



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. 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 the lowest annual deductibles of the three plan options.

Finding An In-Network Provider:

- Go to 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 EPO, 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 | \$131 | \$156 | \$206 | \$167 | \$192 | \$242 | \$372 | \$397 | \$447 |
| Employee and Spouse | \$863 | \$888 | \$938 | \$939 | \$964 | \$1,014 | \$1,196 | \$1,221 | \$1,271 |
| Employee and Children | \$487 | \$512 | \$562 | \$518 | \$543 | \$593 | \$750 | \$775 | \$825 |
| Employee and Family | \$1,164 | \$1,189 | \$1,239 | \$1,222 | \$1,247 | \$1,297 | \$1,627 | \$1,652 | \$1,702 |
| 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 | | | Covered in Full | | | Covered in Full | | |
| 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 | | |