

# GARLAND ISD HEALTH PLAN

## SUMMARY OF BENEFITS

THIRD PARTY CLAMS ADMINISTRATOR: TriSurant.

PPO: Texas True Choice

PHARMACY BENEFIT MANAGER: Walgreen's

HEALTH CARE PROVISIONS	PPO	NON-PPO ***
<u>Deductibles</u> (per covered individual) Calendar Year Emergency Room (per visit) Penalty for Non-Compliance with In-Hospital Pre-Certification Review	\$350 (max \$1,050 per family) * \$100 * ** \$500 * **	\$1,000 * \$100 * ** \$500 * **
<u>Out of Pocket Maximum</u> (per covered individual)	\$2,500	\$50,000
<u>Life-time Maximum</u> (per covered individual)	\$1,000,000	\$1,000,000
<u>Plan Payment</u> (Includes Office Visits, Lab, X-Ray, Pregnancy, and In or Out of Hospital Charges, unless otherwise noted below)	80% after deductible	50% after deductible
<u>Lab Card Benefit</u> Present Lab Card for non-emergency outpatient lab tests	100%	100%
<u>Wellness Benefits</u> Annual Physical (covered employee/spouse) Pap Smear (covered females) Screening Mammogram PSA Test Well-child Visits (covered children 24 mo. or younger)	100% up to \$500, balance 80% after deductible 100% 100% 100% 100% up to \$250, balance 80% after deductible	50% after deductible 100% 100% 100% 50% after deductible
<u>Second Surgical Opinion</u> (required for specified in-patient surgeries only)	100%	100%
<u>Chiropractic Services</u>	80% after deductible, \$1,000 max per calendar year	50% after deductible, \$1,000 max per calendar year
<u>Mental/Nervous, Chemical Dependency</u> Out-patient  In-Patient  Annual Maximum Lifetime Maximum Additional Out-patient Benefit After Lifetime Max is Met	80% * after deductible, 50 visits/calendar year  80% * after deductible, 30 days/calendar year \$25,000 \$50,000 \$2,500 max per calendar year	50% * after deductible, 50 visits/calendar year  50% * after deductible, 30 days/calendar year \$25,000 \$50,000 \$2,500 max per calendar year.
<u>Prescription Drugs</u> 30-day Supply – Generic 30-day Supply – Brand Name, no Generic available 30-day Supply – Brand Name, Generic available 90-day Supply – Generic 90-day Supply – Brand Name, no Generic available 90-day Supply – Brand Name, Generic available	\$ 8 co-pay *** per prescription \$40 co-pay *** per prescription \$50 co-pay *** per prescription \$16 co-pay *** per prescription \$80 co-pay *** per prescription \$100 co-pay *** per prescription	no coverage no coverage no coverage no coverage no coverage no coverage

NOTE: 30-day supply available at retail. 90-day supply available at retail or by mail order.

\* These charges do not accumulate toward your Out-of-Pocket Maximum.

\*\* These charges are in addition to your Calendar Year Deductible.

\*\*\* Covered expenses from Non-PPO providers are limited to the usual and customary charges in the provider's area.

**This is only a summary of benefits. See Garland ISD Health Plan Plan Document for actual coverage details.**