

Network Level of Benefits\*



	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3
<b>Deductible</b> (per plan year)	\$2,300 employee-only \$2,300 employee and spouse, employee and child(ren), employee and family	\$1,150 per individual \$3,000 per family	\$500 per individual \$1,500 per family	None
<b>Out-of-Pocket Maximum</b> (per plan year; does not include deductible/copays)	\$3,000 employee-only \$5,000 employee and spouse, employee and child(ren), employee and family	\$2,000 per individual \$6,000 per family	\$2,000 per individual \$6,000 per family	\$1,000 per individual
<b>Coinsurance</b> Plan pays (up to allowable amount) Participant pays (after deductible)	80% 20%	80% 20%	80% 20%	80% 20%
<b>Office Visit Copay</b> Participant pays	20% after deductible	20% after deductible	\$25 for primary \$35 for specialist	\$20 for primary \$30 for specialist
<b>Preventive Care Copay</b> Services limited to one per person per plan year: routine physicals, OB/GYN well-woman exams, routine mammograms, and eye exams. Other services include well-baby exams, immunizations, hearing exams, and PSA, colorectal cancer, osteoporosis screenings	Plan pays 100% per visit (no copay up to \$500 per person, per plan year; remaining charges will be subject to deductible and coinsurance)	Plan pays 100% per visit (no copay up to \$500 per person, per plan year; remaining charges will be subject to deductible and coinsurance)	Participant pays \$25 for primary \$35 for specialist (no plan year maximum)	Participant pays \$20 for primary \$30 for specialist (no plan year maximum)
<b>Prescription Drugs</b> Drug Deductible (per plan year)	Subject to plan year deductible	Subject to plan year deductible	\$50 per person	\$50 per person
<b>Retail Short-Term</b> (up to a 30-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	Participant pays 20% after deductible	Participant pays 20% after deductible	Participant pays \$10 \$25** \$45**	Participant pays \$10 \$25** \$40**
<b>Retail Maintenance</b> (after second fill; up to a 30-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	Participant pays 20% after deductible	Participant pays 20% after deductible	Participant pays \$15 \$35** \$60**	Participant pays \$15 \$35** \$55**
<b>Mail Order</b> (up to a 90-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	Participant pays 20% after deductible	Participant pays 20% after deductible	Participant pays \$20.00 \$62.50** \$112.50**	Participant pays \$20.00 \$62.50** \$100.00**
<b>Monthly Premium Cost</b> Employee Only Employee and Spouse Employee and Child(ren) Employee and Family	\$245 \$600 \$382 \$785	\$278 \$633 \$443 \$697	\$370 \$842 \$589 \$926	\$498 \$1,134 \$794 \$1,247

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

\* Illustrates benefits when network providers are used. Non-network benefits are also available; see Enrollment Guide for more information.

\*\* If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.



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