

# MEDICAL BENEFITS SUMMARY

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