

MEDICAL BENEFITS SUMMARY

BCBSTX PPO

	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible + Individual + Family	\$2,500 \$7,500	\$7,500 \$21,500
Calendar Year Out-of-Pocket Maximum Includes deductible and copayments + Individual + Family + Lifetime Maximum	\$5,000 \$14,700 Unlimited	\$15,000 \$30,000 Unlimited
	YOU PAY	YOU PAY
Preventive Care	\$0	70% after deductible
MDLIVE	\$0	70% after deductible
Primary Care Physician	\$45 copay	70% after deductible
Specialist	\$60 copay	70% after deductible
Diagnostics X-ray and Lab	\$0	70% after deductible
Complex Imaging	30% after deductible	70% after deductible
Urgent Care	\$100 copay	70% after deductible
Emergency Room (ER) / Treatment Room	30% after \$250 copay	30% after \$250 copay
Inpatient Hospital Care	30% after deductible	70% after deductible
Outpatient Surgery	30% after deductible	70% after deductible
PHARMACY		
RETAIL RX (UP TO 30-DAY SUPPLY)		
Generic	\$15 copay	20% minus copay
Preferred Brand Name	\$30 copay	20% minus copay
Non-preferred Brand Name	\$45 copay	20% minus copay
Specialty	\$150 copay	20% minus copay
MAIL ORDER RX (UP TO 90-DAY SUPPLY)		
Generic	\$75 copay	N/A
Preferred Brand Name	\$150 copay	N/A
Non-preferred Brand Name	\$200 copay	N/A