



BlueCross BlueShield of Texas

Overview:

PPO 1500

The CSISD PPO plan offers higher monthly premiums in exchange for lower annual deductibles. With this option, there is no need for physician referrals. This is one of the plan options that offers Out-of-Network benefits. While offering the same network options as the HSA 3000 plan, the PPO 1500 plan provides first dollar coverage in certain service categories such as PCP, Specialist, and Urgent Care visits.

HSA 3000

The CSISD HSA plan serves as the primary High Deductible plan option, with low-cost monthly premiums in exchange for higher annual deductibles. With this option, there is no need for physician referrals. This is one of the plan options that offers Out-of-Network benefits. This plan provides the highest premium savings to plan members, with the greatest overall annual savings potential.

HMO 1500/ 2500

The CSISD Standard HMO plan is designed to provide members and their families a copay-based plan offering for Primary Care and Specialist visits, in exchange for moderate monthly premiums. This plan provides affordable access to care, with additional flexibility and cost transparency for services. If an HMO plan is selected, PCP Selection is required. Additionally referrals *are* required to see a specialist. The 1500 HMO offers a lower annual deductible than the HMO 2500 in exchange for higher monthly premiums.

Finding An In Network Provider:

- Go to BCBSTX.com
- Click on Find Care
- Select Find a Doctor or Hospital
- Under Basic Guest Search, click on Search of Doctors as a Guest
- Input zip code
- Select Employer plans
- Select Texas
- Select HMO or PPO
 - o if HMO, select Blue Essentials
 - o if PPO, select Blue Choice PPO (For HSA also)
- Type in the name of the doctor or hospital

College Station ISD



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Benefit Plan	BCBSTX - PPO 1500	BCBSTX - HSA 3000	BCBSTX - HMO 1500	BCBSTX - HMO 2500
Network Access	Blue Choice PPO	Blue Choice PPO	Blue Essentials	Blue Essentials
Monthly Premiums				
Employee Only	\$667.60	\$569.84	\$639.30	\$585.01
Employee and Spouse	\$1,339.62	\$1,141.19	\$1,282.21	\$1,171.98
Employee and Children	\$1,163.47	\$991.43	\$1,113.69	\$1,018.11
Employee and Family	\$1,939.86	\$1,651.49	\$1,856.45	\$1,696.26
Medical	In-Network*	In-Network*	In-Network Only	In-Network Only
Coinurance	20%	20%	20%	20%
Calendar Year Deductible (Individual/ Family)	\$1,500 / \$3,000	\$3,300 / \$6,000	\$1,500 / \$3,000	\$2,500 / \$5,000
Maximum Out of Pocket Limits (Individual/ Family)	\$7,000 / \$14,000	\$6,900 / \$13,800	\$7,000 / \$14,000	\$8,000 / \$16,000
Physician Office Visit Copay	\$30	20% After Ded	\$30	\$30
Specialist Office Visit Copay	\$45	20% After Ded	\$45	\$45
Preventive Care Services	Covered in full	Covered in full	Covered in full	Covered in full
Urgent Care	\$75	20% After Ded	\$75	\$75
Emergency Room Visit	\$500 copay & 20% after Ded.	20% After Ded	\$500 copay & 20% after Ded.	\$500 copay & 20% after Ded.
Hospital Inpatient	20% After Ded	20% After Ded	20% After Ded	20% After Ded
Hospital Outpatient	20% After Ded	20% After Ded	20% After Ded	20% After Ded
Lab & X-Ray	Covered in full	20% After Ded	20% After Ded	20% After Ded
Major Diagnostics (CT, PET, MRI, etc.)	20% After Ded	20% After Ded	20% After Ded	20% After Ded
Skilled Nursing Facility/Hospice	20% Coins	20% After Ded	20% After Ded	20% After Ded
Pharmacy				
Tier 1 - Generic 30 Day / M.O. 90 Day	\$10/ \$30	\$10/ \$30	\$10/ \$30	\$10/ \$30
Tier 2 - Preferred 30 Day / M.O. 90 Day	\$40/ \$120	\$40/ \$120	\$40/ \$120	\$40/ \$120
Tier 3 - Non Preferred Brand 30 Day/ M.O. 90 Day	\$70/ \$210	\$70/ \$210	\$70/ \$210	\$70/ \$210
Specialty Rx	\$100	\$100	\$100	\$100

*For Out-of-Network benefits, please refer to plan documents.