# 2023 Health Plan Highlights

All Mesquite Independent School District employees have four plan options. Each includes a wide range of wellness benefits.

| | PPO PLAN B (FORMERLY AC HD) | | EPO PLAN A (FORMERLY AC PRIMARY) | | EPO PLAN B (FORMERLY AC PRIMARY +) | | PPO PLAN A (CLOSED TO NEW ENROLLEES) | |
|---|---|---|---|---|---|---|---|---|
| **MONTHLY PREMIUMS** | | | | | | | | |
| | TOTAL PREMIUM | YOUR PREMIUM | TOTAL PREMIUM | YOUR PREMIUM | TOTAL PREMIUM | YOUR PREMIUM | TOTAL PREMIUM | YOUR PREMIUM |
| EMPLOYEE ONLY | $422.00 | $122.00 | $410.00 | $110.00 | $515.00 | $215.00 | $1,013.00 | $713.00 |
| EMPLOYEE AND SPOUSE | $1,187.00 | $887.00 | $1,157.00 | $857.00 | $1,259.00 | $959.00 | $2,402.00 | $2,102.00 |
| EMPLOYEE AND CHILD(REN) | $757.00 | $457.00 | $738.00 | $438.00 | $829.00 | $529.00 | $1,507.00 | $1,207.00 |
| EMPLOYEE AND FAMILY | $1,419.00 | $1,119.00 | $1,384.00 | $1,084.00 | $1,584.00 | $1,284.00 | $2,841.00 | $2,541.00 |
| **TYPE OF COVERAGE** | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK COVERAGE ONLY | | IN-NETWORK COVERAGE ONLY | | IN-NETWORK | OUT-OF-NETWORK |
| **DEDUCTIBLE** | | | | | | | | |
| INDIVIDUAL/FAMILY | $3,000/$6,000 | $5,500/$11,000 | $2,500/$5,000 | | $1,200/$3,600 | | $1,000/$3,000 | $2,000/$6,000 |
| COINSURANCE (PLAN PAYS) | 30%* | 50%* | 30%* | | 20%* | | 20%* | 40%* |
| **ANNUAL OUT-OF-POCKET MAXIMUM** | | | | | | | | |
| INDIVIDUAL/FAMILY | $7,050/$14,100 | $20,250/$40,500 | $8,150/$16,300 | | $6,900/$13,800 | | $7,900/$15,800 | $23,700/$47,400 |
| **COPAYS/COINSURANCE** | | | | | | | | |
| PRIMARY CARE OFFICE VISIT | 30%* | 50%* | $30 copay | | $30 copay | | $30 copay | 40%* |
| SPECIALIST OFFICE VISIT | 30%* | 50%* | $70 copay | | $70 copay | | $70 copay | 40%* |
| URGENT CARE | 30%* | 50%* | $50 copay | | $50 copay | | $50 copay | 40%* |
| EMERGENCY CARE | 30%* | preferred provider benefit applies | 30%* | | 20%* | | $250 copay/visit, then 20%* | preferred provider benefit applies |
| TELADOC VIRTUAL VISIT | $42 copay | $42 copay | $12 copay | | $12 copay | | $12 copay | $12 copay |
| **PHARMACY** | | | | | | | | |
| RX DEDUCTIBLE | Integrated with Medical Deductible | | Integrated with Medical Deductible | | $200 brand deductible | | $200 brand deductible | |
| **PRESCRIPTION DRUGS** | | | | | | | | |
| ROUTINE PREVENTATIVE | Covered in Full | | Covered in Full | | Covered in Full | | Covered in Full | |
| GENERICS | 20%* | | $15 copay | | $15 copay | | $20 copay | |
| BRAND NAME | 25%* | | 30%* | | 25%* | | 25%* $40 min/$80 max | |
| NON-PREFERRED BRAND NAME | 50%* | | 50%* | | 50%* | | 50%* $100 min/$200 max | |
| INSULIN OUT-OF-POCKET COSTS | 25%* | | $25 copay for 31-day supply; $75 for 61-90 day supply | | $25 copay for 31-day supply; $75 for 61-90 day supply | | $25 copay for 31-day supply; $75 for 61-90 day supply | |
| **MAIL ORDER PRESCRIPTION DRUGS (90-DAY SUPPLY)** | | | | | | | | |
| ROUTINE PREVENTATIVE | Covered in Full | | Covered in Full | | Covered in Full | | Covered in full | |
| GENERIC | 20%* | | $45 copay | | $45 copay | | $45 copay | |
| PREFERRED BRAND NAME | 25%* | | 30%* | | 25%* | | 25%* $105 min/ $210 max | |
| NON-PREFERRED BRAND NAME | 50%* | | 50%* | | 50%* | | 50%* $215 min/$430 max | |
| SPECIALTY (30 DAY SUPPLY) | 20%* | | $0 if PrudentRx eligible; 30%* | | $0 if PrudentRx eligible; 30%* | | $0 if PrudentRx eligible; 30%* $200 min/$900 max | |

*After deductible

*After deductible