

# Plan Comparison Chart – Choose the plan that fits you best.



BlueCross BlueShield of Texas

## Participating Provider Coverage Shown<sup>1</sup>

	PPO Select <sup>®</sup> Choice	PPO Select Saver <sup>®</sup>	PPO Select Blue Advantage <sup>SM</sup>	BlueEdge Individual HSA <sup>SM2</sup> Plans I, II, III	BlueEdge Individual HSA <sup>2</sup> Plans IV, V, VI	BlueEdge Individual HSA <sup>2</sup> Plans VII, VIII
Individual Deductible	\$250, \$500, \$1,000, \$1,500, \$2,500, \$3,500, \$5,000, \$10,000	\$500, \$1,000, \$1,500, \$2,500, \$3,500, \$5,000, \$10,000	\$250, \$500, \$1,000, \$1,500, \$2,500, \$3,500, \$5,000, \$10,000	\$1,250, \$1,750, \$2,500	\$1,250, \$1,750, \$2,500	\$3,500, \$5,000
Coinsurance (after deductible is met)	80% of Allowable Amount	75% of Allowable Amount	85% of Allowable Amount	90% of Allowable Amount	75% of Allowable Amount	100% of Allowable Amount
Office Visit Copayment	\$25 (consultation only)	None – Subject to Deductible and Coinsurance	\$25 (includes same-day lab and X-ray)	90% coinsurance after deductible	75% coinsurance after deductible	100% after deductible
Individual Out-of-Pocket Expense Limit	Deductible selected plus \$3,000			\$3,000 <sup>3</sup>	\$3,000 <sup>3</sup>	Deductible selected
Emergency Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$100 copay (applies to facility charges only), then subject to deductible and coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible
Outpatient Prescription Drugs	\$200 deductible \$10 copay/generic \$30 copay/preferred \$45 copay/non-preferred	\$200 deductible \$10 copay/generic \$40 copay/preferred \$55 copay/non-preferred	No deductible \$10 copay/generic \$30 copay/preferred \$45 copay/non-preferred	Medical Deductible plus \$10 copay/generic \$50 copay/preferred \$65 copay/non-preferred	Medical Deductible plus \$10 copay/generic \$50 copay/preferred \$65 copay/non-preferred	Medical Deductible
Mail Order Prescriptions	90 days at 2 times copay			90 days at 2 times copay		
Prescription Drug Utilization Benefit Management Programs	<p><b>Dispensing Limits:</b> Benefits include coverage limits on certain quantities of medications.</p> <p><b>Specialty Pharmacy Program:</b> Specialty medications must be received through the preferred Specialty Pharmacy Provider.</p> <p><b>Member Pay the Difference:</b> When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.</p> <p><b>Prior Authorization/Step Therapy Requirements:</b> Before receiving coverage for some medications, your doctor will need to receive authorization from Blue Cross and Blue Shield of Texas (BCBSTX) and you may first need to try more clinically appropriate or cost effective drugs.</p>					
Participating Providers	Blue Choice PPO <sup>SM4</sup> - One of the largest provider networks in the state BlueCard PPO <sup>SM</sup> - Includes national/international coverage for when you're away from home			Blue Choice PPO <sup>4</sup> - One of the largest provider networks in the state BlueCard PPO - Includes national/international coverage for when you're away from home		
Preventive Care Services (benefits covered as defined by national guidelines)	100% of the Allowable Amount			100% of the Allowable Amount		
Outpatient Physician Medical/Surgical Services, Hospital Services and Hospital Diagnostic Testing	Subject to Deductible and Coinsurance			Subject to Deductible and Coinsurance		Subject to Deductible
Inpatient Physician Medical/Surgical Services, Hospital Services and Hospital Diagnostic Testing	Subject to Deductible and Coinsurance			Subject to Deductible and Coinsurance		Subject to Deductible

<sup>1</sup> Benefits reduced when non-participating providers are used. This is a summary of highlights only. Please refer to the Outline of Coverage for each plan for additional details.

<sup>2</sup> As a reminder, Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of Texas does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding tax consequences of specific health insurance plans or products.

<sup>3</sup> The out-of-pocket maximum includes the Deductible, Coinsurance and any applicable Outpatient Prescription Drug copayment amounts.

<sup>4</sup> Blue Choice PPO provides you with access to contracting providers.