Harlingen CISD
EFFECTIVE 1/1/2027

Medical and Pharmacy Provider:
Blue Cross and Blue Shield of Texas / Prime Therapeutics

Customer Service: 1-800-521-2227
MD Live:1-888-680-8646

HCISD contribution to all coverage tiers: $577.51

Coverage tier	HMO PLAN Blue Essentials Employer Monthly Premium	HMO PLAN Blue Essentials Employee Monthly Deduction	PPO PLAN Blue Choice Employer Monthly Premium	PPO PLAN Blue Choice Employee Monthly Deduction
EMPLOYEE ONLY	$ 577.51	$0.00	$ 717.51	$ 140.00
EMPLOYEE AND SPOUSE	$ 1,134.10	$ 556.59	$ 1,433.51	$ 856.00
EMPLOYEE AND 1 CHILD *	$ 984.90	$ 407.39	$ 1,257.51	$ 680.00
EMPLOYEE AND CHILDREN	$ 1,032.91	$ 455.40	$ 1,257.51	$ 680.00
EMPLOYEE AND FAMILY	$ 1,336.50	$ 758.99	$ 1,708.51	$ 1,131.00
BOTH SPOUSES EMPLOYED BY DISTRICT (full-time)	$ 1,411.84	$ 256.82	$ 1,795.02	$ 640.00

HMO:
*Primary Care Provider Required
*Referral to Specialist Required
*No out-of-network benefits

PPO:
*Primary Care Provider NOT Required
*Referral to Specialist NOT Required
*Includes out-of-network benefits

	HMO PLAN In-Network	PPO PLAN In-Network
OFFICE VISITS - PCP	$35 CO-PAY	$35 CO-PAY
OFFICE VISITS - SPECIALISTS	$55 CO-PAY	$55 CO-PAY
MDLIVE Virtual Visits	$0 CO-PAY	$0 CO-PAY
CONTRACT YEAR DEDUCTIBLE	$2,500 Individual $5,000 Per Family	$2,500 Individual $5,000 Per Family
OUT- OF- POCKET MAXIMUM	$8,050 Individual $16,100 Per Family	$8,050 Individual $16,100 Per Family
EMERGENCY CARE	30% after deductible	30% after deductible
PHARMACY	$100 deductible-non-generic $35-$55-$85	$100 deductible-non-generic $35-$55-$85
MAIL ORDER (90 DAYS)	$70-$110-$170	$70-$110-$170
PHARMACY OUT- OF- POCKET MAXIMUM	$2,000 Individual $4,000 Per Family	$2,000 Individual $4,000 Per Family