


The company will offer the following three medical plans using the **BCBS Choice PPO** network.

 <b>BlueCross BlueShield of Texas</b>	S9K1CHC	S662CHC HSA	B660CHC HSA
	In-Network Benefits	In-Network Benefits	In-Network Benefits
<b>CALENDAR YEAR DEDUCTIBLE</b>		<b>H.S.A.</b>	
Individual Deductible	\$5,000	\$5,250	\$6,500
Family Deductible Maximum	\$15,000	\$10,500	\$13,000
<b>MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR PER PERSON</b>			
Individual Out-of-pocket Maximum	\$9,000	\$5,250	\$7,250
Family Out-of-pocket Maximum	\$18,000	\$10,500	\$14,500
<b>WELLNESS &amp; IMMUNIZATIONS</b>			
Well Child Care, includes immunizations	100%	100%	100%
Well Adult (exam, mammogram, PSA)	100%	100%	100%
<b>INPATIENT</b>			
Hospitalization (inpatient)	Deductible + 30% + \$250/visit	100% after Deductible	Deductible + 30%
<b>OUTPATIENT</b>			
Physician Office Visit (illness or injury, except surgery)	\$40 PCP \$80 co-pay SP Office Visit Only	100% after Deductible	Deductible + 30%
Outpatient Surgery (surgical facility or doctor's office)	Deductible + 30% + \$200/visit	100% after Deductible	Deductible + 30%
MRI, CT Scan, PETSCAN, etc.	Deductible + \$30%	100% after Deductible	Deductible + 30%
Diagnostic lab & x-ray	Deductible + \$30%	100% after Deductible	Deductible + 30%
Urgent Care Visit	\$75 copay	100% after Deductible	Deductible + 30%
Emergency Room Services	Deductible + 30% + \$500/visit	100% after Deductible	Deductible + 30% + \$650/visit
Virtual Visit	Sam	Sam	Sam
<b>PRESCRIPTIONS – Retail Preferred Participating Pharmacy</b>			
Preferred Generic	\$0 copay	100% after Deductible	10% coinsurance
Non-preferred Generic	\$10 copay	100% after Deductible	10% coinsurance
Preferred Brand	\$50 copay	100% after Deductible	20% coinsurance
Non-preferred Brand	\$100 copay	100% after Deductible	30% coinsurance
Preferred Specialty	\$150 copay	100% after Deductible	40% coinsurance
Non-preferred Specialty	\$250 copay	100% after Deductible	50% coinsurance