

Consumer Products



**BlueCross BlueShield
of Texas**

Plan Design	PPO Select [®] Saver (Network)	PPO Select [®] Choice (Network)	Select Blue Advantage (Network)
Deductible Ranges	\$500 – \$10,000	\$250 – \$10,000	\$250 – \$10,000
Office Visit Copays	None – Deductible and Coinsurance	\$25 Consultation only	\$25 (includes same day lab / X-ray up to \$750 annual maximum per person)
Emergency Room Copay	None – Subject to Deductible and Coinsurance	None – Subject to Deductible and Coinsurance	\$100* (facility charges only)
Out-of-Pocket Maximum**	\$3,000 Individual / \$9,000 Family	\$3,000 Individual / \$6,000 Family	\$3,000 Individual / \$6,000 Family
Coinsurance	75% / 25% of allowable amount	80% / 20% of allowable amount	85% / 15% of allowable amount
Prescription Drug Deductible	\$200	\$200	None
Prescription Drug Program Copays	3 tier formulary \$10 / \$40 / \$55	3 tier formulary \$10 / \$30 / \$45	3 tier formulary \$10 / \$30 / \$45
Mail Order Prescriptions	90 days at 2 times copay	90 days at 2 times copay	90 days at 2 times copay
Prescription Drug Calendar Year Maximum	\$3,000 per member	\$3,000 per member	\$3,000 per member
Adult Preventive Care	75% allowable amount subject to deductible and coinsurance and \$300 calendar year maximum per member	100% allowable amount subject to office visit copay and \$300 calendar year maximum per member	100% allowable amount subject to office visit copay and \$300 calendar year maximum per member
Well Child Care (through age 7)	Routine physical exams and developmental assessment, subject to deductible and coinsurance, and a \$300 calendar year maximum per member. Immunizations through age 7 paid at 100%.	Routine physical exams and developmental assessment, subject to office visit copay, and a \$300 calendar year maximum per member. Immunizations through age 7 paid at 100%.	Routine physical exams and developmental assessment, covered at 100% of allowable, subject to office visit copay and \$300 calendar year maximum per member. Immunizations through age 7 paid at 100%.
Lifetime Maximum	\$5 million per person	\$5 million per person	\$5 million per person
Pre-existing Condition Clause	12 months	12 months	18 months

* Waived if admitted to hospital immediately following the visit.
** Deductible not included.

Benefit Comparisons Between Series III Products

This information is intended as a brief summary of the basic elements of PPO Select Saver, PPO Select Choice, and Select Blue Advantage Series III Products. All benefit payments are subject to the plan provisions contained in the master contract.

