

<b>Denton Independent School District Medical Plans 2026-2027</b>				
	Blue Choice High Deductible PPO Plan		Blue Essential HMO Plans	
Carrier	BCBS		BCBS	BCBS
Plan Name	Denton HD PPO	Denton 1250 HMO	Denton 3500 HMO	
In Network	BCBS High Deductible PPO		BCBS Platinum	BCBS Gold
Deductible (Ind/Family)	\$5,000 / \$11,000	\$3,750 / \$7,400	\$5,200 / \$12,000	
Max Out of Pocket (Ind/Family)	\$8,000 / \$16,000	\$7,500 / \$17,000	\$9,000 / \$20,000	
Coinsurance Deductible	30%	20%	30%	
<b>Physician Services</b>				
DISD Employee Health & Wellness Center	\$10	\$0	\$0	
Primary Care	Deductible + 30%	\$45	\$50	
Specialist	Deductible + 30%	\$75	\$85	
Virtual Visits - MD Live	\$0	\$0	\$0	
<b>Other Services</b>				
Inpatient Hospitalization	Deductible + 30%	20% Coinsurance after \$1,000 Deductible	30% Coinsurance after Deductible	
Outpatient Surgery	Deductible + 30%	20% Coinsurance after Deductible	30% Coinsurance after Deductible	
Emergency Room	Deductible + 30%	20% Coinsurance after Deductible	30% Coinsurance after Deductible	
Urgent Care	Deductible + 30%	\$75 Copay	\$100 Copay	
Complex Imaging	Deductible + 30%	20% Coinsurance after Deductible	30% Coinsurance after Deductible	
<b>Prescription Drugs</b>				
Rx Deductible	Integrated with Medical	\$250	Integrated with Medical	
Generic Rx	20% After Deductible	\$15	\$30	
Preferred Brand Name	30% After Deductible	30% after Pharmacy Deductible	30% after deductible	
Non-Preferred Brand Name	50% After Deductible	50% after Pharmacy Deductible	50% after deductible	
Specialty	20% after Deductible	20% Coinsurance after Pharmacy Deductible	30% after Deductible	
Mail Order - 90 day Supply	2.5 X Retail	2.5 X Retail	2.5 X Retail	
<b>Out of Network</b>				
Deductible - Ind / Family	\$7,000 / \$18,000	Not Covered	Not Covered	
Maximum Out of Pocket - Ind / Family	\$18,000 / \$54,000	Not Covered	Not Covered	
Coinsurance	50%	Not Covered	Not Covered	
<b>Monthly Premiums (District contribution of \$260 has already been applied to the amounts below)</b>				
Employee Only Premium	\$370.00	\$615.00	\$415.00	
Employee +Spouse	\$1,370.00	\$1,815.00	\$1,485.00	
Employee +Children	\$820.00	\$1,265.00	\$965.00	
Employee+Family	\$1,820.00	\$2,465.00	\$2,035.00	
<b>Variance to Plan 25-26</b>				
Employee Only Premium	\$16.04	\$181.64	\$104.35	
Employee +Spouse	\$22.39	\$259.50	\$250.75	
Employee +Children	\$36.15	\$346.17	\$254.75	
Employee +Family	\$108.15	\$498.15	\$462.19	