Carrier	BCBSTX		BCBSTX		BCBSTX		BCBSTX	
Plan	HSA 6000 - PPO		HSA 3300 - PPO		HMO 2000		HMO 6000	
Network	Blue Choice PPO		Blue Choice PPO		Blue Essentials HMO		Blue Essentials HMO	
Annual Deductible *Individual / Family*	$6,000 / $10,000	$6,000 / $12,000	$3,300 / $6,600	$6,000 / $12,000	$2,000 / $4,000	N/A	$6,000 / $12,000	N/A
Out-of-Pocket Maximum *Individual / Family*	$10,000 / $20,000	Unlimited	$6,900 / $13,800	Unlimited	$6,000 / $12,000	N/A	$7,000 / $14,000	N/A
Coinsurance	20% AD	50% AD	20% AD	50% AD	20%	N/A	20%	N/A
Office Visits *PCP / Specialist* *Telemedicine*	20% AD 20% AD	50% AD 50% AD	20% AD 20% AD	50% AD 50% AD	$45 / $55 $0	N/A	$45 / $55 $0	N/A
Urgent Care	20% AD	50% AD	20% AD	50% AD	$100	N/A	$100	N/A
Emergency Room	$750 Copay + 20% AD		$750 Copay + 20% AD		$750 Copay + 20% AD	N/A	$750 Copay + 20% AD	N/A
Retail Pharmacy								
Deductible	Integrated with Medical		Integrated with Medical		N/A		N/A	
Generic / Tier 1 *30-Day Supply*	$20, $0 for certain generics		$20, $0 for certain generics		$20, $0 for certain generics		$20, $0 for certain generics	
Brand / Tier 2 & 3 *Preferred / Non-Preferred*	$50 / $80		$50 / $80		$50 / $80		$50 / $80	
Specialty / Tier 4 & 5	$150 / $150		$150 / $150		$150 / $150		$150 / $150	

Employee Rates (Monthly)	HSA 6000 - PPO		HSA 3300 - PPO		HMO 2000		HMO 6000	
*District's $410 already applied	26/27 Added District Contribution	New Monthly Premium	26/27 Added District Contribution	New Monthly Premium	26/27 Added District Contribution	New Monthly Premium	26/27 Added District Contribution	New Monthly Premium
Emp Only	$100.00	$154.11	$100.00	$494.45	$100.00	$683.23	$100.00	$309.19
Emp + Spouse	$100.00	$830.63	$100.00	$1,517.66	$100.00	$1,898.77	$100.00	$1,438.69
Emp + Child(ren)	$100.00	$653.29	$100.00	$1,249.43	$100.00	$1,580.13	$100.00	$924.93
Emp + Family	$100.00	$1,434.94	$100.00	$2,431.66	$100.00	$2,984.55	$100.00	$1,889.08

AD = After Deductible