

Pflugerville ISD Medical Plan Options and Employee Rates for January 1, 2026

Medical Benefits	BCBS High - PPO	HCH Low - PPO	BCBS - HMO	HCH HDHP
	In Network Only - National Network: BCBSChoice PPO	In Network Only - Texas (St. David's Facilities) Network: HCH Sync	In Network Only - Texas Network: Blue Essentials - HMO	In Network Only - Texas (St. David's Facilities) Network: HCH Sync
4 Plan Options				
Deductible				
Individual	\$3,000	\$3,500	\$4,000	\$6,000
Family	\$6,000	\$7,000	\$8,000	\$12,000
Co-Insurance	80%	80%	70%	70%
Individual Maximum Out of Pocket	\$8,500	\$8,500	\$8,500	\$7,500
Family Maximum Out of Pocket	\$17,000	\$17,000	\$17,000	\$15,000
Primary Office Visit	\$35 copay	\$20 copay	\$40 copay	70% after deductible
Specialist Office Visit	\$50 copay	\$35 copay	\$55 copay	70% after deductible
Virtual Visit	\$0 copay	\$0 copay	\$0 copay	100% after deductible
Inpatient Hospital	80% after deductible	80% after deductible	70% after deductible	70% after deductible
Outpatient Surgery	80% after deductible	80% after deductible	70% after deductible	70% after deductible
ER - Facility	\$500 copay + 20% coinsurance	\$500 copay + 20% coinsurance	\$500 copay + 30% coinsurance	70% after deductible
ER - Physician				
Urgent Care	\$50 copay	\$35 copay	\$55 copay	70% after deductible
Lab/X-Ray Billed by Doctors Office	100% after OV copay	100% after OV copay	100% after OV copay	70% after deductible
Lab/X-Ray Billed by Outside Facility	100%	100%	100%	70% after deductible
Inpatient Advanced Imaging	80% after deductible	80% after deductible	70% after deductible	70% after deductible
Outpatient Advanced Imaging	80% after deductible	80% after deductible	70% after deductible	70% after deductible
In-Network Prescriptions				
Retail Prescription Drugs (30 days)	\$15 / \$40 / \$65 / 10% up to \$2,500	\$15 / \$40 / \$65 / 10% up to \$2,500	\$15 / \$50 / \$75 / 10% up to \$2,500	70% after deductible
Mail Order Prescription Drugs (90 days)	3X	3X	3X	70% after deductible
Employee Rates - MONTHLY	BCBS High	HCH Low	Blue Essentials	HCH HD
Employee Only	\$260.00	\$130.00	\$89.00	\$40.00
Employee + Spouse	\$925.00	\$761.00	\$669.00	\$611.00
Employee + Children	\$725.00	\$545.00	\$455.00	\$411.00
Employee + Family	\$1,400.00	\$1,153.00	\$1,035.00	\$970.00
Employee Rates - BI-WEEKLY	BCBS High	HCH Low	Blue Essentials	HCH HD
Employee Only	\$130.00	\$65.00	\$44.50	\$20.00
Employee + Spouse	\$462.50	\$380.50	\$334.50	\$305.50
Employee + Children	\$362.50	\$272.50	\$227.50	\$205.50
Employee + Family	\$700.00	\$576.50	\$517.50	\$485.00