

# 2019 Medical Plan Coverage and Costs

■ Changed from 2018 benefits

Medical Plan	NEW!		PPO			HSA		
	SEQA	EQA						
Network	Tier 1 BSWQA	Tier 1 BSWQA	Tier 1 BSWQA	Tier 2 Cigna National	Tier 3 Out-of-Network	Tier 1 BSWQA	Tier 2 Cigna National	Tier 3 Out-of-Network
Employer funded dollars	(Use HRA Rollover Funds)	(Use HRA Rollover Funds)	(Use HRA Rollover Funds)	(Use HRA Rollover Funds for Urgent Care and Emergency Only)		–	–	–
<b>Annual Deductible</b>								
Employee only	\$0	\$500	\$1,000	\$2,000	\$5,000	\$1,500	\$3,000	\$5,000
Employee + family	\$0	\$1,000 <sup>^</sup>	\$2,000 <sup>^</sup>	\$4,000 <sup>^</sup>	\$10,000 <sup>^</sup>	\$3,000	\$6,000	\$10,000
<b>Out-of-Pocket Maximum</b>								
Employee only	\$3,000	\$4,000	\$4,000	\$6,750	No Limit	\$3,950	\$6,750	No Limit
Employee + family	\$6,000 <sup>^^</sup>	\$8,000 <sup>^^</sup>	\$8,000 <sup>^^</sup>	\$13,500 <sup>^^</sup>	No Limit	\$7,900 <sup>^^</sup>	\$13,500 <sup>^^</sup>	No Limit
<b>Your Cost for Care and Services</b>								
Preventive care*	\$0	\$0	\$0	\$0	Not Covered	\$0	\$0	Not Covered
Physician office visit	\$10	\$30	\$35	\$70	70% AD	10% AD	50% AD	70% AD
Specialist office visit	\$40	\$50	\$60	\$100	70% AD	10% AD	50% AD	70% AD
Urgent care office visit	\$50	\$75	\$75	\$100	\$100	10% AD	50% AD	50% AD
Diagnostic labs and x-rays	Labs: 20% X-rays: \$75	Labs: 30% X-rays: \$75	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD
Advanced Imaging – PET, CT, CAT	\$100	\$100	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD
Advanced Imaging – MRI, MRA	\$150	\$150	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD
Emergency room	\$250	\$250	\$250	\$250	\$250	10% AD	10% AD	10% AD
Inpatient hospitalization	\$150/day (max of 5)	\$150/day (max of 5)	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD
Outpatient care	\$150/visit	\$150/visit	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD

\* In order for preventive care to be covered at 100%, services must be coded as preventive. Please see [bswh.swhp.org](http://bswh.swhp.org) for a complete list of covered preventive care services  
 · AD means after you've met your deductible.

<sup>^</sup>The plan provides after-deductible coverage once an individual with family coverage meets the individual deductible, even if the family deductible has not been met.

<sup>^^</sup>Once an individual with family coverage has met the out-of-pocket maximum, the plan provides 100% coverage for that individual, even if the family out-of-pocket maximum has not been met.



# Prescription Drug Costs

■ Changed from 2018 benefits

Type of Rx	SEQA		EQA and PPO		HSA
	BSWH Pharmacy (30 day cost/ 90 day cost)	Contracted Pharmacy *30 day supply only	BSWH Pharmacy (30 day cost/ 90 day cost)	Contracted Pharmacy *30 day supply only	(BSWH or Contracted Pharmacy) *90 day supplies are only available through the BSWH Pharmacy
Preferred generic	\$3/\$6	\$5	\$3/\$6	\$5	10% AD
Preferred brand	\$25/\$50	\$50	\$35/\$70	\$50	10% AD
Non-preferred brand and generic	Lesser of \$50/\$100 or 50%	Lesser of \$75 or 50%	Lesser of \$50/\$100 or 50%	Lesser of \$75 or 50%	10% AD
Specialty	\$100	N/A	20% (\$200 Max)	N/A	10% AD**
Chronic and preventive**	\$10/\$20 \$0 Diabetic Treatment	\$20 \$0 Diabetic Treatment	\$10/\$20	\$20	10% AD
Employer Funded Dollars	HRA rollover funds are not usable toward the pharmacy benefit				HSA funds can be used toward both the medical and pharmacy benefit

\*\* 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](http://bswh.swhp.org).

\*Only BSWH pharmacies can fill a 90 day supply of a medication. The max day supply through a contracted pharmacy is 30 days.

· Fertility drugs are covered at 20% with a maximum \$400 copay and a \$7,500 lifetime maximum pharmacy benefit.

· Drugs not listed on formulary require prior authorization. If authorized, you'll pay the applicable non-preferred or specialty copay.

\*\*Specialty drugs only available at BSWH pharmacy

## 2019 Medical Premiums Per Pay Period

Your Hourly Rate	Coverage Tier	NEW!		HSA	PPO
		SEQA	EQA		
Up to \$13/hour	Employee only	\$9	The EQA Plan is unavailable for this hourly rate	\$11	\$33
	Employee + spouse	\$63		\$45	\$91
	Employee + child(ren)	\$62		\$44	\$88
	Employee + family	\$106		\$67	\$138
\$13.01 to \$25/hour	Employee only	\$18	The EQA Plan is unavailable for this hourly rate	\$27	\$49
	Employee + spouse	\$103		\$87	\$153
	Employee + child(ren)	\$90		\$71	\$124
	Employee + family	\$146		\$117	\$198
\$25.01 to \$48/hour	Employee only	The SEQA Plan is unavailable for this hourly rate	\$59	\$50	\$72
	Employee + spouse		\$153	\$130	\$189
	Employee + child(ren)		\$131	\$108	\$161
	Employee + family		\$202	\$182	\$258
\$48.01/per hour and above	Employee only	The SEQA Plan is unavailable for this hourly rate	\$80	\$71	\$93
	Employee + spouse		\$183	\$164	\$224
	Employee + child(ren)		\$158	\$135	\$187
	Employee + family		\$240	\$230	\$293

· If you are a commissioned employee, your hourly rate is determined by your prior year W-2 earnings divided by annual hours worked.  
· The hourly rate for new commissioned employees who haven't had a W-2 yet will be the base rate that is in PeoplePlace.

## Part-Time Employee Medical Premiums Per Pay Period

Coverage Tier	SEQA (\$25/hour and below) EQA (\$25.01/hour and above)	HSA	PPO
Employee only	\$92	\$96	\$225
Employee + spouse	\$274	\$279	\$402
Employee + child(ren)	\$194	\$199	\$393
Employee + family	\$327	\$332	\$601

## Dental Premiums Per Pay Period

Coverage Tier	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 Premiums Per Pay Period

Coverage Tier	
Employee only	\$3.08
Employee + spouse	\$6.12
Employee + child(ren)	\$6.00
Employee + family	\$9.12

## New! Accidental Injury Insurance Premiums Per Pay Period

Coverage Tier	
Employee only	\$4.61
Employee + spouse	\$7.94
Employee + child(ren)	\$7.62
Employee + family	\$9.57



Rates for life insurance, short-term disability, and long-term disability can be found in the digital guide, which is posted on [BSWHbenefits.com](https://www.bswbenefits.com).

· Plan is deducted on a post-tax basis.

This document summarizes programs and benefits available to employees and eligible dependents. Official plan documents, policies and certificates of insurance that contain the details, conditions, maximum benefit levels and restrictions on benefits govern our benefits program and will be available at [BSWHbenefits.com](https://www.bswbenefits.com). In case of a conflict between this document and the official documents, the official documents prevail.

The information in this document isn't a guarantee of benefits. Baylor Scott & White reserves the right to modify or terminate its employee benefit plans and programs at any time for any reason.

## New! Critical Illness Insurance Premiums Per Pay Period

\$15,000 Benefit				
Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-24	\$2.10	\$4.25	\$4.84	\$6.99
25-29	\$2.49	\$4.88	\$5.23	\$7.62
30-34	\$3.43	\$6.52	\$6.18	\$9.26
35-39	\$5.05	\$9.61	\$7.79	\$12.34
40-44	\$6.51	\$12.46	\$9.25	\$15.20
45-49	\$9.09	\$17.86	\$11.82	\$20.60
50-54	\$12.09	\$25.50	\$14.83	\$28.23
55-59	\$15.94	\$35.32	\$18.69	\$38.06
60-64	\$19.81	\$44.40	\$22.55	\$47.14
65-69	\$24.28	\$53.20	\$27.02	\$55.95
70-74	\$33.84	\$73.18	\$36.57	\$75.92
75-79	\$43.79	\$95.48	\$46.52	\$98.22
80-84	\$60.91	\$116.25	\$63.65	\$118.98
85+	\$77.41	\$159.36	\$80.14	\$162.09

\$30,000 Benefit				
Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-24	\$4.20	\$8.50	\$9.67	\$13.98
25-29	\$4.98	\$9.76	\$10.46	\$15.23
30-34	\$6.87	\$13.04	\$12.35	\$18.51
35-39	\$10.10	\$19.21	\$15.57	\$24.69
40-44	\$13.02	\$24.92	\$18.49	\$30.40
45-49	\$18.18	\$35.72	\$23.65	\$41.20
50-54	\$24.18	\$51.00	\$29.66	\$56.47
55-59	\$31.89	\$70.65	\$37.37	\$76.13
60-64	\$39.61	\$88.80	\$45.09	\$94.27
65-69	\$48.56	\$106.41	\$54.04	\$111.89
70-74	\$67.68	\$146.36	\$73.15	\$151.84
75-79	\$87.57	\$190.97	\$93.05	\$196.44
80-84	\$121.82	\$232.49	\$127.30	\$237.96
85+	\$154.81	\$318.71	\$160.29	\$324.18

- Spouse and child rate are derived from employee age. Children are eligible up to age 26.
- Plan is deducted on a post-tax basis.