

BCBS – HCA – Healthcare Account

Benefits	In-Network Care*	Out-of-Network Care**
Deductible	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family
Healthcare Account (HCA) Provided by Interstate	\$600 Individual \$1,200 Family	
Payment Level/Coinsurance	80% after deductible until out-of-pocket maximum is met; then 100%	60% after deductible until out-of-pocket maximum is met; then 100%
Out-of-Pocket Maximums	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Physician Office Visits	80% after deductible	60% after deductible
Preventive Care		
Adult Routine physical exams	100%	60%
Pediatric Well Child and Pediatric Immunizations	100%	60%
Emergency Room Services*** (Facility charges only)	80% after deductible	
Urgent Care Center	80% after deductible	60% after deductible
Hospital Expenses		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Medical/Surgical Expenses	80% after deductible	60% after deductible
Chiropractic Care (35 days maximum)	80% after deductible	60% after deductible
Outpatient Surgical Facility	80% after deductible	60% after deductible
Advanced Radiology Imaging	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Mental Health		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Substance Abuse		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Precertification Responsibility	Physician for in-network	Member responsibility for out-of-network providers
Prescription Drug		
Deductible	\$50 individual/\$100 family	
Generic	30%	Not Covered
Preferred Brand	40%	Not Covered
Non-Preferred Brand	50%	Not Covered

* Providers are considered in-network if listed under the BlueChoice Network at bcbstx.com.

**Eligible benefits are paid subject to BCBS Allowable Amounts. An allowable amount is the maximum amount Blue Cross and Blue Shield of Texas will reimburse a doctor or hospital for a covered service. When you receive care in the network, you will not be responsible for charges above the allowable amount. However, if you decide to receive care out-of-network, you may be responsible for charges in excess of the allowable amount.

***Non-emergency room services have different copays and coinsurance levels. See Summary Plan Document (SPD) for further details and a list of plan exclusions. All percentages are percentage of Allowable Amount for Covered Services.

See the Medical Summary Plan Document on [Intercom](#) for additional information and a full list of plan exclusions.