

**Abilene Independent School District
Medical Rates for 2025-2026
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) \$8,300/\$16,000 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	\$409.69	\$410.00	\$0.00	\$0.00	\$619.65	\$410.00	\$209.65	\$104.83
Employee & Spouse	\$827.04	\$410.00	\$417.04	\$208.52	\$1,250.87	\$410.00	\$840.87	\$420.44
Employee & Child(ren)	\$717.64	\$410.00	\$307.64	\$153.82	\$1,085.40	\$410.00	\$675.40	\$337.70
Employee & Family (incl spouse)	\$1,199.84	\$410.00	\$789.84	\$394.92	\$1,814.72	\$410.00	\$1,404.72	\$702.36
	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	\$505.36	\$410.00	\$95.36	\$47.68	\$736.11	\$410.00	\$326.11	\$163.06
Employee & Spouse	\$1,202.15	\$410.00	\$792.15	\$396.08	\$1,485.98	\$410.00	\$1,075.98	\$537.99
Employee & Child(ren)	\$885.21	\$410.00	\$475.21	\$237.61	\$1,289.41	\$410.00	\$879.41	\$439.71
Employee & Family (incl spouse)	\$1,480.00	\$410.00	\$1,070.00	\$535.00	\$2,155.80	\$410.00	\$1,745.80	\$872.90

Abbreviations	
HMO	Health Maintenance Organization
MOOP	Maximum Out of Pocket