

2023 – 2024 medical and pharmacy out-of-pocket costs

If you enroll in (or change to) the Blue Choice PPO HDHP, your deductible and out-of-pocket maximum accumulators will reset January 1, 2024, and each January 1 thereafter.

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	\$1,200	\$1,500	\$3,500	\$6,900
Family	\$3,000	\$3,750	\$7,000	\$13,800
Out-of-Pocket Maximum (includes deductibles, copays, and coinsurance)				
Individual	\$6,250	\$7,350	\$7,050	Unlimited
Family	\$12,500	\$14,700	\$14,100	Unlimited
Office Visit				
Primary Care Physician (PCP)	\$35 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.