



Weslaco ISD Benefits Medical Benefits 2024-2025



**BlueCross BlueShield
of Texas**

*Medical Plan Summary
Effective September 1, 2024*

Group Number 215172

Carrier	Current BCBS					
Network	BlueChoice		BlueChoice		BlueChoice	
Plan Design	PPO - BASE		PPO - HIGH		PPO - STATE	
Benefit Summary						
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Deductible	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Per Admission Copay	\$250	\$250	\$250	\$250	\$250	\$250
Individual	\$750	\$1,000	\$450	\$750	\$250	\$500
Family	\$2,250	\$3,000	\$1,350	\$2,250	\$750	\$1,500
Coinsurance (Plan Pays/EE Pays)	70% / 30%	50% / 50%	80% / 20%	60% / 40%	90% / 10%	70% / 30%
Out of Pocket Maximum						
Individual	\$3,500	\$4,500	\$1,500	\$2,500	\$1,000	\$2,000
Family	\$10,450	\$13,500	\$4,500	\$7,500	\$3,000	\$6,000
Office Visit Copay						
Preventive	\$0		\$0		\$0	
PCP	\$15		\$15		\$15	
Specialist	\$25		\$25		\$25	
Emergency Room						
Facility Charges	\$250		\$250		\$250	
Urgent Care						
Facility Charges	\$45		\$45		\$45	
Certain Diagnostic Procedures	70% / 30%	50% / 50%	80% / 20%	60% / 40%	90% 10%	70% /30%
Prescription Drug Copays (In Network)						
Retail (30 days)	Generic	\$10	Generic	\$10	Generic	\$10
	Preferred	\$30	Preferred	\$30	Preferred	\$30
	Non-Preferred	\$50	Non-Preferred	\$50	Non-Preferred	\$50
Retail (90 days)	2x		2x		2x	
Cost Summary	PPO - BASE		PPO - HIGH		PPO - STATE	
Employee only	\$31.06		\$145.32		\$214.88	
Employee /Child	\$250.88		\$363.92		\$500.54	
Employee/Children	\$460.80		\$686.88		\$947.66	
Employee/Spouse	\$555.12		\$816.00		\$1,089.24	
Employee/Family	\$937.70		\$1,206.00		\$1,750.00	

NO Out-Of-Network Prescription drug benefits