

2026 MEDICAL PLANS: Open Enrollment



Plan Name	BCBS PPO	BCBS HDHP
Network	Blue Choice	Blue Choice
(PCP Required)	No	No
Deductible		
In-Network (Individual/Family)	\$1,500 Individual \$3,000 Family	\$3,400 Individual \$6,800 Family
Out-of-Network (Individual/Family)	\$3,000 Individual \$6,000 Family	\$7,000 Individual \$14,000 Family
Out-of-Pocket Maximum		
In-Network (Individual/Family)	\$4,000 Individual \$8,000 Family	\$6,000 Individual \$12,000 Family
Out-of-Network (Individual/Family)	\$8,000 Individual \$16,000 Family	\$14,000 Individual \$28,000 Family
Coinsurance		
In-Network	Plan Covers 80%; Employee 20%	Plan Covers 80%; Employee 20%
Out-of-Network	Plan Covers 60%; Employee 40%	Plan Covers 50%; Employee 50%
Office Visit (PCP/Spec)	\$25 Copay / \$50 Copay per Visit	20% After Deductible
Preventive Services	No Charge in Network	No Charge in Network
Inpatient Services		
In-Network	20% After Deductible	20% After Ded * Prior Authorization Required
Out-of-Network	40% After Deductible	50% After Deductible
Outpatient Services		
In-Network	20% After Deductible	20% After Deductible
Out-of-Network	40% After Deductible	50% After Deductible
Emergency Room Services	\$500 Copay, then 20%	20% After Deductible
Urgent Care Facility	\$75 Copay per Visit	20% After Deductible
Pharmacy		
Tier 1 - Generic	\$10 Copay	20% After Deductible
Tier 2 - Preferred Brand	\$35 Copay	20% After Deductible
Tier 3 - Non-Preferred Brand	\$70 Copay	20% After Deductible
PER PAYCHECK DEDUCTIONS		
Employee Only	\$25.00	\$0.00
Employee + Spouse	\$338.59	\$250.97
Employee + Child(ren)	\$247.50	\$177.69
Employee + Family	\$471.34	\$357.88

Note: For employees who elect the HDHP Plan, The City of Seguin will contribute all Employee Only funding (\$2,080) to their Health Savings Account (HSA) at the beginning of the plan year.

For employees who elect the HDHP Plan with dependent coverage, The City of Seguin will contribute all Employee + Dependent funding (\$3,000) to the employee's Health Savings Account (HSA) at the beginning of the plan year.

WHAT DOES IT ALL MEAN? HERE ARE A COUPLE OF EXAMPLES:



Example 1:

Let's say you, the employee, are enrolled in the HDHP medical plan and you need treatment for a serious condition. The following amounts apply to your plan:

Medical Bills: \$10,000

Deductible: \$3,400

Coinsurance: 20%

Out-of-Pocket Maximum: \$6,000

You will pay the first \$3,400 (your deductible).

You will pay 20% of the remaining \$6,600 or \$1,320 (your coinsurance amount).

Your total out-of-pocket costs will be \$4,720.

If your total out-of-pocket costs reach \$6,000, you would only pay that amount, including your deductible and coinsurance. The insurance company would then pay 100% of all covered services for the rest of the plan year.

Note: In this example you would need \$16,400 in medical bills to reach your out-of-pocket maximum.

Example 2:

Let's say you, the employee, are enrolled in the PPO medical plan and you need treatment for a serious condition. The following amounts apply to your plan:

Medical Bills: \$10,000

Deductible: \$1,500

Coinsurance: 20%

Out-of-Pocket Maximum: \$4,000

You will pay the first \$1,500 (your deductible, copays do not count toward this amount).

You will pay 20% of the remaining \$8,500 or \$1,700 (your coinsurance amount).

Your total out-of-pocket costs will be \$3,200.

If your total out-of-pocket costs reach \$4,000, you would only pay that amount, including your deductible and coinsurance. The insurance company would then pay 100% of all covered services for the rest of the plan year.

Note: In this example you would need \$14,000 in medical bills to reach your out-of-pocket maximum.