

Plan Design – Approved 7/1/2020

Benefits	Full Plan Option - CURRENT			Full Plan Option - EFF 7/1/20		
	Tier 1- Network Providers inside Gregg County, TX	Tier 2 - Network Providers outside Gregg County, TX	Tier 3 (Out of Network)	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%	90%	80%	50%
Deductible	\$500/\$1,000	\$750/\$1,500	\$1,500/\$3,000	\$750/\$1,500	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum (Includes Ded.)	\$2,500/\$5,000	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/\$6,000	\$3,500/\$7,000	\$10,000/\$20,000
Office Copay	\$25 PCP/\$35 Spec	\$30 PCP/\$40 Spec	60% after ded.	\$25 PCP/\$35 Spec	\$35 PCP/\$45 Spec	50% after ded.
Simple X-Ray (Physician Office)	\$25 PCP/\$35 Spec	\$30 PCP/\$40 Spec	60% after ded.	\$25 PCP/\$35 Spec	\$35 PCP/\$45 Spec	50% after ded.
High Tech Radiology (Outpatient)	90% after ded.	80% after ded.	60% after ded.	90% after ded.	80% after ded.	50% after ded.
Obesity Office Visit	\$25 PCP/\$35 Spec	\$30 PCP/\$40 Spec	60% after ded.	Excluded	Excluded	Excluded
Surgical	90% after ded.	80% after ded.	60% after ded.	Excluded	Excluded	Excluded
Urgent Care	\$50	\$100	60% after ded.	\$75	\$100	50% after ded.
Emergency Room	90% after ded.	80% after ded.	\$300 Copay, then 60% after ded.	90% after ded (1st visit); \$500 Cpy + 90% (2+ visits, copay waived if admit)	80% after ded (1st visit); \$500 Cpy + 80% (2+ visits, copay waived if admit)	50% after ded (1st visit); \$1,000 + 20% (2+ visits), waived if admitted
Preventive Care	100% no Deductible	100% no Deductible	60% after Deductible	100% no Deductible	100% no Deductible	50% after Deductible
Hospital						
Inpatient	90% after ded.	80% after ded.	60% after ded.	90% after ded.	80% after ded.	50% after ded.
Outpatient	90% after ded.	80% after ded.	60% after ded.	90% after ded.	80% after ded.	50% after ded.
Mental Illness/Substance Abuse						
Inpatient	90% after ded.	80% after ded.	60% after ded.	90% after ded.	80% after ded.	50% after ded.
Outpatient	\$25 Copay	\$30 Copay	60% after ded	\$25 Copay	\$35 Copay	50% after ded
Prescription Drugs (30 Day Supply)	Participating Pharmacy		Non-Network Pharmacy	Participating Pharmacy		Non-Network Pharmacy
Generic	\$5		\$20	\$7.50		50% after ded.
Brand Name	\$30		\$70	\$40		50% after ded.
Non-Formulary	\$50		\$100	\$65		50% after ded.
Specialty Drugs (30 Day Supply)	Specialty - \$100		N/A	50% OR 20% (\$100 min to max of \$200)		N/A
30-90 Day Supply						
Generic	\$15		Not Covered	\$22.50		Not Covered
Brand Name	\$90		Not Covered	\$120		Not Covered
Non-Formulary	\$150		Not Covered	\$195		Not Covered
	DAW 1, Prior Authorization, Me Too, Quantity Limit, & Compound Drug Limit App			DAW 2, Standard Exclusion & Non-Essential Drug List		
Employee Premiums - Monthly	EE Contributions	EE Non-Wellness Cont	Smoker Surcharge \$50	EE Contributions	EE Non-Wellness Cont.	Smoker Surcharge \$50
Employee Only	\$0.00	\$50.00		\$50.00	\$100.00	
Employee + Spouse	\$552.32	\$602.32		\$602.32	\$652.32	
EE + Child(ren)	\$155.68	\$205.68		\$230.68	\$280.68	
EE + Family	\$652.40	\$702.40		\$702.40	\$752.40	

2020 – 2021 Plan Changes

Plan Changes

- Emergency Room Benefit: Coinsurance after ded. (1st visit), \$500 copay + Coinsurance (2 + visits). Copay waived if admitted.
- Eliminate Obesity Surgery coverage
- Increase in Deductibles, OOP Maximums
- Change Deductible & OOP Max to Plan Year vs. Calendar Year

Pharmacy

- Add Standard Exclusion and Non-Essential Drug List -
- Add DAW 2 Penalty (member pays more when generic available)
- Move from Basic Formulary to Performance Formulary
- Increase copays to \$7.50/\$40/65
- Change Specialty Drug Coinsurance to 50% with No OOP Max
 - HCH to implement BOP (Benefit Optimization Program) to assist members in receiving subsidy for high cost specialty drugs

RETIREES

- Offer future retirees the Reduced Plan only
- Current retirees to be Grandfathered to current options

2020 – 2021 Plan Changes

Network

- Eliminate PHCS network & direct contracts(only available as Travel Network).
 - Network would remain available only as Travel Out of TX Network

Care Coordination / Care Management

- HCH Care Coordination
 - HCH Manages the total cost of care, provides chronic disease support, complex care support, assistance with behavioral health and substance abuse disorders
 - Claims are analyzed for member targeted outreach
 - Employee engagement tied to Wellness Program

Premiums

- Continue Smoker/Non-Smoker Rates
- Add \$50 per employee premium
- Continue \$50 Premium Differential for Wellness Participants
 - Require Preventive Care Visit with annual Labs and Care Coordination Engagement.
 - Age appropriate screenings required