

# Medical Coverage

## High Deductible Health Plan (HDHP)

High Deductible Health Plan (HDHP)	Premium Per Month	LTISD Contribution Per Month	Employee Total
Employee	\$550.00	\$500.00	\$50.00
Employee + Spouse	\$1,207.00	\$500.00	\$707.00
Employee + Children	\$1,057.00	\$500.00	\$557.00
Employee + Family	\$1,432.00	\$500.00	\$932.00

	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$3,500 / person \$7,000 / family	\$7,000 / person \$14,000 / family
<b>Out-of-Pocket Maximum</b>	\$6,900 / individual \$13,800 / family	\$13,800 / individual \$27,600 / family
<b>Office Visit Copayment</b>	Deductible applies	Deductible applies
<b>RX 90 Day</b>	80% of allowable after deductible	80% of allowable after deductible
<b>Mail Order Program</b>	80% of allowable after deductible	80% of allowable after deductible

The participating pharmacies are HEB, Walmart, Walgreens, Randalls, Albertsons (and affiliates).

Drug Deductible and out-of-pocket is the same as the medical deductible and out-of-pocket. All benefits, including prescription drug benefits (retail and mail order) must apply to the plan's overall deductible and out-of-pocket maximum.

Information included in this section summarizes health and medical coverages provided by Blue Cross Blue Shield and is provided for general purposes only. HIPAA and Medicare information, as well as terms, coverages, exclusions, limitations, and other specifics defined in individual plan policies and contracts, can be obtained by contacting Blue Cross Blue Shield at **800-521-2227** or **bcbstx.com**.