



# Individual Plan Comparison Chart

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

All plans from Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, provide coverage for preventive services and maternity care. Please see your Summary of Benefits or visit [bcbstx.com](http://bcbstx.com) for more specific information.

Bronze	Blue Advantage Plus Bronze <sup>SM</sup>				Blue Advantage Bronze HMO <sup>SM</sup>			
	103 - One \$0 PCP Visit Plus		104		006		105 - Two \$40 PCP Visits	
	Plan Pays	Member Pays	Plan Pays	Member Pays	Plan Pays	Member Pays	Plan Pays	Member Pays
<b>Individual Deductible</b>	\$0	\$6,800	\$0	\$4,500	\$0	\$6,000	\$0	\$6,750
<b>Coinsurance</b>	80%	20%	70%	30%	100%	No Charge <sup>3</sup>	70%	30%
<b>Out-of-Pocket Maximum (includes deductible)</b>	\$6,850		\$6,450		\$6,000		\$6,850	
<b>Office Visit (PCP / Specialist)</b>	First PCP visit \$0; then pays 80% <sup>2</sup> / specialist 80%	First PCP visit \$0; then pays 20% <sup>2</sup> / specialist 20%	70% <sup>2</sup>	30% <sup>2</sup>	100% <sup>2</sup>	No Charge <sup>2</sup>	Two PCP visits \$40; then pays 70% <sup>2</sup> / specialist 70%	Two PCP visits \$40; then pays 30% <sup>2</sup> / specialist 30%
<b>Emergency Room / Outpatient Emergency Care (Physician and Hospital)</b>	80% <sup>2</sup>	\$950 per occurrence deductible <sup>2</sup>	70% <sup>2</sup>	30% <sup>2</sup>	100%	No Charge	70% <sup>2</sup>	30% <sup>2</sup>
<b>Urgent Care</b>	100%	\$75 copay	70% <sup>2</sup>	30% <sup>2</sup>	100%	No Charge	100%	\$75 copay
<b>Physician Medical / Surgical Services, Hospital Services and Hospital Diagnostic Testing (Inpatient / Outpatient Surgery)</b>	80% <sup>2,7</sup>	\$750 / \$400 per occurrence deductible <sup>2</sup>	70% <sup>2</sup>	30% <sup>2</sup>	100%	No Charge	70% <sup>2</sup>	30% <sup>2</sup>
<b>Mental Illness Treatment and Substance Abuse Rehab (Inpatient / Outpatient)</b>	80% / office visit paid at 100% <sup>2,7</sup>	\$750 / \$400 per occurrence deductible; \$0 office visit copay <sup>2,7</sup>	70% <sup>2</sup>	30% <sup>2</sup>	100%	No Charge	70% <sup>2</sup> / office visit paid at 100%	30% <sup>2</sup> / \$40 office visit copay
<b>Network</b>	Blue Advantage HMO <sup>SM</sup>		Blue Advantage HMO <sup>SM</sup>		Blue Advantage HMO <sup>SM</sup>		Blue Advantage HMO <sup>SM</sup>	
<b>HSA Eligible<sup>3</sup></b>	No		Yes		Yes		No	
<b>Outpatient Prescription Drugs - Preferred Pharmacy<sup>4,5</sup></b>	100% / 80% / 70% / 60% / 50% <sup>2</sup>	\$12 / 20% / 30% / 40% / 50% <sup>2</sup>	80% / 80% / 70% / 60% / 50%	20% / 20% / 30% / 40% / 50% <sup>2</sup>	100% <sup>2</sup>	No Charge <sup>2</sup>	80% / 80% / 70% / 60% / 50% <sup>2</sup>	20% / 20% / 30% / 40% / 50% <sup>2</sup>
<b>Outpatient Prescription Drugs - Non-Preferred Pharmacy<sup>4,5</sup></b>	100% / 75% / 60% / 50% / 50% <sup>2</sup>	\$17 / 25% / 40% / 50% / 50% <sup>2</sup>	75% / 75% / 60% / 50% / 50% <sup>2</sup>	25% / 25% / 40% / 50% / 50% <sup>2</sup>	100% <sup>2</sup>	No Charge <sup>2</sup>	75% / 75% / 60% / 50% / 50% <sup>2</sup>	25% / 25% / 40% / 50% / 50% <sup>2</sup>
<b>Prescription Drug Utilization Benefit Management Programs<sup>6</sup></b>	<p><b>Specialty Pharmacy Program:</b> To be eligible for maximum benefits, specialty medications must be obtained 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 BCBSTX, and you may first need to try more clinically appropriate or cost-effective drugs.</p> <p><b>Mail-Order Program:</b> You may receive a 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.</p>							

1 Benefits reduced when non-preferred providers are used. This is a summary of benefit highlights only.

2 Annual deductible and, if applicable, coinsurance still apply.

3 As a reminder, a Health Savings Account (HSA) has 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 adviser regarding tax consequences of specific health insurance plans or products.

4 Prescription benefit coverage starts after annual medical deductible has been met.

5 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty

6 Mail order is not available for Specialty tier drugs. Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.

7 Copay or deductible applies for certain services. See booklet for additional details.