



**City of Eagle Pass
Health Coverage
Year 2024 - 2025**

Coverage	Total Rate	City Rate	Employee Rate (semi-monthly)
EE	\$ 684.00	\$684.00	\$ 0
EE+Spouse	\$1,401.98	\$684.00	\$358.99
EE+Child (1-2)	\$ 984.00	\$684.00	\$150.00
+Per additional child	\$ 80.00	-	\$ 40.00
EE+Family (2-3)	\$1,701.98	\$684.00	\$508.99
+Per additional child	\$ 80.00	-	\$ 40.00

Plan Features	OA EPO (Elect Choice) Flexed EPO \$1000 80%	
	In	Out
Coinsurance	80%	N/A
Deductible Ind/Fam	\$1,000 / \$2,000	N/A
Member Payment Limit Ind / Fam	\$7,350 / \$14,700	N/A
Office Visit Copay / Specialist Copay	\$20 / \$40	N/A
Hospital Inpatient	80%	N/A
Hospital Outpatient	80%	N/A
Emergency Room / Urgent Care	80% after \$500/ \$60	N/A
Lab	80%	N/A
X-Ray	80%	N/A
Complex Imaging	80%	N/A
Rx Deductible Ind/Fam	\$0 / \$0	
Rx Drug G/F/B	\$10/\$35/\$70	
Rx Mail Order Delivery	\$25/\$87.50/\$175	
Rx Specialty	\$150 / \$300	
*Rx Formulary	Aetna Value Plus Open	
Rx Retail Network	Aetna National Network	