



Individual Plan Comparison Chart

Participating Provider Coverage Shown¹

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

Bronze	Blue Advantage Bronze HMO SM		Blue Advantage Plus Bronze SM	
	006	105 - Two \$40 PCP Visits	103 - One \$0 PCP Visit	104
Individual Deductible²	\$6,500	\$6,850	\$6,600	\$5,000
Coinsurance	No member share ³	30% ⁴	20% ⁴	40% ⁴
Out-of-Pocket Maximum (includes deductible)²	\$6,500	\$7,150	\$7,150	\$6,550
Primary Care Office Visit	No member share ³	First 2 visits \$40, then 30% ⁴	First visit \$0, then 20% ⁴	40% ⁴
Specialist Office Visit	No member share ³	30% ⁴	20% ⁴	40% ⁴
Mental Illness Treatment and Substance Abuse Rehab Office Visit	No member share ³	\$0	\$0	40% ⁴
Emergency Room	No member share ³	30% ⁴	\$950 per occurrence copay, then 20% ⁴	40% ⁴
Urgent Care	No member share ³	\$40	\$20	40% ⁴
Inpatient Hospital Services	No member share ³	30% ⁴	\$750 per occurrence copay, then 20% ⁴	40% ⁴
Outpatient Surgery⁵	No member share ³	50% ⁴	\$400 per occurrence copay, then 40% ⁴	50% ⁴
Outpatient X-Rays and Diagnostic Imaging⁵	No member share ³	50% ⁴	\$80 per occurrence copay, then 40% ⁴	50% ⁴
Outpatient Imaging (CT/PET Scans/MRIs)⁵	No member share ³	50% ⁴	\$600 per occurrence copay, then 40% ⁴	50% ⁴
Network	Blue Advantage HMO SM		Blue Advantage HMO SM	
HSA Eligible⁶	Yes	No	No	Yes
Outpatient Prescription Drugs - Preferred Pharmacy^{7,8}	No member share ³	20%/20%/30%/40%/50%	\$15/30%/40%/45%/50%	30%/30%/40%/50%/50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy^{7,8}	No member share ³	25%/25%/40%/50%/50%	\$20/35%/50%/50%/50%	35%/35%/50%/50%/50%
Prescription Drug Utilization Benefit Management Programs⁹	<p>Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p>Member Pay the Difference: When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.</p> <p>Prior Authorization/Step Therapy Requirements: 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>Mail-Order Program: You may receive up to 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-participating providers are used. This is a summary of benefit highlights only. Benefits shown represent members share.
 2 The standard 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.
 3 Annual deductible still applies.
 4 All percentages shown are of allowable amount for covered services.
 5 Members may have lower out of pocket costs for services provided by freestanding outpatient facilities than the out of pocket costs for services provided in a hospital setting. See benefit booklet for additional details.
 6 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.
 7 Prescription benefit coverage starts after annual medical deductible has been met.
 8 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty
 9 Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.