



Online enrollment at ffga.benselect.com
 Enrollment Assistance Center: 1-855-765-4473 opt 5

IN-NETWORK BENEFITS	HEALTH PLAN OPTIONS							
	PREMIER PLAN			BASE PLAN			CONSUMER DRIVER HEALTH PLAN	
	Includes Sinergia Medica MEXICO	PPO	ACO	Includes Sinergia Medica MEXICO	PPO	Hospitals of Providence Affiliates Only	Does not Include Sinergia Medica MEXICO	Hospitals of Providence Affiliates Only
DEDUCTIBLE								
Individual	\$0	\$700	\$700	\$0	\$1250	\$1250	\$3,200	\$3,200
Family	\$0	\$1,400	\$1,400	\$0	\$2,500	\$2,500	\$6,400	\$6,400
OUT OF POCKET MAXIMUM								
Individual	\$0	\$3,900	\$3,900	\$0	\$4,600	\$4,600	\$3,200	\$3,200
Family	\$0	\$7,800	\$7,800	\$0	\$9,200	\$9,200	\$6,400	\$6,400
COINSURANCE	0%	10%	10%	0%	20%	20%	\$0	\$0
OFFICE VISIT CO-PAYS								
Primary Care	\$0	\$25	\$25	\$0	\$30	\$30	0% after ded	0% after ded
Telehealth	\$0	\$25	\$25	\$0	\$30	\$30	0% after ded	0% after ded
Urgent Care	\$0	\$40	\$40	\$0	\$40	\$40	0% after ded	0% after ded
Specialist	\$0	\$25	\$25	\$0	\$40	\$40	0% after ded	0% after ded
ER Room Services	\$0	\$250	\$250	\$0	\$250	\$250	0% after ded	0% after ded
PRESCRIPTION COPAYS								
Generic	\$0	\$0	\$0	\$0	\$0	\$0	0% after ded	0% after ded
Brand	\$40	\$40	\$40	\$45	\$45	\$45	0% after ded	0% after ded
Non-preferred	\$85	\$85	\$85	\$90	\$90	\$90	0% after ded	0% after ded
Specialty Rx	\$110	\$110	\$110	\$110	\$110	\$110	0% after ded	0% after ded
HSA DISTRICT CONTRIBUTION							\$600	\$600

BENEFITS PLAN YEAR RUNS JANUARY 1ST THROUGH DECEMBER 31ST.



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\$575 DISTRICT CONTRIBUTION	PAYROLL DEDUCTION BREAKDOWN					
	PREMIER PLAN		BASE PLAN		CDHP PLAN	
	TRADITIONAL PPO	ACO	TRADITIONAL PPO	ACO	TRADITIONAL PPO	ACO
PER EMPLOYEE PER MONTH						
MONTHLY (12 PAY-CYCLES)						
Employee Only	\$160	\$141	\$60	\$53	\$30	\$0
Employee & Spouse	\$535	\$471	\$340	\$299	\$335	\$295
Employee & Child(ren)	\$352	\$310	\$225	\$198	\$195	\$172
Employee & Family	\$740	\$651	\$542	\$477	\$535	\$471
SEMI-MONTHLY (24 PAY CYCLES)						
Employee Only	\$80	\$71	\$30	\$27	\$15	\$0
Employee & Spouse	\$268	\$236	\$170	\$150	\$168	\$148
Employee & Child(ren)	\$176	\$155	\$113	\$99	\$98	\$86
Employee & Family	\$370	\$326	\$271	\$239	\$268	\$236
AUXILIARY (20 PAY-CYCLES)						
Employee Only	\$96	\$96	\$36	\$32	\$18	\$0
Employee & Spouse	\$321	\$321	\$204	\$179	\$201	\$177
Employee & Child(ren)	\$211	\$228	\$135	\$119	\$117	\$103
Employee & Family	\$444	\$444	\$325	\$286	\$321	\$283



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