

Blue Essentials Access

Plan Highlights

Effective September 1, 2019 - August 31, 2020



BlueCross BlueShield of Texas



Medical Plan Year Deductible	\$500 Individual	\$1,000 Family
Out-Of-Pocket Maximum (includes medical and RX copays, deductibles and coinsurance)	\$4,500 Individual	\$9,000 Family
Primary Care Provider (PCP) Office Visit		\$25 copayment
<ul style="list-style-type: none"> Includes lab/X-ray services Other services provided in a physician's office are subject to additional deductible and copayments/coinsurance 		
Specialist Office Visit (no referral required)		\$60 copayment
<ul style="list-style-type: none"> Includes lab/X-ray services Other services provided in a physician's office are subject to additional deductible and copayments/coinsurance 		
Preventive Care		Plan pays 100%
Well-woman exam, immunizations, physicals, mammograms, colorectal cancer screening		
Minor Emergency/Urgent Care Visit		\$75 copayment
Emergency Room		After deductible, plan pays 80%; you pay 20%
Inpatient Services		After deductible, plan pays 80%; you pay 20%
Facility charges, physician services, surgical procedures, pre-admission testing, operating/recovery room, newborn delivery and nursery, ICU/coronary care units, laboratory tests/X-rays, rehabilitation facility		
Outpatient Services		After deductible, plan pays 80%; you pay 20%
Facility charges, physician services, surgical procedures, observation unit		
Diagnostic Tests		After deductible, plan pays 80%; you pay 20%
MRI, CT scan, sleep study, stress test, PET scan, ultrasound, cardiac imaging, genetic testing, colonoscopy (non-preventive)		
All Other Covered Services		After deductible, plan pays 80%; you pay 20%
Pharmacy Plan Year Deductible	\$100 per Member	
Participating Retail Pharmacy Standard Drugs/30-day supply		
Tier 1: Generic		\$10 per prescription
Tier 2: Preferred Brand Name		\$40 per prescription
Tier 3: Non-Preferred Brand Name		\$65 per prescription
Tier 4: Specialty/High Cost Drugs		20% per prescription
Participating Mail Order Pharmacy Maintenance Drugs/90-day supply		
Tier 1: Generic		\$30 per prescription
Tier 2: Preferred Brand Name		\$120 per prescription
Tier 3: Non-Preferred Brand Name		\$195 per prescription
Tier 4: Specialty/High Cost Drugs		Not Covered

**Available to employees living, working or residing in the following counties:
Cameron, Hidalgo, Starr and Willacy**

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888-378-1633