



**BlueCross BlueShield  
of Texas**

**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT**

**EFFECTIVE DATE: OCTOBER 1, 2013 - SEPTEMBER 30, 2014**

	<b>Core Plan</b>	<b>High Plan</b>	<b>State Plan</b>
<b>Deductible</b>			
In-Network	\$ 500 Individ./ \$1,000 Family	None	None
Out-Of-Network	\$1,000 Individ./ \$ 2,000 Family	\$1,000 Individ./ \$ 2,000 Family	\$ 500 Individ./ \$ 1,500 Family
<b>Physician Co-Pay</b>			
In-Network	<b>\$30</b>	<b>\$25</b>	<b>\$15</b>
Out-Of-Network	Deductible & 40%	Deductible & 40%	Deductible & 30%
<b>Co-Ins Percent</b>			
In-Network	80% / 20% to \$ 20,000	80% / 20% to \$ 10,000	90% / 10% to \$ 5,000
Out-Of-Network	60% / 40% to \$ 20,000	60% / 40% to \$ 15,000	70% / 30% to \$ 5,000
<b>Co-Ins Maximum</b>			
In-Network	\$ 4,000 Individ. / \$ 8,000 Family	\$ 2,000 Individ. / \$ 4,000 Family	\$ 500 Individ. / \$ 1,000 Family
Out-Of-Network	\$ 8,000 Individ. / \$ 16,000 Family	\$ 6,000 Individ. / \$ 12,000 Family	\$ 1,500 Individ. / \$ 3,000 Family
<b>Urgent Care</b>			
In-Network	\$45 Co-Pay	\$45 Co-Pay	\$45 Co-Pay
Out-Of-Network	Deductible & 40%	Deductible & 40%	Deductible & 30%
<b>Emergency Room</b>			
In-Network	\$ 150 Co-Pay then Ded. & 20%	\$ 75 Co-Pay & 20%	\$ 50 Co-Pay & 10%
Out-Of-Network	\$ 150 Co-Pay then Ded. & 40%	\$ 75 Co-Pay then Ded. & 40%	\$ 50 Co-Pay then Ded. & 30%
<b>Prescription Drugs</b>			
Generic	\$10	\$20	\$5
Brand	\$30	\$40	\$25
Mail Order 90-Day Supply	Yes; \$-0- / \$60	Yes; \$-0- / \$80	Yes; \$-0- / \$50
<b>Rate</b>			
Employee Only	<b>\$0.00</b>	<b>\$155.08</b>	<b>\$304.62</b>
Employee & Spouse	<b>\$276.82</b>	<b>\$569.86</b>	<b>\$880.52</b>
Employee & Child(ren)	<b>\$276.82</b>	<b>\$569.86</b>	<b>\$880.52</b>
2 Employee & Child(ren)	<b>\$232.98</b>	<b>\$505.15</b>	<b>\$789.94</b>
Employee & Family	<b>\$462.96</b>	<b>\$848.74</b>	<b>\$1,257.70</b>

**Note: Emergency Room is subject to calendar year deductible if it has not yet been satisfied.**