BEAUMONT INDEPENDENT SCHOOL DISTRICT

2026-2027

BlueCross BlueShield of Texas

Medical and Pharmacy

On 9/1/2026, Beaumont ISD will offer two (2) medical plans to eligible employees. 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 HDHP
Network	Blue Essentials	Blue Choice
(PCP Required)	**Yes**	No
Deductibles		
In-Network (Individual/Family)	$6,000 Individual $12,000 Family	$6,000 Individual $13,000 Family
Out-of-Network (Individual/Family)	N/A	$7,000 Individual $21,000 Family
Out-of-Pocket Maximums		
In-Network (Individual/Family)	$9,100 Individual $18,200 Family	$8,500 Individual $17,000 Family
Out-of-Network (Individual/Family)	N/A	$10,000 Individual $30,000 Family
Coinsurance		
In-Network	70%	80%
Out-of-Network	N/A	50%
Office Visit (PCP/Specialist)	$45 Copay / $70 Copay per Visit	20% after Deductible
Preventive Services	Covered at 100%	Covered at 100%
Telemedicine	$45 Copay	$48 charge
Inpatient Services		
In-Network	30% after Deductible	20% after Deductible
Out-of-Network	N/A	50% after Deductible
Outpatient Services		
In-Network	30% after Deductible	20% after Deductible
Out-of-Network	N/A	50% after Deductible
Emergency Room Services	$500 Copay after Deductible	20% after Deductible
Urgent Care Facility	$75 Copay per Visit	20% after Deductible
Pharmacy		
Tier 1 - Generic	$15 Copay	20% after Deductible
Tier 2 - Preferred Brand	$100 Copay	20% after Deductible
Tier 3 - Non-Preferred Brand	$200 Copay	20% after Deductible
Per Paycheck Deductions (24 Pay Periods)		
Employee Only	$64.00	$137.50
Employee + Spouse	$609.50	$811.00
Employee + Children	$337.50	$475.00
Employee + Family	$872.50	$1,135.50