BlueCross BlueShield of Texas

2019

Individual Plan Comparison Chart

Participating Provider Coverage Shown[1]

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** for more specific information.

Gold	Blue Advantage Gold HMO℠		Blue Advantage Plus Gold℠
	206 - Three $30 PCP Visits	207*	203
Individual Deductible[2]	$350	$0	$750
Coinsurance	40%[3]	0%	30%[3]
Out-of-Pocket Maximum (includes deductible)[2]	$7,900	$7,900	$7,900
Primary Care Office Visit	First 3 visits $30 copay, all other visits 40%[3]	$20 copay	$15 copay
Specialist Office Visit	40%[3]	$50 copay	$50 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	40%[3]	$20 copay	$15 copay
Emergency Room	$950 per occurrence deductible, then 40%[3]	$750 copay	$950 per occurrence deductible, then 30%[3]
Urgent Care	$45 copay	$50 copay	$50 copay
Inpatient Hospital Services	$850 per occurrence deductible, then 40%[3]	$1,500 per day copay	$850 per occurrence deductible, then 30%[3]
Outpatient Surgery[4]	$600 per occurrence deductible, then 40%[3]	$500 copay	30%[3]
Outpatient X-Rays and Diagnostic Imaging[4]	40%[3]	$20	30%[3]
Outpatient Imaging (CT/PET Scans/MRIs)[4]	40%[3]	$250	30%[3]
Network	Blue Advantage HMO℠	Blue Advantage HMO℠	Blue Advantage HMO℠
HSA Eligible[5]	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy[6 7]	$0/$10/20%/35%/45%/50%	$0/$10/$50/$100/40%/50%	$0/$10/20%/35%/45%/50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy[6 7]	$10/$20/25%/40%/45%/50%	$10/$20/$70/$120/40%/50%	$10/$20/30%/40%/45%/50%
Prescription Drug Utilization Benefit Management Programs[8]	**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through the 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 plus the difference in cost. **Prior Authorization/Step Therapy Requirements:** Before you receive coverage for some medications, your doctor will need to receive authorization from BCBSTX. You may also need to meet certain criteria or try more cost-effective drugs first. **90-Day Supply:** You may receive a 90-day supply of prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.		

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 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.
3 All percentages shown are of allowable amount for covered services.
4 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.
5 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 coverage plans or products.
6 Prescription benefit coverage starts after annual medical deductible has been met, not counting copays. Retail stores in the Preferred Pharmacy Network offer members prescriptions with a lower possible copay amount.
7 Prescription drug payment level tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred / Preferred Specialty / Non-Preferred Specialty
8 Home delivery is not available for Specialty tier drugs. Drugs in these tiers are limited to a 30-day supply. Coverage limitations may apply to certain medications.

*** This plan is not available on the Health Insurance Marketplace in Texas.**