

## Medical and Pharmacy



City of Seguin is offering two (2) medical plans to eligible employees. Knowing the right place to go can save you time, money, and unpleasant financial surprises. The chart below provides a plan comparison overview illustrating the plan highlights.

Plan Name	BCBS PPO	BCBS HSA
Network	Blue Choice	Blue Choice
(PCP Required)	No	No
Primary Coverage	National	National
	Deductible	
In-Network (Individual/Family)	\$1,500 Individual \$3,000 Family	\$5,000 Individual \$10,000 Family
Out-of-Network (Individual/Family)	\$3,000 Individual \$6,000 Family	\$10,000 Individual \$20,000 Family
	Out-of-Pocket Maximum	\$20,000 F diffiliy
In-Network (Individual/Family)	\$4,000 Individual \$8,000 Family	\$5,000 Individual \$10,000 Family
Out-of-Network (Individual/Family)	\$8,000 Individual \$16,000 Family	\$20,000 Individual \$40,000 Family
	Coinsurance	
In-Network	20% after deductible	0% after deductible
Out-of-Network	40% after deductible	50% after deductible
Office Visit (PCP/Spec)	\$25 Copay / \$50 copay per Visit	In Network: 0% after deductible OON: 50% after deductible
Preventive Services	100% covered in network	100% of allowable amount
	Inpatient Services	
In-Network	20% after deductible	0% after deductible
Out-of-Network	40% after deductible	50% after deducible
	Outpatient Services	
In-Network	\$25 office visit; 20% after deductible	0% after deductible
Out-of-Network	40% after deductible	50% after deductible
Emergency Room Services	\$500 Copay; 20% (deductible does not apply)	0% after deductible
Urgent Care Facility	\$75 copay per visit / 40% after deductible	0% / 50% after deductible
	Pharmacy	
Tier 1 - Generic	\$10 copay	0% after deductible
Tier 2 - Preferred Brand	\$35 copay	0% after deductible
Tier 3 - Non-Preferred Brand	\$70 copay	0% after deductible
Specialty	\$10/\$35/\$70	0% after deductible
	Per Paycheck Deductions	
Employee Only	\$0	\$0
Employee + Child	\$198.50	\$124.75
Employee + Spouse	\$275.70	\$188.36
Employee + Family	\$388.19	\$281.06