

MEDICAL PLAN COMPARISON

	BLUE CROSS BLUE SHIELD OF TEXAS BASE PPO		BLUE CROSS BLUE SHIELD OF TEXAS BUY-UP PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible				
Individual	\$1,350	\$5,500	\$850	\$3,000
Family	\$2,500	\$10,500	\$1,500	\$5,500
Calendar Year Out-of-Pocket Maximum (Includes Deductible)				
Individual	\$5,500	No maximum	\$4,500	No maximum
Family	\$10,500	No maximum	\$8,500	No maximum
Coinsurance	You Pay		You Pay	
Preventive Care	\$0	N/A	\$0	N/A
Primary Care Physician	\$40 copay	50%*	\$20 copay	40%*
Specialist	\$60 copay	50%*	\$30 copay	40%*
Airrosti	\$60 copay	N/A	\$30 copay	N/A
Urgent Care	\$40 copay	50%*	\$20 copay	40%*
Emergency Room	\$100 copay, then 20%		\$100 copay, then 20%	
Chiropractic	20%*	50%*	20%*	40%*
Hospital				
Inpatient Hospitalization	20%*	50%*	20%*	40%*
Outpatient Surgery	20%*	50%*	20%*	40%*
MRI, CT Scans, Diagnostic Radiology, Joint Replacement, Bariatric Surgery, Musculoskeletal, or Reduction Mammoplasty	\$100 copay; waived if BVA contacted prior to service		\$100 copay; waived if BVA contacted prior to service	
Lab/X-ray				
Billed by Doctor's Office	20%*	50%*	20%*	40%*
Billed by Outside Facility	20%*	50%*	20%*	40%*
Pharmacy, RxBenefits, CVS/Caremark				
Retail Rx (up to 30-day supply)				
Tier 1	\$15 copay	Retail copay + Cost Difference	\$10 copay	Retail copay + Cost Difference
Tier 2	\$40 copay		\$35 copay	
Tier 3	\$60 copay		\$50 copay	
Specialty	30% Coinsurance**		30% Coinsurance**	
Mail Order Rx (up to 90-day supply)				
Tier 1	2.5 x Retail Copay		2.5 x Retail Copay	
Tier 2				
Tier 3				

*After deductible **Member will have \$0 out-of-pocket responsibility if enrolled in the PrudentRX program through RX Benefits