



Medical Coverage

When it comes to Medical Coverage, East Central Independent School District offers two options through BlueCross BlueShield of Texas (BCBSTX). Each Medical plan provides coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs and hospitalization. In-network preventive care services are covered at 100 percent.

Under the **Blue Choice PPO Plan**, you choose a network provider each time you need medical care. **The Blue Essentials HMO Plan** uses a Texas-only network limited to doctors, specialists, and hospitals in your area. While the network is smaller, rest assured that Blue Essentials providers offer top-tier, quality, and cost-efficiency. **This plan is only available to those who live in Texas in a Blue Essentials network area.**

Under the **Blue Essentials HMO Plan**, you receive no benefits from the plan if you use a non-network provider – you will be responsible for 100 percent of the cost for all care you receive. The only exception is if you have a true emergency and must go to the emergency room. The plan will then pay as if the claim were in network.

To find providers in either network, you can visit www.bcbstx.com and click on Search as a Guest.

Blue Choice PPO Plan

The PPO Plan lets you pay for certain medical services at a set rate, called a copay. You will pay the copay amount even if you have not yet met your deductible for the year.

Blue Essentials HMO Plan

The Blue Essentials HMO Plan offers a Texas-only "Blue Essentials" network of providers with top tier quality and cost-efficiency. You must select a Primary Care Physician (PCP) and get referrals from them for all other care.* This plan is only available to those who live in Texas in a Blue Essentials network area.

*Emergencies, obstetrical and gynecological services, behavioral/chemical dependency services, and annual diabetic retinal eye exams do not require a referral.

Medical Plan Comparison

Plan Highlights	Blue Choice PPO Plan	PPO Plan Out-of-Network	Blue Essentials HMO Plan In-Network Only
Network	Blue Choice	N/A	Blue Essentials
Deductible			
Individual	\$2,500	\$5,000	\$2,500
Family	\$5,000	\$8,000	\$5,000
Out-Of-Pocket-Max			
Individual	\$9,000	Unlimited	\$9,000
Family	\$18,000	Unlimited	\$18,000
	You Pay	You Pay	You Pay
Physician Office Visit			
Primary Care (PCP)	\$25 copay	40% after deductible	\$25 copay
Specialist (Designated/Non-Designated)	\$50 copay	40% after deductible	\$50 copay
MDLive 24/7 Virtual Acute & Behavioral Care	\$0	N/A	\$0
Hospital & Emergency Services			
Inpatient/Outpatient Services	20% after deductible	40% after deductible	20% after deductible
Emergency Room-Facility	\$250 copay + 20% deductible	40% after deductible	\$250 copay + 20% deductible
Urgent Care	\$50 copay	40% after deductible	\$50 copay
Other Services			
Imaging (CT/PET/MRI)	20% after deductible	40% after deductible	20% after deductible
Diagnosis, X-Ray, & Lab Services*	20% after deductible	40% after deductible	20% after deductible
Rx Plan Highlights			
Rx Deductible	\$250 Brand/Specialty	\$250 Brand/Specialty	\$250 Brand/Specialty
Generic (30-Day Supply/90-Day Supply)	\$0 Retail and Mail Order	40% Retail	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$175 Mail Order	30% Retail + 40%	30% Retail / \$175 Mail Order
Non-Preferred Brand	30% Retail / \$175 Mail Order	30% Retail + 40%	30% Retail / \$175 Mail Order
Specialty	50% up to a max of \$2,500	Not Covered	50% up to a max of \$2,500

*For these services to be covered under your office visit copay, they must be performed and billed by your physician's office. If they are performed and/or billed by a third party, they will be subject to the plan's deductible and coinsurance.

Copay

You will pay the listed copay amount no matter how much you have spent on health care services throughout the year. The copay will not count toward your deductible, but it will count toward your out-of-pocket maximum.

Blue Essentials Network Information

The Blue Essentials HMO Medical Plan uses the Blue Essentials (HMO) Network, which is a Texas-only network limited to doctors, specialists, and hospitals in your area. While the network is smaller, rest assured the Blue Essentials providers offer top-tier quality and cost-efficiency. And if you need care while traveling, you can use doctors or hospitals in the Away from Home Care feature.

Blue Essentials HMO plan participants must select a Primary Care Physician (PCP) and get referrals from them for all other care except for the following: emergencies, obstetrical and gynecological services, behavioral health / chemical dependency services, and annual diabetic retinal eye exams. Doctors that you can designate as your PCP include family practitioners, general practitioners, internists, some obstetricians and gynecologists, and pediatricians.

Having one health care expert – your PCP – to coordinate all your health care needs can help keep your costs and your health on track. And an early diagnosis and treatment can keep many common health issues from getting worse.

Note: This Medical plan is only available to those who live in Texas in a Blue Essentials network area. It is not recommended for those who travel outside of Texas for long periods or who have a dependent living out-of-state.

Monthly Premiums: The table below displays the monthly cost to the employee; the District contributes \$498 in addition to the amount shown.

2026 - 2027	PPO Rates	HMO Rates
Employee Only	\$181	\$155
Employee + Spouse	\$1,077	\$927
Employee + Child(ren)	\$551	\$474
Employee + Family	\$1,436	\$1,234

Prescription Drug Coverage

When you need a medication, ask your doctor or other prescriber if there is a generic available, as these generally cost less. Additionally, many diabetic and hypertension drugs are available at no cost to plan participants.

Retail Pharmacy Network

Short-term medications can be filled at network pharmacies up to a 30-day supply. The BCBSTX-Prime Therapeutics Traditional Select Network includes participating pharmacies nationwide. To locate a pharmacy, go to www.myprime.com.

Plan Highlights	PPO Plan	PPO Plan Out-of-Network	HMO Plan No Out-of-Network Coverage
Network	BlueCard PPO	N/A	Blue Essentials
Rx Plan Highlights			
Rx Deductible	\$250 Brand/Specialty	\$250 Brand/Specialty	\$250 Brand/Specialty
Generic (30-Day Supply/90-Day Supply)	\$0 Retail and Mail Order	40% Retail	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$175 Mail Order	30% Retail + 40%	30% Retail / \$175 Mail Order
Non-Preferred Brand	30% Retail / \$175 Mail Order	30% Retail + 40%	30% Retail / \$175 Mail Order
Specialty	50% up to a max of \$2,500	Not Covered	50% up to a max of \$2,500

Long-Term (Maintenance) Medications

ECISD's prescription drug coverage offers you choice and savings when it comes to filling long-term or maintenance prescriptions (up to a 90-day supply). You have two ways to save, and you can easily order refills and manage your prescriptions anytime at www.myprime.com.

Retail Pharmacy

- Pick up your maintenance medication at a time that is convenient for you at a retail pharmacy.
- Enjoy same-day prescription availability.
- Talk with a pharmacist face-to-face.

Mail Service Pharmacy

- Enjoy convenient home delivery of your prescriptions with Express Scripts® Pharmacy.
- Sign up at www.express-scripts.com/BCBSTX or call (833) 715-0942 after the effective date.

- Your doctor can fax, call, or send your prescription electronically to Express Scripts® Pharmacy. They may call (888) 327-9791 for assistance.

Generic Step Therapy

For certain high-cost prescription drugs, you may need to try two alternative, generic medications first before “stepping up” to a more costly treatment. Your pharmacist will let you know at the time of purchase if your prescription requires step therapy.

Dispense as Written Penalty

If you elect to fill a brand-name medication when a generic is available, you will pay your generic copay AND the cost difference between the brand-name and the generic medication. Generic drugs can save you money. They are chemically equivalent to brand-name medications, but they generally cost a fraction of the price.