



**BlueCross BlueShield
of Texas**

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

EFFECTIVE DATE: OCTOBER 1, 2014 - SEPTEMBER 30, 2015

	Core Plan	High Plan	State Plan
Deductible			
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
Physician Co-Pay			
In-Network	\$30	\$25	\$15
Out-Of-Network	Deductible & 40%	Deductible & 40%	Deductible & 30%
Co-Ins Percent			
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
Co-Ins Maximum			
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
Urgent Care			
In-Network	\$45 Co-Pay	\$45 Co-Pay	\$45 Co-Pay
Out-Of-Network	Deductible & 40%	Deductible & 40%	Deductible & 30%
Emergency Room			
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%
Prescription Drugs			
Generic	\$10	\$10	\$5
Brand	\$30	\$30	\$25
Mail Order 90-Day Supply	Yes; \$-0- / \$60	Yes; \$-0- / \$60	Yes; \$-0- / \$50
Rate			
Employee Only	\$0.00	\$155.08	\$304.62
Employee & Spouse	\$276.82	\$569.86	\$880.52
Employee & Child(ren)	\$276.82	\$569.86	\$880.52
2 Employee & Child(ren)	\$232.98	\$505.15	\$789.94
Employee & Family	\$462.96	\$848.74	\$1,257.70

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