

Medical and Pharmacy

On 9/1/2025, Beaumont ISD will continue to offer three (3) medical plans to eligible employees. Blue Cross offers several options for care. Knowing the right place to go can save you time, money, and unpleasant financial surprises. The chart below provides a plan comparison overview illustrating the plan highlights.

Plan Name	BCBS HMO	BCBS PPO	BCBS HDHP
Network	Blue Essentials	Blue Choice	Blue Choice
(PCP Required)	Yes	No	No
Deductibles			
In-Network (Individual/Family)	\$5,000 Individual \$10,000 Family	\$4,000 Individual \$8,000 Family	\$3,500 Individual \$10,500 Family
Out-of-Network (Individual/Family)	N/A	\$8,000 Individual \$16,000 Family	\$7,000 Individual \$21,000 Family
Out-of-Pocket Maximums			
In-Network (Individual/Family)	\$9,100 Individual \$18,200 Family	\$9,100 Individual \$18,200 Family	\$5,000 Individual \$15,000 Family
Out-of-Network (Individual/Family)	N/A	\$18,000 Individual \$54,000 Family	\$10,000 Individual \$30,000 Family
Coinsurance			
In-Network	70%	90%	90%
Out-of-Network	N/A	50%	70%
Office Visit (PCP/Specialist)	\$45 Copay / \$70 Copay per Visit	\$45 Copay / \$70 Copay per Visit	10% after Deductible
Preventive Services	Covered at 100%	Covered at 100%	Covered at 100%
Telemedicine	\$45 Copay	\$45 Copay	\$48 charge
Inpatient Services			
In-Network	30% after Deductible	10% after Deductible	10% after Deductible
Out-of-Network	N/A	50% after Deductible	30% after Deductible
Outpatient Services			
In-Network	30% after Deductible	10% after Deductible	10% after Deductible
Out-of-Network	N/A	50% after Deductible	30% after Deductible
Emergency Room Services	\$500 Copay after Deductible	\$500 Copay plus 10%	10% after Deductible
Urgent Care Facility	\$75 Copay per Visit	\$75 Copay per Visit	10% after Deductible
Pharmacy			
Tier 1 - Generic	\$15 Copay	\$10 Copay	10% after Deductible
Tier 2 - Preferred Brand	\$100 Copay	\$45 Copay	10% after Deductible
Tier 3 - Non-Preferred Brand	\$200 Copay	\$100 Copay	10% after Deductible
Per Paycheck Deductions (24 Pay Periods)			
Employee Only	\$21.05	\$72.50	\$48.30
Employee + Spouse	\$457.10	\$597.80	\$531.60
Employee + Child(ren)	\$239.75	\$335.95	\$290.65
Employee + Family	\$667.50	\$851.35	\$764.80