

**Abilene Independent School District
Medical Rates for 2026-2027
Blue Cross Blue Shield of Texas**

The chart below shows the new premium rates, current level of district contribution, and net employee cost for each plan.
*AISD has elected to contribute \$410 per month rather than the state minimum requirement of \$225.

	HDHP - HSA Option 1				HDHP - HSA Option 2			
	\$6,000 Deductible Individual (PPO Network) \$6,000 Deductible Individual (Out-of-Network) \$10,000 Deductible Family (PPO Network) \$12,000 Deductible Family (Out-of-Network) \$10,000/\$20,000 Individual/Family MOOP (PPO Network) Unlimited MOOP (Out-of-Network)				\$3,300 Deductible Individual (PPO Network) \$6,000 Deductible Individual (Out-of-Network) \$6,600 Deductible Family (PPO Network) \$12,000 Deductible Family (Out-of-Network) \$6,900/\$13,800 Individual/Family MOOP (PPO Network) Unlimited MOOP (Out-of-Network)			
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	\$664.11	\$410.00	\$254.11	\$127.06	\$1,004.45	\$410.00	\$594.45	\$297.23
Employee & Spouse	\$1,340.63	\$410.00	\$930.63	\$465.32	\$2,027.66	\$410.00	\$1,617.66	\$808.83
Employee & Child(ren)	\$1,163.29	\$410.00	\$753.29	\$376.65	\$1,759.43	\$410.00	\$1,349.43	\$674.72
Employee & Family (incl spouse)	\$1,944.94	\$410.00	\$1,534.94	\$767.47	\$2,941.66	\$410.00	\$2,531.66	\$1,265.83
	HMO Option 1 (In-Network ONLY)				HMO Option 2 (In-Network ONLY)			
	\$6,000 Deductible Individual \$12,000 Deductible Family \$7,000/\$14,000 Individual/Family MOOP				\$2,000 Deductible Individual \$4,000 Deductible Family \$6,000/\$12,000 Individual/Family MOOP			
	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	\$819.19	\$410.00	\$409.19	\$204.60	\$1,193.23	\$410.00	\$783.23	\$391.62
Employee & Spouse	\$1,948.69	\$410.00	\$1,538.69	\$769.35	\$2,408.77	\$410.00	\$1,998.77	\$999.39
Employee & Child(ren)	\$1,434.93	\$410.00	\$1,024.93	\$512.47	\$2,090.13	\$410.00	\$1,680.13	\$840.07
Employee & Family (incl spouse)	\$2,399.08	\$410.00	\$1,989.08	\$994.54	\$3,494.55	\$410.00	\$3,084.55	\$1,542.28

Abbreviations	
HMO	Health Maintenance Organization
MOOP	Maximum Out of Pocket