

Flour Bluff ISD Health Plans - 2018

Plan Benefits	Savings Choice 3000 Narrow Plan		Choice POS II 3000 Low Plan		Choice POS II 1500 High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<small>(This is a partial list of benefits. See separate Benefit Summary for each plan for more specific details.)</small>						
Preventative Care						
Annual routine physical exam and routine child care	Covered 100%, no deductible	30% after deductible	Covered 100%, no deductible	30% after deductible	Covered 100%, no deductible	30% after deductible
Routine mammogram	Covered 100%, no deductible	30% after deductible	Covered 100%, no deductible	30% after deductible	Covered 100%, no deductible	30% after deductible
Routine lab and X-ray	Covered 100%, no deductible	30% after deductible	Covered 100%, no deductible	30% after deductible	Covered 100%, no deductible	30% after deductible
Physician Services						
Office visits	\$25 copay, deductible waived	30% after deductible	\$25 copay, deductible waived	30% after deductible	\$20 copay, deductible waived	30% after deductible
Thomas Spann Clinic	\$10 copay, deductible waived	N/A	\$10 copay, deductible waived	N/A	\$10 copay, deductible waived	N/A
Specialists visits	\$40 copay, deductible waived	30% after deductible	\$40 copay, deductible waived	30% after deductible	\$35 copay, deductible waived	30% after deductible
RediMD Telemedicine	Covered 100%, no deductible	N/A	Covered 100%, no deductible	N/A	Covered 100%, no deductible	N/A
Hospital Services						
Inpatient care	Covered 100% after deductible	30% after deductible	Covered 100% after deductible	30% after deductible	Covered 100% after deductible	30% after deductible
Outpatient surgery	Covered 100% after deductible	30% after deductible	Covered 100% after deductible	30% after deductible	Covered 100% after deductible	30% after deductible
Urgent care	\$75 copay	30% after deductible	\$75 copay	30% after deductible	\$75 copay	30% after deductible
*Emergency room (copay waived if admitted)	\$250 copay, deductible waived		\$250 copay, deductible waived		\$250 copay, deductible waived	
Other Medical Services						
Physical, occupational and speech therapies & spinal manipulation	\$40 copay, deductible waived	30% after deductible	\$40 copay, deductible waived	30% after deductible	\$35 copay, deductible waived	30% after deductible
Prescription Drugs						
Retail: Generic / Brand Preferred / Brand Non-Preferred / Specialty (up to 30 days)	\$10/\$25/\$50/25%		\$10/\$25/\$50/25%		\$10/\$25/\$50/25%	
Mail Order: Generic / Brand Preferred / Brand Non-Preferred / Specialty (31-90 days)	\$25/\$62.50/\$125/N/A		\$25/\$62.50/\$125/N/A		\$25/\$62.50/\$125/N/A	
Annual Deductibles (per calendar year)						
Individual	\$3,000	\$9,000	\$3,000	\$9,000	\$1,500	\$4,500
Family	\$6,000	\$18,000	\$6,000	\$18,000	\$3,000	\$9,000
Out-Of-Pocket Amounts (per calendar year)						
Which includes the deductible and co-pays						
Individual	\$4,000	12,000	\$4,000	\$12,000	\$3,000	\$9,000
Family	\$8,000	\$24,000	\$8,000	\$24,000	\$6,000	\$18,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
To Find a Provider	Directory of Health Care Professionals - Savings Choice Network		Directory of Health Care Professionals - Aetna Choice POS II <small>Enter provider type, location, choose Aetna Open Access Plans - Aetna Choice POS II (Open Access)</small>		Directory of Health Care Professionals - Aetna Choice POS II <small>Enter provider type, location, choose Aetna Open Access Plans - Aetna Choice POS II (Open Access)</small>	

*Non-emergency use of an Emergency Room is subject to the deductible and out-of-pocket maximum.