



# 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 and Coverage or visit [bcbstx.com](http://bcbstx.com) for more specific information.

Bronze	Blue Advantage Bronze HMO <sup>SM</sup>			
	204	301	302	707
Individual Deductible <sup>3</sup>	\$6,000	\$9,450	\$7,500	\$7,500
Coinsurance	50% <sup>4</sup>	0%	0%	50% <sup>4</sup>
Out-of-Pocket Maximum (includes deductible) <sup>3</sup>	\$9,450	\$9,450	\$7,500	\$9,400
Primary Care Office Visit	\$45 copay	0%	0%	\$50 copay
Specialist Office Visit	50% <sup>4</sup>	0%	0%	\$100 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	50% <sup>4</sup>	0%	0%	\$50 copay
Emergency Room	\$950 per occurrence deductible, then 50% <sup>4</sup>	0%	0%	50% <sup>4</sup>
Urgent Care	\$60 copay	0%	0%	\$75 copay
Inpatient Hospital Services	\$850 per occurrence deductible, then 50% <sup>4</sup>	0%	0%	50% <sup>4</sup>
Outpatient Surgery <sup>5</sup>	\$600 per occurrence deductible, then 50% <sup>4</sup>	0%	0%	50% <sup>4</sup>
Outpatient X-Rays and Diagnostic Imaging <sup>5</sup>	50% <sup>4</sup>	0%	0%	50% <sup>4</sup>
Outpatient Imaging (CT/PET Scans/MRIs) <sup>5</sup>	50% <sup>4</sup>	0%	0%	50% <sup>4</sup>
Network	Blue Advantage HMO <sup>SM</sup>	Blue Advantage HMO <sup>SM</sup>	Blue Advantage HMO <sup>SM</sup>	Blue Advantage HMO <sup>SM</sup>
HSA Eligible <sup>6</sup>	No	No	Yes	No
Outpatient Prescription Drugs - Preferred Pharmacy <sup>7</sup>	\$5 / \$15 / 30% / 35% / 45% / 50% <sup>8</sup>	0%	0%	\$25 / \$50 / \$100 / \$500 <sup>9</sup>
Outpatient Prescription Drugs - Non-Preferred Pharmacy <sup>7</sup>	\$15 / \$25 / 35% / 40% / 45% / 50% <sup>8</sup>	0%	0%	\$25 / \$50 / \$100 / \$500 <sup>9</sup>

**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through a preferred Specialty Pharmacy provider.

**Member Pay the Difference:** When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.

**Prior Authorization/Step Therapy Requirements:** Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSTX. You may need to meet certain criteria or try more cost-effective drugs first.

**90-Day Supply:** You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.

### Prescription Drug Benefit Utilization Management Programs<sup>10</sup>

- Benefits are reduced when non-participating providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.
- This plan is not available on the Health Insurance Marketplace® in Texas.
- The standard per person deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Deductibles do not apply to services for which only copays are charged.
- All percentages shown are of allowable amount for covered services.
- Members may have lower out-of-pocket costs for some services provided by non-emergency freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See your Summary of Benefits and Coverage for additional details.
- 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).
- Prescription benefit coverage starts after annual medical deductible has been met, not counting copays. Retail stores in the Preferred Pharmacy Network offer members prescription drugs with a lower possible member cost-share amount. Preferred pharmacy pricing is not available for 100% cost-sharing plans.
- Six prescription drug payment level tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty
- Four prescription drug payment level tiers: Generic / Preferred Brand / Non-Preferred Brand / Specialty. Costs are for outpatient prescriptions through a preferred pharmacy. Deductible may apply to certain tiers. See your Summary of Benefits and Coverage for details.
- Home delivery is not available for Specialty tier drugs. Specialty tier drugs are limited to a 30-day supply. Coverage limitations may apply to certain medications.



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Bronze	MyBlue Health Bronze <sup>SM 2</sup>	
	402	806
Individual Deductible <sup>3</sup>	\$7,400	\$7,500
Coinsurance	50% <sup>4</sup>	50% <sup>4</sup>
Out-of-Pocket Maximum (includes deductible) <sup>3</sup>	\$9,450	\$9,400
Primary Care Office Visit	\$0 / \$105 <sup>5</sup>	\$50 copay
Specialist Office Visit	50% <sup>4</sup>	\$100 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	40% <sup>4</sup>	\$50 copay
Emergency Room	\$950 per occurrence deductible, then 50% <sup>4</sup>	50% <sup>4</sup>
Urgent Care	First two urgent care visits \$0, then \$160 copay for all visits after	\$75 copay
Inpatient Hospital Services	\$850 per occurrence deductible, then 50% <sup>4</sup>	50% <sup>4</sup>
Outpatient Surgery <sup>6</sup>	\$600 per occurrence deductible, then 50% <sup>4</sup>	50% <sup>4</sup>
Outpatient X-Rays and Diagnostic Imaging <sup>6</sup>	50% <sup>4</sup>	50% <sup>4</sup>
Outpatient Imaging (CT/PET Scans/MRIs) <sup>6</sup>	50% <sup>4</sup>	50% <sup>4</sup>
Network	MyBlue Health <sup>SM</sup>	MyBlue Health <sup>SM</sup>
HSA Eligible	No	No
Outpatient Prescription Drugs - Preferred Pharmacy <sup>7</sup>	\$10 / \$20 / 30% / 35% / 45% / 50% <sup>8</sup>	\$25 / \$50 / \$100 / \$500 <sup>9</sup>
Outpatient Prescription Drugs - Non-Preferred Pharmacy <sup>7</sup>	\$20 / \$30 / 35% / 40% / 45% / 50% <sup>8</sup>	\$25 / \$50 / \$100 / \$500 <sup>9</sup>
<b>Prescription Drug Benefit Utilization Management Programs<sup>10</sup></b>	<p><b>Specialty Pharmacy Program:</b> To be eligible for maximum benefits, specialty medications must be obtained through a preferred Specialty Pharmacy provider.</p> <p><b>Member Pay the Difference:</b> When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.</p> <p><b>Prior Authorization/Step Therapy Requirements:</b> Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSTX. You may need to meet certain criteria or try more cost-effective drugs first.</p> <p><b>90-Day Supply:</b> You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.</p>	

1 Benefits are reduced when non-participating providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

2 MyBlue Health<sup>SM</sup> plans are available only in Bexar, Cameron, Collin, Comal, Dallas, Denton, El Paso, Harris, Hidalgo, McLennan, Rockwall, Tarrant, Travis and Williamson Counties. Please see the plan's Benefit Book for more information.

3 The standard per person deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Deductibles do not apply to services for which only copays are charged.

4 All percentages shown are of allowable amount for covered services.

5 \$0 copay applies only for appointments if you choose a Select Primary Care Physician. See the plan's Benefit Book for details.

6 Members may have lower out-of-pocket costs for some services provided by non-emergency freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See your Summary of Benefits and Coverage for additional details.

7 Prescription benefit coverage starts after annual medical deductible has been met, not counting copays. Retail stores in the Preferred Pharmacy Network offer members prescription drugs with a lower possible member cost-share amount. Preferred pharmacy pricing is not available for 100% cost-sharing plans.

8 Six prescription drug payment level tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty

9 Four prescription drug payment level tiers: Generic / Preferred Brand / Non-Preferred Brand / Specialty. Costs are for outpatient prescriptions through a preferred pharmacy. Deductible may apply to certain tiers. See your Summary of Benefits and Coverage for details.

10 Home delivery is not available for Specialty tier drugs. Specialty tier drugs are limited to a 30-day supply. Coverage limitations may apply to certain medications.



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Bronze	Blue Advantage Plus Bronze <sup>SM</sup>			
	201 <sup>2</sup>	303	305	707
Individual Deductible <sup>3</sup>	\$4,500	\$5,500	\$6,100	\$7,500
Coinsurance	40% <sup>4</sup>	50% <sup>4</sup>	50% <sup>4</sup>	50% <sup>4</sup>
Out-of-Pocket Maximum (includes deductible) <sup>3</sup>	\$7,500	\$9,450	\$9,450	\$9,400
Primary Care Office Visit	40% <sup>4</sup>	\$80 copay	40% <sup>4</sup>	\$50 copay
Specialist Office Visit	40% <sup>4</sup>	50% <sup>4</sup>	50% <sup>4</sup>	\$100 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	40% <sup>4</sup>	50% <sup>4</sup>	40% <sup>4</sup>	\$50 copay
Emergency Room	\$950 per occurrence deductible, then 40% <sup>4</sup>	\$950 per occurrence deductible, then 50% <sup>4</sup>	\$950 per occurrence deductible, then 50% <sup>4</sup>	50% <sup>4</sup>
Urgent Care	40% <sup>4</sup>	\$120 copay	50% <sup>4</sup>	\$75 copay
Inpatient Hospital Services	\$850 per occurrence deductible, then 40% <sup>4</sup>	\$850 per occurrence deductible, then 50% <sup>4</sup>	\$850 per occurrence deductible, then 50% <sup>4</sup>	50% <sup>4</sup>
Outpatient Surgery <sup>5</sup>	\$600 per occurrence deductible, then 40% <sup>4</sup>	\$600 per occurrence deductible, then 50% <sup>4</sup>	\$600 per occurrence deductible, then 50% <sup>4</sup>	50% <sup>4</sup>
Outpatient X-Rays and Diagnostic Imaging <sup>5</sup>	40% <sup>4</sup>	50% <sup>4</sup>	50% <sup>4</sup>	50% <sup>4</sup>
Outpatient Imaging (CT/PET Scans/MRIs) <sup>5</sup>	40% <sup>4</sup>	50% <sup>4</sup>	50% <sup>4</sup>	50% <sup>4</sup>
Network	Blue Advantage HMO <sup>SM</sup>	Blue Advantage HMO <sup>SM</sup>	Blue Advantage HMO <sup>SM</sup>	Blue Advantage HMO <sup>SM</sup>
HSA Eligible <sup>6</sup>	Yes	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy <sup>7</sup>	20% / 25% / 30% / 35% / 45% / 50% <sup>8</sup>	\$5 / \$15 / \$130 / 35% / 45% / 50% <sup>8</sup>	20% / 25% / 30% / 35% / 45% / 50% <sup>8</sup>	\$25 / \$50 / \$100 / \$500 <sup>9</sup>
Outpatient Prescription Drugs - Non-Preferred Pharmacy <sup>7</sup>	25% / 30% / 35% / 40% / 45% / 50% <sup>8</sup>	\$20 / \$30 / \$150 / 40% / 45% / 50% <sup>8</sup>	25% / 30% / 35% / 40% / 45% / 50% <sup>8</sup>	\$25 / \$50 / \$100 / \$500 <sup>9</sup>
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