



South Texas ISD Medical Plan Comparison (2026-2027)

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

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