

MEDICAL -	BCBS	PPO BUY UP PLAN	PPO BASE PLAN	BLUE EDGE HSA/HDHP
Medical Network		Blue Choice PPO	Blue Choice PPO	Blue Choice PPO
Deductible	Individual (In/Out)	\$500 / \$4,000	\$4,000 / \$8,000	\$3,500 / \$5,000
	Family (In/Out)	\$1,500 / \$12,000	\$8,000 / \$16,000	\$10,500 / \$15,000
Coinsurance (In/Out)		80% / 60%	70% / 50%	100% / 80%
Out of Pocket Max	Individual (In/Out)	\$4,000 / \$5,000	\$9,450 / \$20,000	\$3,500 / \$10,000
	Family (In/Out)	\$11,000 / \$15,000	\$18,900 / \$40,000	\$10,500 / \$20,000
Copays	Primary Care (PCP)	\$45	\$45	Deductible + Coinsurance
	Specialist	\$70	\$70	Deductible + Coinsurance
	MDLive	\$45	\$45	100% after Deductible
	Preventive Care	100% of allowable amount	100% of allowable amount	100% of allowable amount
	Urgent Care	\$75	\$75	Deductible + Coinsurance
	Emergency Room	Deductible + Coinsurance after \$500 copay	Deductible + Coinsurance after \$500 copay	Deductible + Coinsurance
Pharmacy Copays (30 Day Supply)		\$0 / \$35 / \$70 / Tier 1, 2, 3	\$15 / \$30 / \$50 / Tier 1, 2, 3	Deductible + Coinsurance
		EMPLOYEE I	MONTHLY COST	
Employee Only		\$234.31	\$96.62	\$142.28
Employee + Spouse		\$759.12	\$493.40	\$581.52
Employee + Child(ren)		\$719.61	\$463.52	\$548.45
Employee + Family		\$1,289.57	\$894.41	\$1,025.47

Blue Cross Blue Shield (Medical): www.bcbstx.com | Account Number: 389492 | Phone Number: 1-800-521-2227

Should you require any further assistance for your benefits, please feel free to contact any of the following team members:



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