

# Medical Benefits

At Great Hearts Texas, we are pleased to offer quality Blue Cross Blue Shield of Texas (BCBSTX) medical insurance plans which emphasize the prevention of disease, while providing comprehensive coverage for major medical conditions. An overview of the plans is provided below; however, you can find more detailed information in the Summary Plan Description (SPD), available by contacting HR.

There are two plan designs offered from BCBSTX: a (Buy Up) PPO plan that offers both in and out-of-network coverage or a (Base) EPO plan that offers in-network coverage only utilizing the full BCBSTX provider network.

Medical Options	Buy-Up PPO Plan		Base EPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Plan Year Deductible</b>				
Individual	\$750	\$2,250	\$1,000	Not Covered
Family	\$1,500	\$4,500	\$2,000	Not Covered
<b>Out-of-Pocket Maximum</b>				
Individual	\$1,500	\$4,500	\$2,000	Not Covered
Family	\$3,000	\$9,000	\$4,000	Not Covered
<b>Coinsurance (Member Pays)</b>	15%	50%	20%	Not Covered
<b>Physician &amp; Other Covered Services</b>				
PCP/Specialist	\$25 / \$50	50% AD	\$20 / \$40	Not Covered
Laboratory/X-ray	No Charge*	50% AD	No Charge	Not Covered
Advanced Imaging (CT, MRI, PET)	15% AD	50% AD	20% AD	Not Covered
<b>Preventive Care</b>	No Charge	50% AD (for some covered preventive services)	No Charge	Not Covered
<b>Urgent Care</b>	\$75	50% AD	\$50	Not Covered
<b>Emergency Room</b>	\$250		\$250	
<b>Hospital Services</b>				
Inpatient	15% AD	50% AD	20% AD	Not Covered
Outpatient	15% AD	50% AD	20% AD	Not Covered
<b>Prescription Drugs</b>				
<b>Retail (30 day supply)</b>				
Level 1	\$15	Applicable Copay + Balance Bill	\$10	Not Covered
Level 2	\$35		\$35	Not Covered
Level 3	\$65		\$65	Not Covered
<b>Specialty</b>				
Level A	\$50	Not Covered	\$50	Not Covered
Level B	\$100	Not Covered	\$100	Not Covered
Level C	\$150	Not Covered	\$150	Not Covered
Level D	\$200	Not Covered	\$200	Not Covered
<b>Mail Order (90 day supply)</b>	2x Copay	Not Covered	2x Copay	Not Covered
<b>Employee Cost Per Paycheck</b>				
Employee Only	\$52.09		\$32.71	
+ Spouse/DP	\$137.79		\$108.32	
Employee + Child(ren)	\$117.63		\$91.10	
Employee + Family	\$223.98		\$165.83	

AD = After Deductible \* If service is rendered at a freestanding, independent or outpatient facility.  
DP = Domestic Partner