

McCamey ISD

9/1/2017

Plan Information	Buy-Up Plan Benefits	Base Plan Benefits
Deductible EO	\$1,000	\$1,500
Deductible EF	\$2,000	\$3,000
Out of Pocket EO	\$4,500	\$5,000
Out of Pocket EF	\$6,000	\$8,000
Hospital Copays	None	None
Copay PCP	\$40	80%
Copay Specialist	\$50	80%
Copay - Telephonic MDLive	\$40	\$40
ER Copay	\$100	80%
Coinsurance %	80%	80%
Preventive Care	100%	100%
Prescription Drugs		
Annual Deductible	\$0	\$0
Generic	\$10	20% Co-Pay
Preferred Drugs	\$40	20% Co-Pay
Non-Preferred Drugs	\$60	20% Co-Pay
Specially Drugs	20% Co-Pay	20% Co-Pay
Proton Pump Inhibitors	Yes	Yes
Non Sedating Antihistamines	Yes	Yes
CVS	Included	Included

RATES

Employee Only	\$ 700.00	\$ 475.00
Employee & Spouse	\$ 1,375.00	\$ 1,095.00
Employee & Child(ren)	\$ 1,150.00	\$ 877.00
Employee & Family	\$ 1,601.00	\$ 1,250.00

PAYROLL DEDUCTIONS

Employee Only	\$ 300.00	\$ 75.00
Employee & Spouse	\$ 975.00	\$ 695.00
Employee & Child(ren)	\$ 750.00	\$ 477.00
Employee & Family	\$ 1,201.00	\$ 850.00