

2025—2026

Health Benefits



August 1, 2025—July, 31, 2026



What's Changing

Blue Cross Blue Shield of Texas (BCBSTX) will continue to provide medical and pharmacy coverage and the network options will remain the same. The “plan year” is changing to August 1st through July 31 (previously 9/1-8/31). You will receive a new Medical ID cards only if you change plans. As a reminder, Walgreens pharmacies will still be excluded.

Please carefully review the plan benefit summaries. Premiums have increased, but copays have remained the same for the HMO and PPO plans. Family deductibles and “out-of-pocket” maximums have increase on the HDHP option.

Eligibility

You are eligible for benefits if you work 20 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Dependent verification will be required. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (up to age 26).
- Disabled children of any age who meet certain criteria may continue on your health coverage.

Dependent Verification Sample Documents: Marriage Certificate, Birth Certificate or Hospital Birth Facts (for newborns), Spousal Affidavit, Court Order

When Coverage Begins

You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following date of hire.

If you are hired in July or August, your benefits are effective September 1st.

If you fail to enroll on time, you will **NOT** have coverage.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common *qualified life events (QLE)*:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or child
- You or your spouse lose coverage under your spouse’s plan
- You gain access to state coverage under Medicaid or CHIP
- Medical Child Support Court Order

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).

Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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Plan Year (Effective Dates):
8/1/2025-7/31/2026

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical Plans



**BlueCross BlueShield
of Texas**

You will receive a **NEW ID card from BCBSTX if you change plans**. You have the option to choose from 4 medical plans, as detailed here and in the prior page. HMO plans will require that you select a Primary Care Physician (PCP) and Specialty Access requires a referral.

Go to <https://www.bcbstx.com/find-care/find-a-doctor-or-hospital> and login or search as a guest for a provider.

Key Medical Benefits	Blue Cross Blue Shield of Texas HSA 3300		Blue Cross Blue Shield of Texas HMO 2500	
Network	Blue Choice		Blue Essentials	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)				
Individual	\$3,300	\$6,900	\$2,500	Not Covered
Family	\$6,400	\$13,800	\$5,000	Not Covered
Out-of-Pocket Maximum (per calendar year)				
Individual	\$6,900	\$14,000	\$8,000	Not Covered
Family	\$13,800	\$28,000	\$16,000	Not Covered
Covered Services				
Office Visits (OV) (physician / specialist)	Deductible / 20%	Deductible / 50%	\$30 / \$45 Copay	Not Covered
MD Live	Deductible / 20% (est. \$45 per medical consultation)	Not Covered	\$30 Copay	Not Covered
Routine Preventive Care	No Charge	Deductible / 30%	No Charge	Not Covered
Outpatient Diagnostic Lab & X-ray	Deductible / 20%	Deductible / 50%	Covered in OV Copay	Not Covered
Emergency Room	\$500 / Deductible / 20%		\$500 / Deductible / 20%	
Urgent Care Facility	Deductible / 20%	Deductible / 50%	\$75 Copay	Not Covered
Inpatient Hospital Stay	Deductible / 20%	Deductible / 50%	Deductible / 20%	Not Covered
Outpatient Surgery	Deductible / 20%	Deductible / 50%	Deductible / 20%	Not Covered
Prescription Drugs				
"ACA Preventive Services Drug List" allows for the plan to cover certain preventative medications at 100% with \$0 copay or deductible.				
30-day supply				
Generic Drugs	\$10 After Deductible	50% of Allowed	\$10	Not Covered
Preferred Brand Name Drugs	\$40 After Deductible	Amount minus	\$40	
Non-Preferred Brand Name Drugs	\$70 After Deductible	Copayment	\$70	
Specialty Drugs	\$100 After Deductible		\$150	
90-day Mail Order supply	\$25 / \$100 / \$175 / NA	Not Covered	\$25 / \$100 / \$175 / NA	Not Covered

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

Coinsurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Deductible: The amount of money you must pay each year before your health benefits will start covering your medical expenses.

Coinsurance: The percentage of a medical bill you pay once you've reached your deductible and your coverage has begun.

Copayment: Also called a "copay," this is the fixed dollar amount (not a percentage) you will pay for a certain kind of medical service under some plans.

Out of Pocket Maximum: After you have paid this amount of medical expenses, you will not have any more cost sharing or out-of-pocket expenses to pay your in-network medical claims will be covered at 100% for the rest of your plan year.

Contribution: The amount you or your company pays for your health benefits.

Primary Care Provider: Also called a Primary Care Physician (PCP), this is the generalist medical professional you select who can act as your first touch point for anything health-related.

Medical Plans



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Key Medical Benefits	Blue Cross Blue Shield of Texas PPO (Copay) 2500		Blue Cross Blue Shield of Texas HMO 1500	
	Blue Choice		Blue Essentials	
Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)				
Individual	\$2,500	\$5,000	\$1,500	Not Covered
Family	\$5,000	\$10,000	\$3,000	Not Covered
Out-of-Pocket Maximum (per calendar year)				
Individual	\$8,000	\$16,000	\$7,000	Not Covered
Family	\$16,000	\$32,000	\$14,000	Not Covered
Covered Services				
Office Visits (OV) (physician / specialist)	\$30 / \$45 Copay	Deductible / 50%	\$30 / \$45 Copay	Not Covered
MD Live	\$0 Copay	Not Covered	\$30 Copay	Not Covered
Routine Preventive Care	No Charge	Deductible / 50%	No Charge	Not Covered
Outpatient Diagnostic Lab & X-ray	Covered in OV Copay	Deductible / 50%	Covered in OV Copay	Not Covered
Emergency Room	\$500 / Deductible / 20%		\$500 / Deductible / 20%	
Urgent Care Facility	\$75 Copay	Deductible / 50%	\$75 Copay	Not Covered
Inpatient Hospital Stay	Deductible / 20%	Deductible / 50%	Deductible / 20%	Not Covered
Outpatient Surgery	Deductible / 20%	Deductible / 50%	Deductible / 20%	Not Covered
Prescription Drugs				
"ACA Preventive Services Drug List" allows for the plan to cover certain preventative medications at 100% with \$0 copay or deductible.				
30-day supply				
Generic Drugs	\$10	50% of Allowed Amount minus Copayment	\$10	Not Covered
Preferred Brand Name Drugs	\$40		\$40	
Non-Preferred Brand Name Drugs	\$70		\$70	
Specialty Drugs	\$150		\$150	
90-day supply	\$25 / \$100 / \$175 / NA	Not Covered	\$25 / \$100 / \$175 / NA	Not Covered

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Contact Information

Access	Questions About...	Phone #	Website/Email
BlueCross BlueShield of Texas Group #: ▪HSA 3200—395869 ▪HMO 2500—392870 ▪PPO 2500—395868 ▪HMO 1500—392870	<ul style="list-style-type: none"> ▪ Medical benefits ▪ Medical procedures ▪ Major imaging like MRI, CT, etc. (call before your appointment) ▪ Cost estimates for procedures ▪ Medical claims, EOBs ▪ Select or Change PCP ▪ Deductibles or Coinsurance ▪ Find In-network providers ▪ Blue Access for Members (BAM) ▪ Benefits Value Advisor 	855-762-6084	mybam.bcbstx.com
Prime Therapeutics	<ul style="list-style-type: none"> ▪ Prescription Questions ▪ Specialty Medications ▪ Copay Assistance 	877-794-3574	www.myprime.com
Well onTarget	<ul style="list-style-type: none"> ▪ Wellness program 	877-806-9380	www.wellontarget.com
Ovia Health	<ul style="list-style-type: none"> ▪ Women's health ▪ Parenting ▪ Surrogacy and Adoption ▪ Pregnancy ▪ Menopause ▪ Autism ▪ Family Health 	888-421-7781	www.oviahealth.com
MD Live	<ul style="list-style-type: none"> ▪ Non-emergency symptoms ▪ Prescriptions ▪ Behavioral Health 	888-680-8646 24 Hours / 7 Days	www.mdlive.com/bcbstx
Livongo by Teladoc Health	<ul style="list-style-type: none"> ▪ Diabetes Management ▪ Hypertension Management 	800-835-2362 800-945-4355	teladochealth.com/register ready.livongo.com
24/7 Nurseline	<ul style="list-style-type: none"> ▪ Healthcare options/decisions ▪ Baby or teen health ▪ Diabetes and blood pressure ▪ And much more! 	800-581-0393 24 Hours / 7 Days	

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Annual Notices: Various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

