



Overview:

HD PPO

The GCCISD HD PPO plan serves as the primary High Deductible plan option, with low-cost monthly premiums in exchange for higher annual deductibles. With this option, there is no need for physician referrals. This is the only plan option that offers Out-of-Network benefits. This plan provides the highest premium savings to plan members, with the greatest overall annual savings potential.

Standard HMO

The GCCISD Standard HMO plan is designed to provide members and their families a copay-based plan offering for Primary Care and Specialist visits, in exchange for moderate monthly premiums. This option features no pharmacy deductible, low cost generic drugs, and free virtual medicine. This plan provides affordable access to care, with additional flexibility and cost transparency for services. PCP Selection is required. If a KelseyCare PCP is selected, referrals *are not* required to see a specialist. If a KelseyCare PCP is not selected, referrals *are* required to see a specialist.

Enhanced HMO

The GCCISD Enhanced HMO plan provides the richest medical benefits, in exchange for higher monthly premiums. Combining the best aspects from all other plan offerings, this plan provides copays for Primary Care and Specialists, no pharmacy deductible, low cost generic drugs, and free virtual medicine. This plan also provides the lowest annual deductibles of the three plan options. PCP Selection is required. If a Kelsey Care PCP is selected, referrals *are not* required to see a specialist. If a Kelsey Care PCP is not selected, referrals *are* required to see a specialist.

Finding An In Network Provider:

- Go to BCBSTX.com
- Click on Find Care
- Select Find a Doctor or Hospital
- Under Basic Guest Search, click on Search of Doctors as a Guest
- Input zip code
- Select Employer plans
- Select Texas
- Select HMO or PPO
 - if HMO, select Blue Essentials
 - if PPO, select Blue Choice PPO
- Type in the name of the doctor or hospital



Blue Cross Blue Shield Texas			
Benefit Plan	BCBSTX - HD PPO	BCBSTX - Standard HMO	BCBSTX - Enhanced HMO
Network Access	Blue Choice PPO	Blue Essentials	Blue Essentials
Monthly Premiums			
Employee Only	\$132.00	\$187.00	\$333.30
Employee and Spouse	\$939.40	\$1,136.30	\$1,399.20
Employee and Children	\$530.20	\$662.20	\$786.50
Employee and Family	\$1,336.50	\$1,579.60	\$1,728.10
Medical	In-Network*	In-Network Only	In-Network Only
Coinsurance	20%	20%	20%
Calendar Year Deductible (Individual/ Family)	\$3,500 / \$7,000	\$4,000 / \$8,000	\$2,000 / \$4,000
Maximum Out of Pocket Limits (Individual/ Family)	\$6,500 / \$13,000	\$7,000 / \$14,000	\$5,500 / \$11,000
Physician Office Visit Copay	20% After Ded	\$35	\$25
Specialist Office Visit Copay	20% After Ded	\$70	\$50
Preventive Care Services	Covered in full	Covered in full	Covered in full
Telemedicine	\$0 After Ded	\$0	\$0
Urgent Care	20% After Ded	20% After Ded	\$50
Emergency Room Visit	20% After Ded	20% After Ded	20% After Ded
Hospital Inpatient	20% After Ded	20% After Ded	20% After Ded
Hospital Outpatient	20% After Ded	20% After Ded	20% After Ded
Lab & X-Ray	20% After Ded	20% After Ded	20% After Ded
Major Diagnostics (CT, PET, MRI, etc.)	20% After Ded	20% After Ded	20% After Ded
Skilled Nursing Facility/Hospice	20% After Ded	20% After Ded	20% After Ded
Pharmacy			
ACA Preventive Drugs	Free	Free	Free
Tier 1 - Generic	20% After Ded	\$15 Retail / \$30 Mail Order	\$15 Retail / \$30 Mail Order
Tier 2 - Preferred Brand	20% After Ded	20% After Ded / 20% After Ded	\$35 Retail / \$70 Mail Order
Tier 3 - Non Preferred Brand	20% After Ded	20% After Ded / 20% After Ded	\$55 Retail / \$110 Mail Order
Specialty Rx	20% After Ded	\$250	\$200

*For Out-of-Network benefits, please refer to plan documents.