



The one Texans trust.

Our Point of Service products offers a wide selection of deductibles to fit any benefits budget. Co-pays for most physician visits and prescriptions combined with a deductible and coinsurance cost sharing for some major medical services.

Point of Service 80/60 Plan Options	In Network	Out of Network
Annual deductible Options	<i>Individual:</i> \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$4,000, \$5,000 <i>Family:</i> 2x the individual deductible	<i>Individual:</i> 2x in network deductible <i>Family:</i> 2x the in network deductible
Annual Out-of-Pocket Max (includes deductible)	<i>Individual:</i> \$3,500, \$3,750, \$4,000, \$4,500, \$5,000, \$5,500, \$6,000, \$8,000, \$10,000 <i>Family:</i> 2x the individual OOP max	<i>Individual:</i> 2x in network OOP max <i>Family:</i> 2x in network OOP max
Lifetime Maximum benefit	Unlimited	Unlimited
Office visits Primary/Specialist	\$30 / \$30	\$30 / \$40
Preventive Care	No charge	40% after deductible
Standard Lab and X-ray	No charge	40% after deductible
Outpatient surgery	20% after deductible	40% after deductible
Hospital services	20% after deductible	40% after deductible
Emergency care	20% after deductible	20% after deductible

Prescription Drug Benefit Options	In Network	Out of Network
Annual Per Person Deductible Options	\$0 \$100 \$200 \$300	\$50 \$150 \$250 \$350
Generic	Deductible then \$5 co-pay	Deductible then \$5 co-pay
Preferred Brand	Deductible then 30% co-pay	Deductible then 30% co-pay
Non-Preferred Brand	Deductible then 50% co-pay	Deductible then 50% co-pay
Non-Formulary	Deductible then greater of \$50 or 50% co-pay	Deductible then greater of \$50 or 50% co-pay
Annual Drug Benefit	Once member has used \$1,000, \$2,000, \$3,000, or \$10,000 in benefits, they have 50% coverage thereafter. Annual dollar benefit based upon the drug deductible option chosen.	

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Point of Service 70/50 Plan Options	In Network	Out of Network
Annual Deductible	<i>Individual:</i> \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$4,000, \$5,000 <i>Family:</i> 2x the individual deductible	<i>Individual:</i> 2x in network deductible <i>Family:</i> 2x the in network deductible
Annual Out-of-Pocket Max (includes deductible)	<i>Individual:</i> \$4,500, \$4,750, \$5,000, \$5,500, \$6,000, \$6,500, \$7,500, \$10,000, \$12,500 <i>Family:</i> 2x individual OOP max	<i>Individual:</i> 2x in network OOP max <i>Family:</i> 2x in network OOP max
Lifetime Maximum	Unlimited	Unlimited
Office visits Primary/Specialist	\$30 / \$30	\$30 / \$40
Preventive Care	No charge	50% after deductible
Standard Lab and X-ray	No charge	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible
Hospital services	30% after deductible	50% after deductible
Emergency care	30% after deductible	30% after deductible

Prescription Drug Options	In Network	Out of Network
Annual Per Person Deductible Options	\$0 \$100 \$200 \$300	\$50 \$150 \$250 \$350
Generic	Deductible then \$5 co-pay	Deductible then \$5 co-pay
Preferred Brand	Deductible then 30% co-pay	Deductible then 30% co-pay
Non-Preferred Brand	Deductible then 50% co-pay	Deductible then 50% co-pay
Non-Formulary	Deductible then greater of \$50 or 50% co-pay	Deductible then greater of \$50 or 50% co-pay
Annual Drug Benefit	Once member has used \$1,000, \$2,000, \$3,000, or \$10,000 in benefits, they have 50% coverage thereafter. Annual dollar benefit based upon the drug deductible option chosen.	

Medical Plan Exclusions

- Altered sexual characteristics including sex change operations or any related services
- Blood, blood plasma, and other blood products
- Chiropractic care
- Cosmetic and reconstructive procedures and treatments undertaken to improve or modify a Member's appearance except for mastectomy reconstruction following breast cancer surgery
- Custodial or domiciliary care
- Dental care
- Elective abortions, which are not necessary to preserve the health of the Member
- Elective treatment or elective surgery
- Experimental or investigational treatment
- Genetic testing
- Infertility treatment including any drug whose primary purpose is the treatment of infertility
- Mental health services or disorders are limited to those described in your evidence of coverage
- Non-covered benefits or services
- Cost of services in excess of the usual, customary and reasonable charges
- Personal comfort items
- Physical and mental exams for employment, licenses, insurance, educational purposes or services for non-medically necessary special education and developmental programs
- Reversal of voluntary surgically-induced sterility; artificial insemination or in-vitro fertilization or family planning therapies
- Rehabilitation services and therapies are limited to those recommended by a Participating or Referral Physician as medically necessary
- Storage of bodily fluids and other body parts
- Experimental organ transplants and associated donor/procurement costs and artificial organs; e.g., heart
- Treatment received in State or Federal facilities or institutions or services or supplies provided by an employer or governmental agency or entity
- Vision corrective surgery including laser application
- War, insurrection, riot, disaster or epidemic
- Weight reduction surgery