

# Medical Coverage

## Low Plan

| Low Plan            | Premium Per Month | LTISD Contribution Per Month | Employee Total |
|---------------------|-------------------|------------------------------|----------------|
| Employee            | \$761.00          | \$500.00                     | \$261.00       |
| Employee + Spouse   | \$1,319.00        | \$500.00                     | \$819.00       |
| Employee + Children | \$1,214.00        | \$500.00                     | \$714.00       |
| Employee + Family   | \$1,675.00        | \$500.00                     | \$1,175.00     |

|  | In-Network                             | Out-of-Network  |
|--|--|---|
| <b>Annual Deductible</b>                                 | \$2,000 / Person \$4,000 / Family      | \$250 / Admission deductible<br>\$2,500 / Person \$5,000 / Family |
| <b>Out-of-Pocket Maximum</b>                             | \$6,000 / Individual \$12,000 / Family | \$9,000 / Individual \$15,000 / Family                            |
| <b>Office Visit Copayment</b>                            | \$30 for PCP<br>\$50 Specialty Care    | None  |
| <b>Generic (Retail, 30-day Supply)</b>                   | \$25 Copayment Amount                  | 80% of Allowable Amount minus copay                               |
| <b>Preferred, Brand Name (Retail, 30-day Supply)</b>     | \$40 Copayment Amount                  | 80% of Allowable Amount minus copay                               |
| <b>Non-Preferred, Brand Name (Retail, 30-day Supply)</b> | \$55 Copayment Amount                  | 80% of Allowable Amount minus copay                               |
| <b>Speciality Drug</b>                                   | 80% of Allowable Amount                | 80% of Allowable Amount   |

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**.