

# Pflugerville ISD

## Benefit Summary

January 1, 2023

	BCBS	HCH	BCBS	HCH
	BCBS High Plan	HCH Low Plan	BCBS Low Plan	HCH HD Plan
<b>Plan Network</b>	<b>In Network Only</b>	<b>In Network Only</b>	<b>In Network Only</b>	<b>In Network</b>
Individual Deductible	\$2,250	\$2,750	\$3,100	\$3,500
Family Deductible	\$4,500	\$5,500	\$6,200	\$7,000
Embedded or Aggregate (HSA plans only)	Embedded	Embedded	Embedded	Embedded
Coinsurance Paid by the Plan	80%	80%	70%	70%
Individual Maximum Out of Pocket*	\$5,500	\$6,000	\$6,500	\$7,500
Family Maximum Out of Pocket*	\$11,000	\$12,000	\$13,000	\$15,000
Primary Office Visit	\$35 copay	\$20 copay	\$40 copay	70% after deductible
Specialist Office Visit	\$50 copay	\$35 copay	\$55 copay	70% after deductible
Virtual Visit	\$0 copay	\$0 copay	\$0 copay	100% after deductible
Inpatient Hospital	80% after deductible	80% after deductible	70% after deductible	70% after deductible
Outpatient Surgery	80% after deductible	80% after deductible	70% after deductible	70% after deductible
ER - Facility	\$500 copay + 80% after deductible	\$500 copay + 80% after deductible	\$500 copay + 70% after deductible	70% after deductible
ER - Physician				70% after deductible
Urgent Care	\$50 copay	\$35 copay	\$55 copay	70% after deductible
Lab/X-Ray Billed by Doctors Office	Included in office visit	Included in office visit	Included in office visit	70% after deductible
Lab/X-Ray Billed by Outside Facility	100% no deductible	100% no deductible	100% no deductible	70% after deductible
Inpatient Advanced Imaging	80% after deductible	80% after deductible	70% after deductible	70% after deductible
Outpatient Advanced Imaging	80% after deductible	80% after deductible	70% after deductible	70% after deductible
<b>In-Network Prescriptions</b>				
Retail Prescription Drugs (30 days)	\$15 / \$40 / \$65 / 10% to \$2,500	\$15 / \$40 / \$65 / 10% to \$2,500	\$15 / \$50 / \$75 / 10% to \$2,500	70% after deductible
Mail Order Prescription Drugs (90 days)	3x retail	3x retail	3x retail	70% after deductible

Notes				HSA: \$300 match
* Maximum Out of Pocket includes deductibles, coinsurance, medical and Rx copays.				

EE Rates	BCBS High Plan	HCH Low Plan	BCBS Low Plan	HCH HD Plan
Employee Only	\$189	\$68	\$84	\$20
Employee + Spouse	\$785	\$605	\$650	\$490
Employee + Children	\$610	\$420	\$445	\$310
Employee + Family	\$1,212	\$949	\$1,030	\$809