Employee Benefits
Ector County Independent School District
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ECISD Medical Plan Changes for 2027

Benefit Changes:

- **2027 will be a short plan year (8 months)** and run January - August. The new plan year will begin September 1st, 2027. Deductibles and Max Out-of-Pockets have been adjusted to match this one time change.
- **Option I & II** – Moving from PPO to HMO which means a primary care physician (PCP) will be required. The PCP will provide referrals to see specialists and out-of-network non-emergency coverage will be excluded.
- **GLP-1 medications** will no longer be covered for purposes of weight loss under the medical plan. However, there are many direct to consumer programs available.
- **Deductibles, coinsurance, and max out-of-pocket** are all changing and adjusted for the 8 month plan year. You can review these changes below.
- **CareATC** will be offering extended hours beginning January 1, 2027.
  Monday - Friday 7am-7pm and Saturday 10am-4pm.

Medical Plan 2027 Employee Premiums:

Option I:	**01-01-26**	**01-01-27**
Employee Only	$190	$225
Employee & Child	$510	$665
Employee & Children	$590	$760
Employee & Spouse	$780	$1,030
Employee & Family	$1,035	$1,395

Option II:	**01-01-26**	**01-01-27**
Employee Only	$90	$135
Employee & Child	$385	$540
Employee & Children	$440	$720
Employee & Spouse	$605	$830
Employee & Family	$815	$1,145

Option III HSA:	**01-01-26**	**01-01-27**
Employee Only	$0	$30
Employee & Child	$350	$460
Employee & Children	$395	$530
Employee & Spouse	$555	$820
Employee & Family	$735	$1,020

Medical Plan 2027 Employee Premiums:

Option I HMO Blue Essentials Network:	**01-01-27 (8 Months)**
Medical Deductible	$2,165 Individual $4,330 Family
Medical Out-of-Pocket Max	$6,000 Individual $12,000 Family
Coinsurance	30%
Prescription Drug Deductible	$400 Deductible $1,350 Individual Out-of-Pocket Max $2,700 Family Out-of-Pocket Max

Option II HMO Blue Essentials Network:	**01-01-27 (8 Months)**
Medical Deductible	$3,250 Individual $6,500 Family
Medical Out-of-Pocket Max	$6,000 Individual $12,000 Family
Coinsurance	30%
Prescription Drug Deductible	$400 Deductible $1,350 Individual Out-of-Pocket Max $2,700 Family Out-of-Pocket Max

Option III PPO:	**01-01-27 (8 Months)**
Medical Deductible	$3,250 Individual $6,500 Family
Medical Out-of-Pocket Max	$6,000 Individual $12,000 Family
Coinsurance	30%
Prescription Drug Deductible	$1,500 Individual Deductible $3,000 Family Deductible $1,650 Individual Out-of-Pocket Max $3,300 Family Out-of-Pocket Max