

MCALLEN INDEPENDENT SCHOOL DISTRICT

2007-2008

Health/Dental Plan Rates & Prescription Co-Pays Self-Funded Plan

| Employee Contributions (Monthly) | Basic Plan | | High Plan | | State Plan | | Alternate Plan | Dental Plan |
|-------------------------------------|------------|-------------------|-----------|-------------------|------------|-------------------|----------------------|----------------------|
| | 2006-2007 | 2007-2008 | 2006-2007 | 2007-2008 | 2006-2007 | 2007-2008 | No Changes | No Changes |
| Employee Only | \$ 22.00 | \$ 24.00 (+\$2) | \$ 78.00 | \$ 83.00 (+\$5) | \$ 176.00 | \$ 188.00 (+\$12) | \$0-Paid by District | \$0-Paid by District |
| Employee & One Child | \$ 157.00 | \$ 168.00 (+\$11) | \$ 188.00 | \$ 201.00 (+\$13) | \$ 404.00 | \$ 432.00 (+\$28) | N/A | N/A |
| Employee & Spouse | \$ 273.00 | \$ 292.00 (+\$19) | \$ 359.00 | \$ 384.00 (+\$25) | \$ 524.00 | \$ 561.00 (+\$37) | N/A | N/A |
| 2 Persons Employed-Family | \$ 160.00 | \$ 171.00 (+\$11) | \$ 292.00 | \$ 312.00 (+\$20) | \$ 626.50 | \$ 671.00 (+\$44) | N/A | \$ 17.82 |
| Employee & Family | \$ 327.00 | \$ 350.00 (+\$23) | \$ 441.00 | \$ 472.00 (+\$31) | \$ 781.00 | \$ 836.00 (+\$55) | N/A | \$ 36.00 |

| Prescription Co-Pays 30 Day Supply-Retail | Basic Plan | | High Plan | | State Plan | |
|---|------------|-------------------|-----------|-------------------|------------|---------------------|
| | 2006-2007 | 2007-2008 | 2006-2007 | 2007-2008 | 2006-2007 | 2007-2008 |
| Generic | \$ 5.00 | \$ 2.50 (-\$2.50) | \$ 5.00 | \$ 2.50 (-\$2.50) | \$ 10.00 | \$ 5.00 (-\$5.00) |
| Brand-Formulary | \$ 25.00 | \$ 25.00 (\$0) | \$ 20.00 | \$ 20.00 (\$0) | \$ 25.00 | \$ 25.00 (\$0) |
| Brand-Non Formulary | \$ 45.00 | \$ 45.00 (\$0) | \$ 35.00 | \$ 35.00 (\$0) | \$ 40.00 | \$ 40.00 (\$0) |
| Prescription Co-Pays 90 Day Supply-Mail Order* | Basic Plan | | High Plan | | State Plan | |
| | 2006-2007 | 2007-2008 | 2006-2007 | 2007-2008 | 2006-2007 | 2007-2008 |
| Generic | \$ 7.50 | \$ 3.75 (-\$3.75) | \$ 7.50 | \$ 3.75 (-\$3.75) | \$ 20.00 | \$ 10.00 (-\$10.00) |
| Brand-Formulary | \$ 37.50 | \$ 37.50 (\$0) | \$ 30.00 | \$ 30.00 (\$0) | \$ 50.00 | \$ 50.00 (\$0) |
| Brand-Non Formulary | \$ 67.50 | \$ 67.50 (\$0) | \$ 52.50 | \$ 52.50 (\$0) | \$ 80.00 | \$ 80.00 (\$0) |

*90 Day Supply also available at select retail pharmacies. Contact SunRX at 1-800-786-1791 for a pharmacy listing.