

Plan Design – Recommended

Benefits	Full Plan Option - ALTERNATE		
	Tier 1- Network Providers inside Gregg County, TX	Tier 2 - Network Providers outside Gregg County, TX	Tier 3 (Out of Network)
Coinsurance	90%	80%	60%
Deductible	\$500/\$1,000	\$750/\$1,500	\$1,500/\$3,000
Out-of-Pocket Maximum (Includes Ded.)	\$2,500/\$5,000	\$3,000/\$6,000	\$9,000/\$18,000
Office Copay	\$25 PCP/ \$35 Spec	\$30 PCP/ \$40 Spec	60% after ded.
Simple X-Ray (Physician Office)	\$25 PCP/ \$35 Spec	\$30 PCP/ \$40 Spec	60% after ded.
High Tech Radiology (Outpatient)	90% after \$100 copay	80% after \$200 copay	60% after ded.
Urgent Care	\$50	\$100	60% after ded.
Emergency Room	90% after ded.	80% after ded.	\$300 Copay , then 60% after ded.
Preventive Care	100% no Deductible	100% no Deductible	60% after Deductible
Hospital Inpatient	90% after ded.	80% after ded.	60% after ded.
Outpatient	90% after ded.	80% after ded.	60% after ded.
Mental Illness/Substance Abuse Inpatient	90% after ded.	80% after ded.	60% after ded.
Outpatient	\$25 Copay	\$30 Copay	60% after ded
Prescription Drugs (30 Day Supply)	Participating Pharmacy		Non-Network Pharmacy
Generic	\$5		\$20
Brand Name	\$30		\$70
Non-Formulary	\$50		\$100
Specialty Drugs (30 Day Supply)	Specialty - \$100		Specialty - \$200
Generic	\$5		\$20
Brand Name	\$30		\$70
Non-Formulary	\$50		\$100
30-90 Day Supply			
Generic	\$15		Not Covered
Brand Name	\$90		Not Covered
Non-Formulary	\$150		Not Covered
DAW 1 & 2, Prior Authorization, Quantity Limit, & Compound Drug Limit Apply			

• Recommended plan changes are **bolded**.