



MEDICAL BENEFITS

Medical coverage is provided by BlueCross BlueShield. To see a current list of network providers online, visit www.BCBSTX.com.

PPO

PREMIER
CDHP W/HRA

BASIC
CDHP W/HRA

PRE-TAX PAYROLL DEDUCTIONS

	WEEKLY	SEMI-MONTHLY	WEEKLY	SEMI-MONTHLY	WEEKLY	SEMI-MONTHLY
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
EMPLOYEE (EE) ONLY	\$69.23	\$150.00	\$43.15	\$93.50	\$26.54	\$57.50
EE + SPOUSE	\$125.77	\$272.50	\$81.00	\$175.50	\$59.54	\$129.00
EE + CHILD(REN)	\$107.77	\$233.50	\$72.23	\$156.50	\$50.54	\$109.50
FAMILY	\$158.77	\$344.00	\$106.15	\$230.00	\$77.54	\$168.00