Hallsville R-IV School District

MMEBG Medical Plans (2026-2027)

Coverage Level	PPO 1000	HSA 2000	HSA 3400	HSA 4000
Employee	$805.70	$729.80	$729.80	$682.91
Employee + Spouse	$1,698.30	$1,535.49	$1,535.49	$1,437.54
Employee + Children	$1,534.14	$1,389.26	$1,389.26	$1,299.60
Employee + Family	$2,346.71	$2,124.59	$2,124.59	$1,986.63
In-Network Services	**Blue Preferred Select**	**Blue Preferred Select**	**Blue Preferred Select**	**Blue Preferred Select**
General Provisions				
Deductible Type	Embedded	Non-Embedded	Embedded	Embedded
Deductible: Individual	$1,000	$2,000	$3,300	$4,000
Deductible: Family	$2,000	$4,000	$5,600	$8,000
Max out-of-pocket: Individual	$6,000	$5,000	$5,000	$6,500
Max out-of-pocket: Family	$12,000	$8,150	$8,900	$13,000
Copays & Coinsurance				
Primary Care Physician (PCP)	$30 Copay	20% after Deductible	20% after Deductible	0% after Deductible
Specialists Physician	$50 Copay	20% after Deductible	20% after Deductible	0% after Deductible
LiveHealth Online Doctors Visit	$0 Copay ($50 for Specialist)	0% after Deductible (20% for Specialist after Deductible)	0% after Deductible (20% for Specialist after Deductible)	0% after Deductible
Urgent Care Facility	$75 Copay	20% after Deductible	20% after Deductible	0% after Deductible
Hospitalization: Emergency Room	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible
Hospitalization: Inpatient	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible
Hospitalization: Outpatient	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible
Prescriptions Copays				
Pharmacy Deductible	$250 per Person(does not apply to Tier 1 drugs)	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible
Prescription Drug Plan	$15/$40/$75/25% Max $300	$15/$40/$75/25% Max $300 (after deductible)	$15/$40/$75/25% Max $300 (after deductible)	$15/$40/$75/25% Max $300 (after deductible)
Preventative RX Plus	Not Applicable	0%	0%	0%
Out-Of-Network Services	**(Out of Network)**	**(Out of Network)**	**(Out of Network)**	**(Out of Network)**
Deductible: Individual	$2,000	$2,000	$3,300	$4,000
Deductible: Family	$4,000	$4,000	$5,600	$8,000
Maximum out-of-pocket: Individual	$10,000	$8,000	$8,000	$11,000
Maximum out-of-pocket: Family	$30,000	$16,000	$16,000	$22,000