# 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 **swhp.com** 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 preventive medication list. Find the complete list on **bswh.swhp.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.)

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## **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 |

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