\$332.50
Employee + Child(ren)	\$708.00	\$338.00	\$169.00
Employee + Family	\$1,357.00	\$987.00	\$493.50

Aetna PPO	Full	Employee	Per Pay
HD Plan	Premium	Cost	Check Amount
Employee Only	\$426.00	\$56.00	\$28.00
Employee + Spouse	\$1,198.00	\$828.00	\$414.00
Employee + Child(ren)	\$765.00	\$395.00	\$197.50
Employee + Family	\$1,432.00	\$1,062.00	\$531.00

TSHBP Direct Care (DC)	Full	Employee	Per Pay
CoPay Plan	Premium	Cost	Check Amount
Employee Only	\$421.00	\$51.00	\$25.50
Employee + Spouse	\$1,178.00	\$808.00	\$404.00
Employee + Child(ren)	\$801.00	\$431.00	\$215.50
Employee + Family	\$1,556.00	\$1,186.00	\$593.00

Aetna PPO	Full	Employee	Per Pay
CoPay Plan	Premium	Cost	Check Amount
Employee Only	\$473.00	\$103.00	\$51.50
Employee + Spouse	\$1,237.00	\$867.00	\$433.50
Employee + Child(ren)	\$803.00	\$433.00	\$216.50
Employee + Family	\$1,519.00	\$1,149.00	\$574.50