



2014 PPO Plan Changes Summary

Changes for 2014 (shown in bold) include annual deductibles, out-of-pocket maximums and brand-name prescription drug coinsurance limits. If you reach the out-of-pocket maximum during the plan year, copayments are no longer required.

BCBSTX PPO Medical Plan (effective January 1, 2014)		
Plan Features	In Network	Out of Network
Deductible	\$750 individual/ \$1,500 family	\$2,250 individual/ \$4,500 family
Out-of-Pocket Maximum ¹	\$3,000 individual/ \$6,000 family	\$9,000 individual/ \$18,000 family
Coinsurance	85%	65%
Inpatient	85% after deductible	65% after deductible
Primary Care Physician	\$25 copay	65% after deductible
Specialist Physician	\$40 copay	65% after deductible
Teladoc Physician	Not applicable	\$40²
Emergency Room	85% after deductible and \$250 copay	85% after deductible and \$250 copay
Preventive Coverage	100% subject to guidelines	65% after deductible
Prescription Drugs through Express Scripts		
	Retail	Mail-Order (90-day supply)
Generic	\$4	\$10
Preferred	80% (\$40 min, \$85 max)	80% (\$80 min, \$170 max)
Non-Preferred	50% (\$80 min, \$170 max)	50% (\$160 min, \$200 max)

¹ Copayments are waived when you reach the plan year out-of-pocket maximum.

² Telemedicine services through Teladoc are provided by an independent network of doctors not in the BCBSTX network. When you use a Teladoc physician, you are receiving care out-of-network. However, under the rules of the HSA and PPO medical plans, your payments to Teladoc count toward **both** the in-network and out-of-network deductibles/out-of-pocket maximums for the plan.

Use the Medical Expense Estimator on [YBR](#) (select **Enroll Now**) and the BMC/Express Scripts Rx [Estimator](#) to evaluate your own medical and prescription drug costs and determine your out-of-pocket expenses.