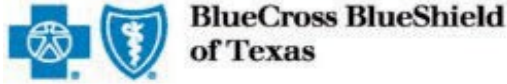




MANOR INDEPENDENT SCHOOL DISTRICT
Business and Finance Department - Payroll & Benefits



2025-2026 MONTHLY & SEMI-MONTHLY MEDICAL INSURANCE RATES

Effective September 1, 2025 - August 31, 2026

Blue Essentials HMO 3000				
Coverage Tier	2025-2026 Plan Year	MISD Contribution	Monthly Employee Contribution	Semi-Monthly Employee Contribution
<i>Employee Only</i>	\$ 525.53	\$ 508.30	\$17.23	\$8.61
<i>Employee and Spouse</i>	\$ 1,467.92	\$ 508.30	\$959.62	\$479.81
<i>Employee and Child(ren)</i>	\$ 991.74	\$ 508.30	\$483.44	\$241.72
<i>Employee and Family</i>	\$ 1,751.05	\$ 508.30	\$1,242.75	\$621.38

BlueChoice HDHP PPO 3400				
Coverage Tier	2025-2026 Plan Year	MISD Contribution	Monthly Employee Contribution	Semi-Monthly Employee Contribution
<i>Employee Only</i>	\$ 508.30	\$ 508.30	\$0.00	\$0.00
<i>Employee and Spouse</i>	\$ 1,510.23	\$ 508.30	\$1,001.93	\$500.97
<i>Employee and Child(ren)</i>	\$ 980.93	\$ 508.30	\$472.63	\$236.32
<i>Employee and Family</i>	\$ 1,804.27	\$ 508.30	\$1,295.97	\$647.99

BlueChoice PPO 1400				
Coverage Tier	2025-2026 Plan Year	MISD Contribution	Employee Contribution	Semi-Monthly Employee Contribution
<i>Employee Only</i>	\$ 680.16	\$ 508.30	\$171.86	\$85.93
<i>Employee and Spouse</i>	\$ 1,665.09	\$ 508.30	\$1156.79	\$578.40
<i>Employee and Child(ren)</i>	\$ 1,144.99	\$ 508.30	\$636.69	\$318.35
<i>Employee and Family</i>	\$ 2,016.15	\$ 508.30	\$1507.85	\$753.93

BlueCross BlueShield of Texas
MEDICAL PLAN # 370294
1-800-521-2227
[HTTPS://MYBAM.BCBSTX.COM](https://mybam.bcbstx.com)

2025-2026 BCBSTX Plans	HMO 3000	HDHP PPO 3400	PPO 1400
PLAN FEATURES			
Type of Coverage	In-network only	In-network and out-of-network	In-network and out-of-network
Individual/Family Deductible *Calendar year*	\$3,000/\$6,000	In: \$3,400 / \$6,800 Out: \$5,500 / \$11,000	In: \$1,400 / \$4,000 Out: \$2,000 / \$6,000
Coinsurance	30%	In: 30% Out: 50%	In: 20% Out: 40%
Individual/Family Out of Pocket	\$9,000 / \$16,300	In: \$8,000 / \$16,000 Out: \$20,250 / \$40,500	In: \$7,000 / \$14,000 Out: \$23,700 / \$47,400
Network	Blue Essentials HMO	BlueChoice PPO	BlueChoice PPO
PCP Required	Yes	No	No
DOCTOR VISITS			
Primary Care	\$50 copay	30% after ded.	\$50 copay
Specialist	\$70 copay	30% after ded.	\$70 copay
IMMEDIATE CARE			
Urgent Care	\$50 copay	30% after ded.	\$50 copay
Emergency Care	30% after ded.	30% after ded.	20% after \$500 copay
Virtual Health	\$50 copay	30% after ded.	\$50 copay
PRESCRIPTION DRUGS			
Drug Deductible	N/A	N/A	\$200
Generics (30 Day/90 Day Supply)	\$15/\$30	20% after ded.	\$20/\$50
Preferred Brand/Non-Preferred Brand	30%/50% after ded.	25%/50% after ded.	\$45/\$95
Specialty	30% after ded.	20% after ded.	\$20/\$45/\$95
Insulin Out of Pocket Costs	Covered at applicable tier	Covered at applicable tier	Covered at applicable tier
DIAGNOSTIC LABS			
Office/Independent	30% after ded.	30% after ded.	Lab/x-ray: 100% Other: 20% after ded.
Outpatient	30% after ded.	30% after ded.	20% after ded.
HIGH TECH RADIOLOGY	30% after ded.	30% after ded.	20% after ded.
OUTPATIENT COSTS	30% after ded.	30% after ded.	20% after ded.
INPATIENT HOSPITAL COSTS	30% after ded.	30% after ded.	20% after ded.
FREESTANDING EMERGENCY ROOM	30% after ded.	30% after ded.	20% after ded.
ANNUAL VISION EXAM	\$50 copay PCP / \$70 copay specialist (annual through age 17)	30% after ded.	\$50 copay PCP / \$70 copay specialist (annual through age 17)
ANNUAL HEARING EXAM	N/A	N/A	N/A