



SAISD
November 1, 2017-December 31, 2018
Medical Plans

Employee Share of Monthly Medical Premium	Monthly Premium		Monthly Premium		Monthly Premium		
Employee	\$10.00		\$34.40		\$144.04		
Employee + Spouse	\$214.10		\$295.05		\$530.83		
Employee + Children	\$110.12		\$194.03		\$380.16		
Employee + Family	\$578.63		\$615.46		\$1,059.70		
Benefits This is a partial list of benefits. See separate Benefit Summary for each plan for more specific details.	HDHP 3000		EPO 2000		PPO 750		
	Baptist System	In-Network (No coverage for Out-of-Network)	Baptist System	In-Network (No coverage for Out-of-Network)	Baptist System	In-Network	Out-of-Network
Coinsurance	80%	70%	80%	70%	90%	70%	60%
Deductible	\$3,000/\$6,000	\$4,500/\$9,000	\$2,000/\$4,000	\$3,000/\$6,000	\$750/\$1,500	\$1,250/\$2,500	\$2,500/\$5,000
Out-of-Pocket Maximum	\$5,000/\$10,000	\$6,350/\$12,700	\$4,000/\$8,000	\$6,350/\$12,700	\$2,800/\$5,600	\$4,000/\$8,000	\$8,400/\$16,800
Rx Out-of-Pocket Maximum	\$5,000/\$10,000	\$5,000/\$10,000	\$2,600/\$5,200	\$2,600/\$5,200	\$2,800/\$5,600	\$2,800/\$5,600	\$2,800/\$5,600
Out-of-Pocket Maximum Includes Ded & Copays	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lifetime Maximum	Unlimited		Unlimited		Unlimited		
Preventive Care	100%	100%	100%	100%	100%	100%	60% after ded
Physician Office Copay	80% after ded	70% after ded	\$25 (19+) \$0 (thru 18)	\$25 (19+) \$0 (thru 18)	\$25 (19+) \$0 (thru 18)	\$25 (19+) \$0 (thru 18)	60% after ded
Specialist Copay	80% after ded	70% after ded	\$45	\$45	\$45	\$45	60% after ded
Emergency Health Services	80% after ded	70% after ded	\$200	\$200 copay	\$200	\$200 copay	
Urgent Care Services	80% after ded	70% after ded	\$40 copay	\$40 copay	\$40 copay	\$40 copay	60% after ded
Hospital Services							
Inpatient	80% after ded	70% after ded	80% after ded	70% after ded	90% after ded	70% after ded	60% after ded
Outpatient	80% after ded	70% after ded	80% after ded	70% after ded	90% after ded	70% after ded	60% after ded
Skilled Nursing Facility	80% after ded (60 days per year)	70% after ded (60 days per year)	80% after ded (60 days per year)	70% after ded (60 days per year)	90% after ded (60 days per year)	70% after ded (60 days per year)	60% after ded (60 days per year)
Home Health Care	80% after ded (60 days per year)	70% after ded (60 days per year)	80% after ded (60 visits per year)	70% after ded (60 visits per year)	90% (60 visits per year)	70% after ded (60 visits per year)	60% after ded (60 visits per year)
Mental Illness/Substance Abuse							
Inpatient	80% after ded	70% after ded	80% after ded	70% after ded	90% after ded	70% after ded	60% after ded
Outpatient	80% after ded	70% after ded	\$25 copay	\$25 copay	\$25 copay	\$25 copay	60% after ded
Prescription Drugs							
Retail - 30/31 day supply	30 day supply	30 day supply	30 day supply	30 day supply	30 day supply	30 day supply	30 day supply
Generic			\$10	\$10	\$10	\$10	\$10
Brand Name	80% after ded	80% after ded	\$25	\$25	\$25	\$25	\$25
Non-Formulary			\$50	\$50	\$50	\$50	\$50
Mail Order - 30/90 day supply	90 day supply	90 day supply	90 day supply	90 day supply	90 day supply	90 day supply	90 day supply
Generic							
Brand Name	80% after ded	80% after ded	2x retail	2x retail	2x retail	2x retail	N/A
Non-Preferred Brand Name							