

Flour Bluff ISD Health Plans - 2021

Plan Benefits	Savings Choice - 3000 Narrow Plan (HCA Hospitals Only)		4000 HDHP		Choice POS II 3000 - Low Plan	
	In-Network	Out-of-Network (Spohn/Driscoll)	In-Network	Out-of-Network	In-Network	Out-of-Network
(This is a partial list of benefits. See separate Benefit Summary for each plan for more specific details.)						
Preventative Care Annual Routine Physical Exam / Routine Child Care Routine Mammogram Routine Lab and X-Ray	Covered 100%, no deductible Covered 100%, no deductible Covered 100%, no deductible	30% after deductible 30% after deductible 30% after deductible	Covered 100%, no deductible Covered 100%, no deductible Covered 100%, no deductible	30% after deductible 30% after deductible 30% after deductible	Covered 100%, no deductible Covered 100%, no deductible Covered 100%, no deductible	30% after deductible 30% after deductible 30% after deductible
Physician Services Primary Care Office Visit Thomas Spann Clinic Specialists Office Visit RediMD Telemedicine	\$25 Copay, deductible waived \$10 Copay, deductible waived \$50 Copay, deductible waived Covered 100%, no deductible	30% after deductible N/A 30% after deductible N/A	Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible Covered 100%,after deductible	Covered 100% after deductible N/A Covered 100% after deductible N/A	\$25 Copay, deductible waived \$10 Copay, deductible waived \$50 Copay, deductible waived Covered 100%, no deductible	30% after deductible N/A 30% after deductible N/A
Hospital Services Inpatient Care Outpatient Surgery Urgent Care *Emergency Room (Copay waived if admitted)	Covered 100% after deductible Covered 100% after deductible \$75 Copay \$500 Copay, deductible waived	Spohn/Driscoll - Out of Network	30% after deductible 30% after deductible 30% after deductible Covered 100% after deductible	Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible	Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible \$75 Copay \$500 Copay, deductible waived	30% after deductible 30% after deductible 30% after deductible Covered 100% after deductible
Other Medical Services Physical, Occupational and Speech Theray & Spinal Manipulation	\$50 Copay, deductible waived	30% after deductible	Covered 100% after deductible	Covered 100% after deductible	\$50 Copay, deductible waived	30% after deductible
Prescription Drugs Retail: Generic / Brand Preferred / Brand Non-Preferred / Specialty (up to 30 days) Mail Order: Generic / Brand Preferred / Brand Non-Preferred / Specialty (31-90 days)	\$10/\$25/\$50/25% \$25/\$62.50/\$125/N/A		Covered 100% after Deductible Covered 100% after Deductible		\$10/\$25/\$50/25% \$25/\$62.50/\$125/N/A	
Annual Deductibles (per plan year) Individual Family	\$3,000 \$6,000	\$9,000 \$18,000	\$4,000 \$8,000	\$12,000 \$24,000	\$3,000 \$6,000	\$9,000 \$18,000
Out-Of-Pocket Amounts (per plan year) Includes the Deductible and Copays Individual Family	\$6,000 \$12,000	\$12,000 \$24,000	\$4,000 \$8,000	\$12,000 \$24,000	\$6,000 \$12,000	\$12,000 \$24,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
To Find a Provider	Aetna.com / Network - State Based Plans - Corpus Christi Medical Center HCA-AFA		Aetna.com / Network - Open Access Plans - Aetna Choice POS II		Aetna.com / Network - Open Access Plans - Aetna Choice POS II	

* Non-Emergency services received at an Emergency Room are not covered