



**BlueCross BlueShield**  
of Texas

| MEDICAL PLAN HIGHLIGHTS  | HDHP PPO             | Bronze HMO<br>In-Network Only | Bronze PPO                | Silver HMO<br>In-Network Only        | Gold PPO                             |
|--|----------------------|-------------------------------|---------------------------|--------------------------------------|--------------------------------------|
| <b>Calendar Year</b>   |                      |                               |                           |                                      |                                      |
| Individual   | \$3,200              | \$3,500                       | \$3,500                   | \$1,200                              | \$1,000                              |
| Family   | \$6,000              | \$7,000                       | \$7,000                   | \$2,400                              | \$2,000                              |
| <b>Out-of-Pocket Maximum</b><br><i>(Includes deductibles and copays)</i> |                      |                               |                           |                                      |                                      |
| Individual   | \$6,350              | \$8,550                       | \$8,550                   | \$7,900                              | \$7,900                              |
| Family   | \$12,700             | \$17,100                      | \$17,100                  | \$15,800                             | \$15,800                             |
| <b>Coinsurance</b> <i>(in/out)</i>                                       | 80% / 50%            | 80% / 0%                      | 80% / 50%                 | 80% / 0%                             | 80% / 50%                            |
| <b>Office Visit Copayment</b><br><i>(PCP/Specialist)</i>                 | 20% after deductible | \$20 / \$70                   | \$20 / \$70               | \$30 / \$70                          | \$30 / \$70                          |
| <b>Urgent Care Copayment</b>   | 20% after deductible | \$100                         | \$100                     | \$100                                | \$100                                |
| <b>Inpatient Hospital Expenses</b>                                       | 20% after deductible | 20% after deductible          | 20% after deductible      | 20% after deductible                 | 20% after deductible                 |
| <b>Outpatient Surgery</b>  | 20% after deductible | 20% after deductible          | 20% after deductible      | 20% after deductible                 | 20% after deductible                 |
| <b>Emergency Room Visit</b>  | 20% after deductible | 20% after deductible          | 20% after deductible      | \$350 + 20% after deductible         | \$350 + 20% after deductible         |
| <b>Pharmacy</b><br><i>(Tier 1 / Tier 2 / Tier 3 / Specialty)</i>         | 20% after deductible | \$5 / \$25 / \$70 / \$150     | \$5 / \$25 / \$70 / \$150 | \$15 / \$35 / \$55 / 25% coinsurance | \$15 / \$35 / \$55 / 25% coinsurance |