



# Individual Plan Comparison Chart

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

All Blue Cross and Blue Shield of Texas plans 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.

Gold	Blue Choice Gold PPO <sup>SM</sup>			Blue Advantage Gold HMO <sup>SM</sup>			
	001	002	011	001	002	007	008
Individual Deductible	\$3,250	\$1,500	\$1,000	\$3,250	\$1,500	\$1,000	\$0
Coinsurance	100%	80%	80%	100%	80%	80%	100%
Out of Pocket Maximum (includes deductible)	\$3,250	\$3,500	\$3,000	\$3,250	\$3,500	\$3,000	\$6,000
Office Visit Copay (PCP / Specialist)	\$30 / \$50	\$10 / \$60	\$30 / \$50	\$30 / \$50	\$10 / \$60	\$30 / \$50	\$30 / \$50
Emergency Room / Outpatient Emergency Care (Physician and Hospital)	\$400	\$400	\$400	\$400	\$400	\$400	\$400
Deductible for Physician Medical / Surgical Services, Hospital Services and Hospital Diagnostic Testing (Inpatient/ Outpatient Surgery)	\$200 / \$150	\$200 / \$150	\$200 / \$150	\$200 / \$150	\$200 / \$150	\$200 / \$150	\$200 / \$150
Deductible for Mental Illness Treatment and Substance Abuse Rehab (Inpatient/Outpatient Surgery)	\$200 / \$150	\$200 / \$150	\$200 / \$150	\$200 / \$150	\$200 / \$150	\$200 / \$150	\$200 / \$150
Network	Blue Choice PPO <sup>SM</sup>			Blue Advantage HMO <sup>SM</sup>			
HSA Eligible <sup>2</sup>	No	No	No	No	No	No	No
Outpatient Prescription Drugs <sup>3</sup>	\$0 / \$10 / \$35 \$75 / \$150	\$0 / \$10 / \$35 \$75 / \$150	\$0 / \$10 / \$50 \$100 / \$150	\$0 / \$10 / \$35 \$75 / \$150	\$0 / \$10 / \$35 \$75 / \$150	\$0 / \$10 / \$50 \$100 / \$150	\$0 / \$10 / \$50 \$100 / \$150
Prescription Drug Formulary	Standard	Standard	Standard	Generics Plus	Generics Plus	Generics Plus	Generics Plus
Mail-Order Program/90 – Day Retail Benefit <sup>4</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prescription Drug Utilization Benefit Management Programs <sup>5</sup>	<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>						

<sup>1</sup> Benefits reduced when non-preferred providers are used. This is a summary of benefit highlights only.  
<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.  
**Notice:** Certain individuals who receive cost-sharing reductions under their benefit plan that have the effect of reducing the deductible below the federal government's minimum deductible may not be eligible to contribute to a Health Savings Account. Please consult your tax advisor for further information.  
<sup>3</sup> Preferred Generics / Non Preferred Generics / Preferred Formulary / Non Preferred Formulary / Specialty  
<sup>4</sup> Mail order is not available for Specialty tier drugs. Specialty tier is limited to a 30 day supply.  
<sup>5</sup> Coverage limitations may apply to certain medications.