

# MEDICAL

What are my Options?

Three health plans provided to you by Pflugerville ISD are EPO Plans. EPO stands for Exclusive Provider Organization. With all plans, you must access health care services from doctors, hospitals, and other care providers who are within the plan's network. Costs will not be covered when utilizing care outside of the plan's network.

**Please Note:** the above example is used for general illustrative purposes only. Please consult with your Benefits Office for more specific information as it relates to your specific plan. For detailed view of your medical plan summaries, <https://ffbenefits.ffga.com/pflugervilleisd/>

## EPO

### Healthcare Highways

|                                                              |                                                                                                                                                                                                                                       |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Seeing a Primary Care Physician (PCP) or a Specialist</b> | No referral required<br>You will pay your copay for routine office visits until you meet your maximum out of pocket.                                                                                                                  |
| <b>Prescription benefits</b>                                 | You will pay a copay for covered drugs.                                                                                                                                                                                               |
| <b>Inpatient Services and Outpatient Surgery</b>             | You will pay the full cost until you meet your deductible. Then you will pay 20%-30% of the cost until you meet your maximum out of pocket.                                                                                           |
| <b>Claims Process</b>                                        | Providers will submit claims                                                                                                                                                                                                          |
| <b>Compatible with a Health Savings Account (HSA)</b>        | No                                                                                                                                                                                                                                    |
| <b>Compatible with a Flexible Spending Account (FSA)</b>     | Yes, compatible with a Health FSA, Limited Purpose FSA, and Dependent Care FSA                                                                                                                                                        |
| <b>Other Important Tips</b>                                  | <ul style="list-style-type: none"><li>• This plan requires that you see a doctor in a specific network to receive coverage.</li><li>• Out-of-Network services will not be covered.</li><li>• Emergencies covered worldwide.</li></ul> |

# **PRESCRIPTION DRUG COVERAGE**

Many FDA-approved prescription medications are covered through the benefits program. Important information regarding your prescription drug coverage is outlined below:

## **CVS Caremark Prescription Drug Plan**

- The CVS Caremark plan covers 4 different tiers of drugs: generic, preferred brand-name, non-preferred brand name, and specialty.
- All plans require a copay depending on the drug's tier.
- Generic prescriptions offer the greatest value compared to other drugs that treat the same conditions and are often the lowest cost. Generic drugs are required by the FDA to contain the same active ingredients as their brand-name counterparts.
- Preferred brand-name drugs have a moderate copayment. Some drugs may also have a generic equivalent.
- Non-preferred brand-name drugs have a higher copayment compared to the lower tiers, as they are higher cost drugs. Some drugs on this list may have a generic or preferred brand-name counterpart.
- Specialty drugs are used to treat complex, chronic conditions, and may require special storage or close monitoring.

For a current version of the prescription drug list, go to [www.caremark.com](http://www.caremark.com)

## **WHY PAY MORE?**

There are a few ways you can save money when using the Prescription Drug Plan. Visit



### **Mail Order**

Save time and money by utilizing a mail order service for maintenance medications. A 90-day supply of your medication will be shipped to you, instead of purchasing a typical 30-day supply at a walk-in pharmacy.



### **Shop Around**

Some pharmacies, such as those at warehouse clubs or discount stores may offer less expensive prescriptions than others. By calling ahead, you may determine which pharmacy provides the most competitive price.



### **Explore Over-the-Counter Options**

For common ailments, over-the-counter drugs may provide a less expensive option that serve the same purpose as prescription medications.

## COPAY PLAN HIGHLIGHTS

## HCH HIGH PLAN

## HCH MID PLAN

## HCH LOW PLAN

|                                               | In-Network Only                          | In-Network Only                          | In-Network Only                          |
|-----------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| Annual Plan Year Deductible                   |                                          |                                          |                                          |
| Individual                                    | \$2,000                                  | \$4,000                                  | \$6,000                                  |
| Family                                        | \$4,000                                  | \$8,000                                  | \$12,000                                 |
| Maximum Plan Year Out-of-pocket (1)           |                                          |                                          |                                          |
| Individual                                    | \$7,000                                  | \$8,000                                  | \$8,500                                  |
| Family                                        | \$14,000                                 | \$16,000                                 | \$17,000                                 |
| Professional Services                         |                                          |                                          |                                          |
| Primary Care Physician (PCP)                  | \$35                                     | \$40                                     | \$50                                     |
| Specialist                                    | \$50                                     | \$60                                     | \$80                                     |
| Preventive Care Exam                          | No Charge                                | No Charge                                | No Charge                                |
| Diagnostic X-ray and Lab                      | No Charge                                | No Charge                                | No Charge                                |
| Complex Diagnostics (MRI/CT Scan)             | 80% after deductible                     | 70% after deductible                     | 70% after deductible                     |
| Hospital Services                             |                                          |                                          |                                          |
| Inpatient                                     | 80% after deductible                     | 70% after deductible                     | 70% after deductible                     |
| Outpatient Surgery                            | 80% after deductible                     | 70% after deductible                     | 70% after deductible                     |
| Emergency Room                                | \$500 + 20% coinsurance after deductible | \$500 + 20% coinsurance after deductible | \$500 + 20% coinsurance after deductible |
| Urgent Care                                   | \$50                                     | \$60                                     | \$80                                     |
| Maternity Care                                |                                          |                                          |                                          |
| Hospital Services                             | 80% after deductible                     | 70% after deductible                     | 70% after deductible                     |
| Mental Health & Substance Abuse               |                                          |                                          |                                          |
| Inpatient                                     | 80% after deductible                     | 70% after deductible                     | 70% after deductible                     |
| Outpatient                                    | \$35                                     | \$40                                     | \$50                                     |
| Retail Prescription Drugs (30-day supply)     |                                          |                                          |                                          |
| Generic                                       | \$10                                     | \$15                                     | \$20                                     |
| Preferred Brand                               | \$40                                     | \$50                                     | \$60                                     |
| Non-preferred Brand                           | \$60                                     | \$75                                     | \$90                                     |
| Specialty                                     | 10% copay capped at \$2,500              | 10% copay capped at \$2,500              | 10% copay capped at \$2,500              |
| Mail Order Prescription Drugs (90-day supply) | 3x Retail                                | 3x Retail                                | 3x Retail                                |
| Monthly Employee Premiums                     | HCH High Plan                            | HCH Mid Plan                             | HCH Low Plan                             |
| Employee Only                                 | \$285                                    | \$127                                    | \$50                                     |
| Employee & Spouse/Domestic Partner            | \$1,000                                  | \$730                                    | \$650                                    |
| Employee and Child(ren)                       | \$780                                    | \$495                                    | \$440                                    |
| Employee and Family                           | \$1,450                                  | \$1,100                                  | \$1,000                                  |
|                                               |                                          |                                          |                                          |
|                                               |                                          |                                          |                                          |

<sup>(1)</sup> Out-of-pocket maximum is based on the maximum allowable charge the carrier allows.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.