# Pro Star Rental - PPO MEDICAL BENEFITS AT A GLANCE

| BlueCross BlueShield Choice Network | MTBCB026 $3,000 Co-pay | MTBCB045 $6,000 Co-pay | MTBCP007H $5,000 HSA |
|---|---|---|---|
| **CALENDAR YEAR DEDUCTIBLE** | | | |
| Individual Deductible | $3,000 | $6,000 | $5,000 |
| Family Deductible Maximum | $9,000 | $15,800 | $10,000 |
| **MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR PER PERSON** | | | |
| Individual Out-of-Pocket limit In-network | $7,350 | $8,150 | $5,000 |
| Family Out-of-pocket limit in-network | $14,700 | $16,300 | $10,000 |
| **WELLNESS & IMMUNIZATIONS** | | | |
| Well Child Care, includes immunizations | 100% | 100% | 100% |
| Well Adult | 100% | 100% | 100% |
| Hospitalization (inpatient) | Deductible + 30% coinsurance | Deductible + 30% coinsurance | 100% After Deductible |
| **OUTPATIENT** | | | |
| Physician Office Visit (illness or injury, except surgery) | $50 co-pay PCP $100 co-pay SP Office Visit Only | $35 co-pay PCP $70 co-pay SP Office Visit Only | 100% After Deductible |
| Outpatient Surgery | Deductible + 30% coinsurance | Deductible + 30% coinsurance | 100% After Deductible |
| Diagnostic lab & x-ray | Deductible + 30% coinsurance | Deductible + 30% coinsurance | 100% After Deductible |
| MRI, CT Scan, PETSCAN | Deductible + 30% coinsurance | Deductible + 30% coinsurance | 100% After Deductible |
| Urgent Care Facility Visit | $75/visit | $75/visit | 100% After Deductible |
| Emergency Room Services | $500 + Deductible + 30% coinsurance | $500 + Deductible + 30% coinsurance | 100% After Deductible |
| **PRESCRIPTIONS – Retail Pharmacy** | | | |
| Tier 1 Preferred Generic | $0 Preferred $10 Non-Preferred | $0 Preferred $10 Non-Preferred | 100% After Deductible |
| Tier 2 Non-Preferred Generic | $10 Preferred $20 Non-Preferred | $10 Preferred $20 Non-Preferred | 100% After Deductible |
| Tier 3 Preferred Brand | $50 Preferred $70 Non-Preferred | $50 Preferred $70 Non-Preferred | 100% After Deductible |
| Tier 4 Non-Preferred Brand | $100 Preferred $120 Non-Preferred | $100 Preferred $120 Non-Preferred | 100% After Deductible |
| Tier 5 Preferred Specialty | $150 | $150 | 100% After Deductible |
| Tier 6 Non-Preferred Specialty | $250 | $250 | 100% After Deductible |

BlueCross BlueShield of Texas