

Carrier	BCBSTX		BCBSTX	
Plan	HSA 6000 - PPO		HSA 3300 - PPO	
Network	Blue Choice PPO		Blue Choice PPO	
<b>Annual Deductible</b> <i>Individual / Family</i>	\$6,000 / \$10,000	\$6,000 / \$12,000	\$3,300 / \$6,600	\$6,000 / \$12,000
<b>Out-of-Pocket Maximum</b> <i>Individual / Family</i>	\$10,000 / \$20,000	Unlimited	\$6,900 / \$13,800	Unlimited
<b>Coinsurance</b>	20% AD	50% AD	20% AD	50% AD
<b>Office Visits</b> <i>PCP / Specialist</i> <i>Telemedicine</i>	20% AD 20% AD	50% AD 50% AD	20% AD 20% AD	50% AD 50% AD
<b>Urgent Care</b>	20% AD	50% AD	20% AD	50% AD
<b>Emergency Room</b>	\$750 Copay + 20% AD		\$750 Copay + 20% AD	
<b>Retail Pharmacy</b>				
<b>Deductible</b>	Integrated with Medical		Integrated with Medical	
<b>Generic / Tier 1</b> <i>30-Day Supply</i>	\$20, \$0 for certain generics		\$20, \$0 for certain generics	
<b>Brand / Tier 2 &amp; 3</b> <i>Preferred / Non-Preferred</i>	\$50 / \$80		\$50 / \$80	
<b>Specialty / Tier 4 &amp; 5</b>	\$150 / \$150		\$150 / \$150	

Employee Rates (Monthly)	HSA 6000 - PPO	HSA 3300 - PPO
*District's \$410 already applied	2026-2027	2026-2027
Emp Only	\$254.11	\$594.45
Emp + Spouse	\$930.63	\$1,617.66
Emp + Child(ren)	\$753.29	\$1,349.43
Emp + Family	\$1,534.94	\$2,531.66

BCBSTX		BCBSTX	
HMO 2000		HMO 6000	
Blue Essentials HMO		Blue Essentials HMO	
\$2,000 / \$4,000	N/A	\$6,000 / \$12,000	N/A
\$6,000 / \$12,000	N/A	\$7,000 / \$14,000	N/A
20%	N/A	20%	N/A
\$45 / \$55 \$0	N/A	\$45 / \$55 \$0	N/A
\$100	N/A	\$100	N/A
\$750 Copay + 20% AD	N/A	\$750 Copay + 20% AD	N/A
N/A		N/A	
N/A		N/A	
\$20, \$0 for certain generics		\$20, \$0 for certain generics	
\$50 / \$80		\$50 / \$80	
\$150 / \$150		\$150 / \$150	

HMO 2000	HMO 6000
2026-2027	2026-2027
\$783.23	\$409.19
\$1,998.77	\$1,538.69
\$1,680.13	\$1,024.93
\$3,084.55	\$1,989.08

AD = After Deductible