Medical & Rx

BlueCross BlueShield of Texas

Preferred Provider Organization (PPO)

This type of plan lets you visit the doctor of your choice. Although you may see a provider who doesn't participate in the plan's network, in most cases your benefits are greater (and your out-of-pocket expenses smaller) when you see a network provider.

Once you reach the applicable out-of-pocket maximum in any calendar year, the plan will pay 100% of additional covered in-network expenses during the rest of that year, subject to plan rules. The out-of-pocket maximum, however, does not include penalties (such as late cancellation fees for doctor's appointments).

High Deductible Health Plan (HDHP)

The HDHP is similar to the PPO in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all health care expenses, including those for prescription drugs. Once the deductible has been met, the plan pays 80% of medical costs and you pay 20%.

An embedded deductible means each covered family member has their own individual deductible. Once that person meets it, the plan starts paying its share (80%/20% coinsurance). If the family deductible is met by two or more members, the plan begins covering everyone—even those who haven't reached their individual deductible.

In-network Benefits	PPO 80	PPO 70	HDHP***
Deductible			
Individual	$950	$1,350	$3,400
Individual + Children	$1,350	$2,550	$6,800
Individual + Family	$1,500	$2,700	$6,800
Out-of-Pocket Maximum (Includes Deductible)			
Individual	$5,950	$6,350	$6,800
Individual + Children	$11,350	$12,700	$13,600
Individual + Spouse or Family	$11,500	$12,700	$13,600
Coinsurance	20%	30%	20%
Medical Services			
Preventive Care	$0	$0	$0
Primary Care Office Visit	$35	$40	20%*
Specialist Office Visit**	$60	$70	20%*
MDLIVE Virtual Visit	$10	$10	$48
Hospital Admission	$200 then 20%*	$200 then 30%*	20%*
Laboratory & Radiology	20%*	30%*	20%*
Outpatient Facility	$100 then 20%*	$100 then 30%*	20%*
Emergency Room	$125 then 20% (Deductible does not apply)	$125 then 30% (Deductible does not apply)	20%*
Urgent Care	$75 then 20% (Deductible does not apply)	$75 then 30% (Deductible does not apply)	20%*

** After deductible*
*** Could be subject to Specialist copay for Mental Health*
**** With an embedded deductible, if you elect family coverage, each covered family member has their own individual deductible, up to the family amount.*