

# Consumer Products

(Participating Provider Coverage Shown<sup>1</sup>)



**BlueCross BlueShield  
of Texas**

Plan Design	PPO Select <sup>®</sup> Saver (Network)			PPO Select <sup>®</sup> Choice (Network)			Select Blue Advantage (Network)		
<b>Deductible Ranges</b>	\$500 – \$10,000			\$250 – \$10,000			\$250 – \$10,000		
<b>Office Visit Copays<sup>2</sup></b>	None – Deductible and Coinsurance			\$25			\$25 (includes same day lab / x-ray)		
<b>Emergency Room Copay</b>	None – Subject to Deductible and Coinsurance			None – Subject to Deductible and Coinsurance			\$100 (facility charges only) <sup>3</sup>		
<b>Out-of-Pocket Maximum<sup>4</sup></b>	\$3,000 Individual / \$9,000 Family			\$3,000 Individual / \$6,000 Family			\$3,000 Individual / \$6,000 Family		
<b>Coinsurance<sup>5</sup></b>	75% / 25% of allowable amount			80% / 20% of allowable amount			85% / 15% of allowable amount		
<b>Prescription Drug Deductible</b>	\$200			\$200			None		
<b>Prescription Drug Program Copays</b>	Generic \$10	Preferred \$40	Non-preferred \$55	Generic \$10	Preferred \$30	Non-preferred \$45	Generic \$10	Preferred \$30	Non-preferred \$45
<b>Mail Order Prescriptions</b>	90 days at 2 times copay			90 days at 2 times copay			90 days at 2 times copay		
<b>Preventive Care Services</b>	100% of the allowable amount (Benefits are based on national guidelines)			100% of the allowable amount (Benefits are based on national guidelines)			100% of the allowable amount (Benefits are based on national guidelines)		
<b>Pre-existing Condition Clause Exclusion<sup>6</sup></b>	12 months			12 months			18 months		

<sup>1</sup> Benefits are reduced when non-participating providers are used

<sup>2</sup> Does not apply to office visits for preventive care services

<sup>3</sup> Waived if admitted to hospital immediately following the visit

<sup>4</sup> Deductible not included

<sup>5</sup> Percentages apply to all plans for allowable amount of covered expenses after calendar-year deductible is met

<sup>6</sup> This limitation does not apply to participants under 19 years of age

This information is intended as a brief summary of the basic elements of PPO Select Saver, PPO Select Choice, and Select Blue Advantage Series IV Products.

All benefit payments are subject to the plan provisions contained in the policy.