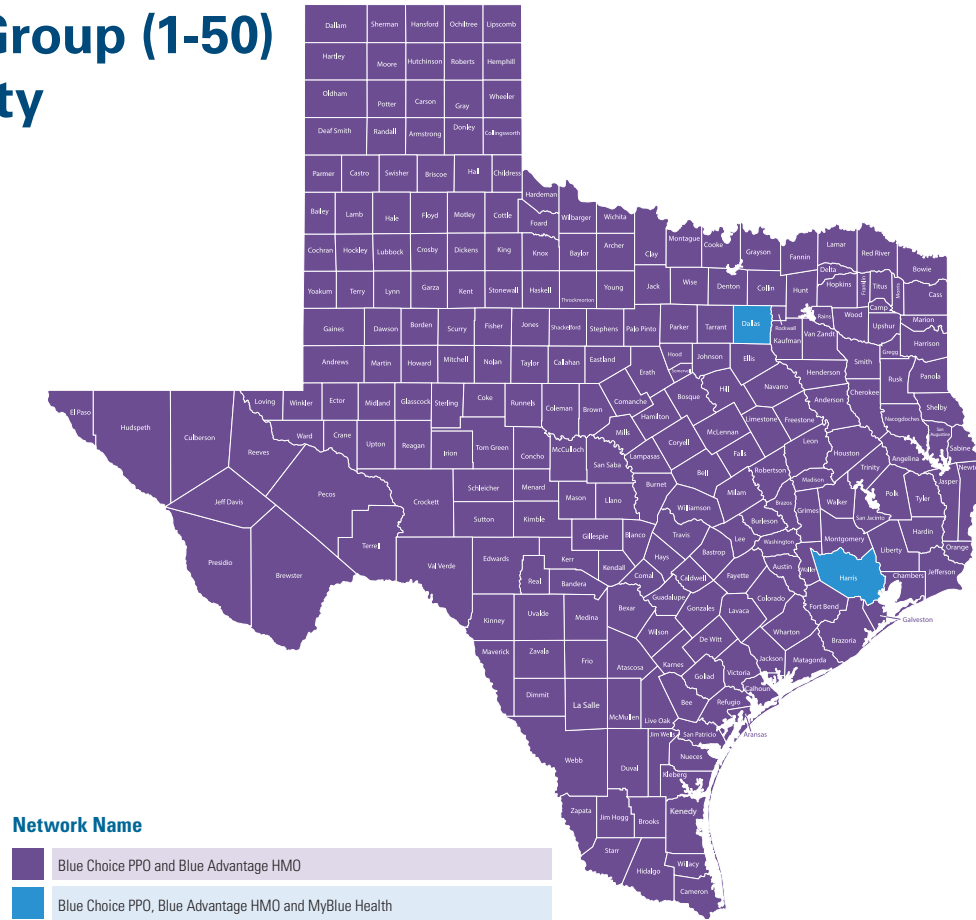


## 2020 Texas Small Group (1-50) Networks by County



- Notes:**
1. These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet.
  2. HMO plans do not have benefits out-of-network, except emergencies.
  3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
  4. Copay plus coinsurance after the deductible will apply until the deductible is met for plans with copay, waived if admitted. (If admitted, any charges described in Inpatient Hospital Services will apply.) Please refer to your benefit booklet.
  5. HSA eligible with \$0 employer funding.
  6. These HSA plans have a mandatory employer contribution requirement.
  7. Imaging services covered at copay and not subject to deductible and coinsurance.

- Additional Notes:**
- A. NA = Not Applicable.
  - B. All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.
  - C. When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. Members can find a preferred pharmacy at myprime.com. Preferred pharmacies include Walgreens, Walmart, Sam's Club, Albertsons (including Osco Drug), HEB, and Health Mart Atlas (group of independent pharmacies).
  - D. Basic lab and X-ray services are covered at the deductible and coinsurance level, except for Blue Advantage Gold HMO 822, which covers basic Lab and x-ray at \$100, with no additional charges after the copay.
  - E. All plans include prescription drug benefits. The benefit plan is based on the BCBSTX drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
  - F. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPO<sup>SM</sup> providers.
  - G. Virtual visits are available through an in-network vendor.
  - H. EyeMed Vision Care is an independent company that administers the vision benefits for BCBSTX.

**This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these products, please contact your BCBSTX Account Representative.**

2020 Texas Small Group Network Offerings		
Plan Name	Blue Choice PPO <sup>SM</sup>	Blue Advantage HMO <sup>SM</sup>
<b>Network Plan Type</b>	Blue Choice PPO <sup>SM</sup> (BCA)	Blue Advantage HMO <sup>SM</sup> (BAV)
<b>Type</b>	Broad	Smart
<b>Availability</b>	1-50	1-50
<b>Coverage</b>	Statewide/Nationwide	Statewide
<b>Must Live/Work in Network Service Area</b>	No	Yes
<b>PCP Selection Required</b>	No	Yes
<b>Referral Required</b>	No	Yes
<b>OON Coverage</b>	Yes	No, with the exception of emergency or accident
<b>BlueCard<sup>®</sup></b>	Yes	Available for when members need emergency or urgent care services while outside their service areas, the BlueCard program will help them locate participating doctors and hospitals, allowing them to receive covered care.
<b>Blue Access for Members</b>	Yes	Yes
<b>Provider Finder<sup>®</sup></b>	Blue Choice PPO (BCA)	Blue Advantage HMO (BAV)
<b>Member Liability Estimator</b>	Yes - MLE Lite	No