



## South Texas ISD Medical Plan Comparison (2025–2026)

Feature	HMO Plan	PPO Plan
<b>Network Type</b>	Statewide network (referrals required)	Nationwide network (no referrals needed)
<b>Primary Care Physician (PCP)</b>	Required	Not required
<b>Deductible (Individual/Family)</b>	\$1,200 / \$2,400	\$750/ \$1,500
<b>Coinsurance</b>	20% after deductible	20% after deductible
<b>Out-of-Pocket Max (Ind./Fam.)</b>	\$6,900 / \$13,800	\$5,000 / \$10,000
<b>Office Visit Copay</b>	\$15 PCP / \$70 Specialist	\$15 PCP / \$70 Specialist
<b>Urgent Care</b>	\$50	\$50
<b>Emergency Care</b>	20% after deductible	20% after deductible
<b>Generic Prescription (30 day/90 day)</b>	\$10/\$30	\$10/\$30
<b>Preferred</b>	\$40/\$120	\$40/\$120
<b>Non-Preferred</b>	\$65/\$195	\$65/\$195

Monthly Premiums	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>HMO</b> Employee Cost	\$0.00	\$550.00	\$265.00	\$785.00
<b>PPO</b> Employee Cost	\$0.00	\$750.00	\$400.00	\$1,100.00