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 $6,000 Deductible Individual (PPO Network) $6,000 Deductible Indivdual (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)					HDHP - HSA Option 2 $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	26/27 Only District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	26/27 Only District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	$664.11	*$410.00*	*$100.00*	$154.11	$77.06	$1,004.45	*$410.00*	*$100.00*	$494.45	$247.23
Employee & Spouse	$1,340.63	*$410.00*	*$100.00*	$830.63	$415.32	$2,027.66	*$410.00*	*$100.00*	$1,517.66	$758.83
Employee & Child(ren)	$1,163.29	*$410.00*	*$100.00*	$653.29	$326.65	$1,759.43	*$410.00*	*$100.00*	$1,249.43	$624.72
Employee & Family (incl spouse)	$1,944.94	*$410.00*	*$100.00*	$1,434.94	$717.47	$2,941.66	*$410.00*	*$100.00*	$2,431.66	$1,215.83
	HMO Option 1 (In-Network ONLY) $6,000 Deductible Individual $12,000 Deductible Family $7,000/$14,000 Individual/Family MOOP					HMO Option 2 (In-Network ONLY) $2,000 Deductible Individual $4,000 Deductible Family $6,000/$12,000 Individual/Family MOOP				
	Monthly Premium	*District Contribution	26/27 Only District Contribution	Employee Cost/month	Employee Cost/pay ck	Monthly Premium	*District Contribution	26/27 Only District Contribution	Employee Cost/month	Employee Cost/pay ck
Employee ONLY	$819.19	*$410.00*	*$100.00*	$309.19	$154.60	$1,193.23	*$410.00*	*$100.00*	$683.23	$341.62
Employee & Spouse	$1,948.69	*$410.00*	*$100.00*	$1,438.69	$719.35	$2,408.77	*$410.00*	*$100.00*	$1,898.77	$949.39
Employee & Child(ren)	$1,434.93	*$410.00*	*$100.00*	$924.93	$462.47	$2,090.13	*$410.00*	*$100.00*	$1,580.13	$790.07
Employee & Family (incl spouse)	$2,399.08	*$410.00*	*$100.00*	$1,889.08	$944.54	$3,494.55	*$410.00*	*$100.00*	$2,984.55	$1,492.28

Abbreviations			
HMO	Health Maintenance Organization		
MOOP	Maximum Out of Pocket		