



### Overview:

#### Green HD EPO

The Spring ISD Green HD EPO plan serves as the primary High Deductible plan option, with low-cost monthly premiums in exchange for higher annual deductibles and out-of-pocket maximums. With this option, there is no need for physician referrals, zero pharmacy deductible, low cost generic drugs, and free virtual medicine. This plan provides the highest premium savings to plan members, with the greatest overall annual savings potential.

#### Blue HMO

The Spring ISD Blue HMO plan is designed to provide members and their families a copay-based plan offering for Primary Care and Specialist visits, in exchange for moderate monthly premiums. This option features no pharmacy deductible, low cost generic drugs, and free virtual medicine. This plan provides affordable access to care, with additional flexibility and cost transparency for services. PCP Selection is required. If a Kelsey Care PCP is selected, referrals *are not* required to see a specialist. If a Kelsey Care PCP is not selected, referrals *are* required to see a specialist.

#### Orange EPO

The Spring ISD Orange EPO plan provides the richest medical benefits, in exchange for higher monthly premiums. Combining the best aspects from all other plan offerings, this plan provides copays for Primary Care and Specialists, no need for physician referrals, no pharmacy deductible, low cost generic drugs, and free virtual medicine. This plan also provides: In and out-of-network benefits, the most generous coinsurance percentage of all comparable plans, and the lowest annual deductibles and out-of-pocket maximums available.

### Finding An In-Network Provider:

- Go to [BCBSTX.com](http://BCBSTX.com)
- Click on Find Care
- Select Find a Doctor or Hospital
- Under Basic Guest Search, click on Search of Doctors as a Guest
- Input zip code
- Select Employer plans
- Select Texas
- Select HMO or PPO –
  - if HMO, select Blue Essentials
  - if PPO, select Blue Choice PPO
- Type in the name of the doctor or hospital

# MEDICAL



BlueCross BlueShield of Texas

Blue Cross Blue Shield Texas									
Benefit Plan	BCBSTX - Green HD EPO			BCBSTX - Blue HMO			BCBSTX - Orange EPO		
Network Access	Blue Choice EPO			Blue Essentials			Blue Choice EPO		
Monthly Premiums	<25k	25k-50k	>50K	<25k	25k-50k	>50K	<25k	25k-50k	>50K
Employee Only	\$122	\$147	\$197	\$155	\$180	\$230	\$338	\$363	\$413
Employee and Spouse	\$801	\$826	\$876	\$872	\$897	\$947	\$1,087	\$1,112	\$1,162
Employee and Children	\$452	\$477	\$527	\$481	\$506	\$556	\$682	\$707	\$757
Employee and Family	\$1,081	\$1,106	\$1,156	\$1,135	\$1,160	\$1,210	\$1,479	\$1,504	\$1,554
Medical									
Coinsurance	20%			20%			20%		
Plan Year Deductible	\$3,500 Individual / \$7,000 Family			\$2,750 Individual / \$5,500 Family			\$1,200 Individual / \$2,400 Family		
Maximum Out of Pocket Limits	\$9,000 Individual / \$18,000 Family			\$9,000 Individual / \$18,000 Family			\$9,000 Individual / \$18,000 Family		
Physician Office Visit Copay	20% After Ded			\$40			\$20		
Specialist Office Visit Copay	20% After Ded			\$80			\$40		
Preventive Care Services	Covered in full			Covered in full			Covered in full		
Telemedicine	Covered in full			Covered in full			Covered in full		
Urgent Care	\$50			\$50			\$50		
Emergency Room Visit	20% After Ded			20% After Ded			20% After Ded		
Hospital Inpatient	20% After Ded			20% After Ded			20% After Ded		
Hospital Outpatient	20% After Ded			20% After Ded			20% After Ded		
Lab & X-Ray	20% After Ded			20% After Ded			20% After Ded		
Major Diagnostics (CT, PET, MRI, etc.)	20% After Ded			20% After Ded			20% After Ded		
Skilled Nursing Facility/Hospice	20% After Ded			20% After Ded			20% After Ded		
Rehab Services at Providers Office (Chiro, PT, OT, etc.)	20% After Ded			\$40 PCP \$80 Specialist			20% After Ded		
Pharmacy									
ACA Preventive Drugs	Free			Free			Free		
Tier 1 - Generic	\$10 Retail / \$25 Mail Order			\$10 Retail / \$25 Mail Order			\$10 Retail / \$25 Mail Order		
Tier 2 - Preferred Brand	30% Retail / \$150 Mail Order			30% Retail / \$150 Mail Order			30% Retail / \$150 Mail Order		
Tier 3 - Non Preferred Brand	50% Retail / \$200 Mail Order			50% Retail / \$200 Mail Order			50% Retail / \$200 Mail Order		
Specialty Rx	\$200			\$200			\$200		