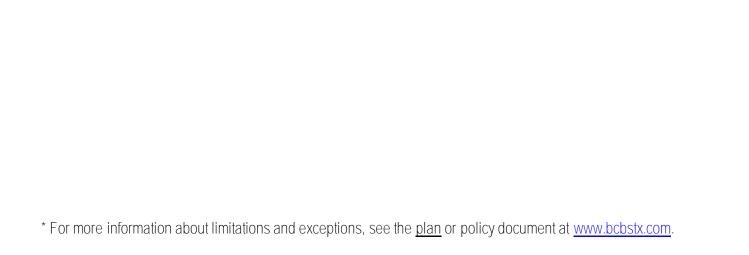
Coverage Period: 01/01/2025 - 12/31/2025 Coverage for: Individual + Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan.

All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations Eventions 9 Other	
		<u>In-Network Provider</u> (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copayment</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	Virtual visits are available, please refer to your <u>plan</u> policy for more details.	
	<u>Specialist</u> visit	\$75 <u>copayment</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None	
	Preventive care/screening/immunization	No Charge; <u>deductible</u> does not apply	40% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. No Charge for child immunizations Out-of-Network through the 6th birthday.	
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No Charge; <u>deductible</u> does not apply	40% <u>coinsurance</u>	Office visit <u>copayment</u> may apply.	
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbstx.com	Generic drugs	30% <u>coinsurance</u> (mail order up to \$20); <u>deductible</u> does not apply	Not Covered	Brand prescription drug deductible: \$100 Individual Retail and mail order cover a 90-day supply. Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available.	
	Preferred brand drugs	30% <u>coinsurance</u> (mail order up to \$98)	Not Covered		
	Non-preferred brand drugs	50% <u>coinsurance</u>	Not Covered		
	Specialty drugs	30% coinsurance (up to \$2(2)-96eW* nBT/F2			

^{*} For more information about limitations and exceptions, see the $\underline{\text{plan}}$ or policy document at $\underline{\text{www.bcbstx.com}}$.



Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic surgery
- Dental care (Adults)
- Hearing aids

- Long-term care
- Private-duty nursing
- Weight loss programs (only covered with fifty pounds of overweight)
- Routine eye care (Adult)
- Routine foot care (only covered with diagnosis of diabetes)

Other Covered Services (Limitations may apply to these services. This isn't a complete list Please see your <u>plan</u> document.)

- Acupuncture (limited to \$1,000 or 30 visits per calendar year)
- per calendar year)Bariatric surgery (morbid obesity only)
- Chiropractic care (35 visits per year)
- Infertility treatment

• Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: For group health coverage contact the <u>plan</u>, Blue Cross and Blue Shield of Texas at 1-800-521-2227 or visit <u>www.bcbstx.com</u>. For group health coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <u>www.dol.gov/ebsa/healthreform</u>. For non-federal governmental group health <u>plans</u>, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or <u>www.cciio.cms.gov</u>. Church <u>plans</u> are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their state insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the <u>Health Insurance Marketplace</u>. For more information about the <u>Marketplace</u>, visit <u>www.HealthCare.gov</u> or call 1-800-318-2596.



