

2018 Medical Plan Coverage and Costs

Medical Plan	HRA			HSA			PPO		
Network	Tier 1 Preferred	Tier 2 National	Tier 3 OON	Tier 1 Preferred	Tier 2 National	Tier 3 OON	Tier 1 Preferred	Tier 2 National	Tier 3 OON
Baylor Scott & White Contribution to Account	Pays for Medical Costs Only*			Pays Medical and Pharmacy Costs			N/A		
Employee only	\$1,000			\$500			N/A		
Employee + spouse	\$1,750			\$1,000			N/A		
Employee + child(ren)	\$1,750			\$1,000			N/A		
Employee + family	\$2,000			\$1,000			N/A		
Deductible	Only Medical Costs Apply			Medical and Pharmacy Costs Apply			Only Medical Costs Apply		
Employee only	\$2,000	\$3,000	\$4,000	\$2,000	\$3,000	\$4,000	\$800	\$1,800	\$3,000
Employee + spouse	\$3,750*	\$5,750*	\$8,000*	\$4,000	\$6,000	\$8,000	\$1,600*	\$3,600*	\$6,000*
Employee + child(ren)	\$3,250*	\$5,250*	\$8,000*	\$4,000	\$6,000	\$8,000	\$1,200*	\$3,200*	\$6,000*
Employee + family	\$4,000*	\$6,000*	\$8,000*	\$4,000	\$6,000	\$8,000	\$1,600*	\$3,600*	\$6,000*
Out-of-Pocket Maximum	For Medical and Pharmacy Costs			For Medical and Pharmacy Costs			For Medical and Pharmacy Costs		
Employee only	\$3,425	\$6,850	No limit	\$3,275	\$6,550	No limit	\$3,300	\$6,850	No limit
Employee + spouse	\$6,850**	\$13,700**	No limit	\$6,550**	\$13,100**	No limit	\$6,600**	\$13,700**	No limit
Employee + child(ren)	\$5,137**	\$10,275**	No limit	\$6,550**	\$13,100**	No limit	\$4,950**	\$10,275**	No limit
Employee + family	\$6,850**	\$13,700**	No limit	\$6,550**	\$13,100**	No limit	\$6,600**	\$13,700**	No limit
Your Cost for Care and Services									
Preventive care†	\$0	\$0	Not covered	\$0	\$0	Not covered	\$0	\$0	Not covered
Primary care physician office visit	\$25	\$75	70% AD	10% AD	50% AD	70% AD	\$25	\$70	70% AD
Specialist office visit	\$50	\$100	70% AD	10% AD	50% AD	70% AD	\$40	\$100	70% AD
Urgent care office visit	\$50	\$100	\$100	10% AD	50% AD	50% AD	\$50	\$100	\$100
Emergency room visit	1 visit: \$250, 2+ visits: 10% AD	1 visit: \$250, 2+ visits: 10% AD	1 visit: \$250, 2+ visits: 10% AD	10% AD	10% AD	10% AD	1 visit: \$250, 2+ visits: 10% AD	1 visit: \$250, 2+ visits: 10% AD	1 visit: \$250, 2+ visits: 10% AD
Hospital inpatient/outpatient care	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD
Your Cost for Prescription Drugs	HRA and Deductibles Don't Apply		Cost After You've Met Deductible			Deductibles Don't Apply			
Pharmacy	BSWH Pharmacy	Contracted Pharmacy	BSWH Pharmacy	Contracted Pharmacy	BSWH Pharmacy	Contracted Pharmacy			
Preferred generic	\$3 or \$6^	\$5	\$3 or \$6^ AD	\$5 AD	\$3 or \$6^	\$5			
Preferred brand	\$35 or \$70^	\$50	\$35 or \$70^ AD	\$50 AD	\$35 or \$70^	\$50			
Chronic and preventive**	\$10 or \$20^	\$20	\$10 or \$20^ AD	\$20 AD	\$10 or \$20^	\$20			
Non-preferred brand and generic	Lesser of \$50/\$100^ or 50%	Lesser of \$75 or 50%	Lesser of \$50/\$100^ or 50% AD	Lesser of \$75 or 50% AD	Lesser of \$50/\$100^ or 50%	Lesser of \$75 or 50%			
Specialty	20% (\$200 max)	Not covered	20% (\$200 max) AD	Not covered	20% (\$200 max)	Not covered			
Non-formulary unless excluded^^	50%	50%	50% AD	50% AD	50%	50%			

AD means after you've met your deductible.

* You can use your HRA dollars for all expenses incurred under the Tier 1 network. Tier 2 and Tier 3 office visits to a primary care physician, specialist and urgent care are not eligible for HRA payment.

** These are embedded deductibles. The plan provides after-deductible coverage once you have met the individual deductible, even if you haven't met the family deductible.

† These are embedded out-of-pocket maximums. Once you have met the individual out-of-pocket maximum, the plan covers 100% of your eligible costs, even if you haven't met the family out-of-pocket maximum.

‡ Services must be coded as preventative care to be paid at 100%. Please see bswh.swph.org for a complete list of covered preventative care services.

†† To help make some frequently prescribed preferred brand drugs for asthma, diabetes and some other chronic conditions more affordable, we've placed a select group on a special chronic and preventative medication list. Find the complete list on bswh.swph.org.

^ This is your cost for a 90-day supply.

^^ Excluded medications include cosmetic, over the counter, herbals, and others as described in the Summary Plan Description. Certain non-formulary drugs are covered at specific levels at all BSWH and contracted pharmacies:

- Fertility drugs are covered at 20% with a maximum \$400 copay and a \$7,500 lifetime maximum pharmacy benefit.
- Diabetic testing supplies, including meters, test strips and lancets, are covered and subject to copays and coinsurance.
- Thirty-day supplies of generic proton pump inhibitors are covered at 50%. (Ninety-day supplies are available at BSWH pharmacies.)

2018 Medical Premiums per Pay Period (premiums listed do not reflect \$30 Thrive wellness credit)

Coverage Level	Your Annual Pay	HRA	HSA	PPO
Employee only	Up to \$13/hour	\$50	\$43	\$68
	Over \$13 to \$25/hour	\$77	\$65	\$89
	Over \$25 to \$48/hour	\$84	\$73	\$103
	Over \$48/hour	\$100	\$90	\$125
Employee + spouse	Up to \$13/hour	\$92	\$83	\$130
	Over \$13 to \$25/hour	\$155	\$140	\$210
	Over \$25 to \$48/hour	\$170	\$150	\$230
	Over \$48/hour	\$190	\$175	\$266
Employee + child(ren)	Up to \$13/hour	\$90	\$83	\$127
	Over \$13 to \$25/hour	\$139	\$118	\$175
	Over \$25 to \$48/hour	\$150	\$129	\$200
	Over \$48/hour	\$168	\$148	\$227
Employee + family	Up to \$13/hour	\$132	\$114	\$185
	Over \$13 to \$25/hour	\$205	\$180	\$264
	Over \$25 to \$48/hour	\$215	\$200	\$305
	Over \$48/hour	\$240	\$235	\$340

Part-Time Employees

Medical Plan	HRA	HSA	PPO
Employee only	\$118.62	\$118.62	\$231.60
Employee + spouse	\$300.00	\$300.00	\$403.52
Employee + child(ren)	\$220.84	\$220.84	\$393.97
Employee + family	\$351.23	\$351.23	\$594.88

Dental

Coverage Level	MetLife Dental PPO	MetLife Dental PPO Plus
Employee only	\$8.50	\$16.89
Employee + spouse	\$17.03	\$32.94
Employee + child(ren)	\$22.79	\$42.39
Employee + family	\$28.91	\$58.44

Vision

Coverage Level	Superior
Employee only	\$3.20
Employee + spouse	\$6.35
Employee + child(ren)	\$6.23
Employee + family	\$9.46



Earn Wellness Credits

Participate in Thrive to earn a **\$30** wellness credit each pay period—you can use it to reduce the cost of your premium!

Learn more at bswhbenefits.com.