Attention Blue Choice PPO HDHP members and prospective members: The deductible and out-of-pocket maximum accumulators currently reset every January 1. The last reset on January 1 will occur on January 1, 2025. Thereafter, the accumulators will reset each September 1, including September 1, 2025.

2024 – 2025 medical and pharmacy out-of-pocket costs

The chart below shows what you will pay for common types of covered services.

Plan Benefits	Blue Premier HMO *Plan Year 9/1 – 8/31*	Blue Essentials HMO *Plan Year 9/1 – 8/31*	Blue Choice PPO HDHP *Plan Year 1/1 - 12/31**	
			Network	**Out of Network**
			All medical care, supplies, and prescriptions are subject to the deductible before coinsurance applies, unless otherwise noted.	
Deductible				
Individual	$900	$1,500	$3,500	$6,900
Family	$2,700	$3,750	$7,000	$13,800
Out-of-Pocket Maximum (includes deductibles, copays, and coinsurance)				
Individual	$6,000	$7,000	$7,050	Unlimited
Family	$12,000	$14,000	$14,100	Unlimited
Office Visit				
Primary Care Physician (PCP)	$20 copay	$40 copay	30% after deductible	50% after deductible
Specialist	$50 copay	$55 copay	30% after deductible	50% after deductible
Preventive Care (subject to age and frequency limits)				
Routine Physical Exams, Preventive Care Immunizations, Well-Woman Preventive Visits, Routine Cancer Screenings, Prenatal Care	$0 (plan pays 100%)	$0 (plan pays 100%)	$0 (plan pays 100%)	Not covered
Hospital, Surgery, and Specialty Service				
Emergency Room	20% after deductible plus $250 copay	20% after deductible plus $250 copay	30% after deductible plus $150 copay	30% after deductible plus $150 copay
Urgent Care Center	$50 copay	$50 copay	30% after deductible	50% after deductible
Diagnostic Lab and X-Ray	$0 (plan pays 100%)	$0 (plan pays 100%)	30% after deductible	50% after deductible
Certain Diagnostic Procedures (includes bone scan, cardiac stress test, CT scan with and without contrast, MRI, myelogram, and PET scan)	$100 copay	$100 copay	30% after deductible	50% after deductible
Inpatient Hospital and Physician Care	20% after deductible	20% after deductible	30% after deductible	50% after deductible plus $500 admission copay
Virtual Visits through MDLIVE	$0 (plan pays 100%)	$0 (plan pays 100%)	$0 (plan pays 100%)**	N/A
Pharmacy Benefits (Balanced Drug List)				
Prescription Drug Deductible (waived for generic medications)	$200 per individual, per plan year	$200 per individual, per plan year	N/A	N/A
Prescriptions (Retail)				
Generic	$15 copay	$15 copay	30% after deductible	Not covered
Preferred Brand Name	$60 copay	$60 copay	30% after deductible	Not covered
Non-Preferred Brand Name	$120 copay	$120 copay	30% after deductible	Not covered
Prescriptions (Specialty)				
Must use Accredo for specialty medications (limit 30-day supply)	$250 copay	$250 copay	30% after deductible	Not covered
Prescriptions (Mail order)				
Generic	$30 copay	$30 copay	30% after deductible	Not covered
Preferred Brand Name	$120 copay	$120 copay	30% after deductible	Not covered
Non-Preferred Brand Name	$240 copay	$240 copay	30% after deductible	Not covered

Your privacy is important to us. All medical information on record with BCBSTX is confidential and is not shared with Conroe ISD.

*Changing to 9/1-8/31 beginning 9/1/2025

**Based on legislation at the time of publication, this cost will change to 30% after deductible on 1/1/2025.