

**McCamey ISD**  
**9/1/2020**

Plan Information	Buy-Up Plan Benefits	Base Plan Benefits
Deductible EO	\$1,000	\$1,500
Deductible EF	\$2,000	\$3,000
Out of Pocket EO	\$4,500	\$5,000
Out of Pocket EF	\$6,000	\$8,000
Hospital Copays	None	None
Copay PCP	\$40	80%
Copay Specialist	\$50	80%
<b>Copay - Telephonic MDLive</b>	<b>\$40</b>	<b>\$40</b>
ER Copay	\$100*	80%
Coinsurance %	80%	80%
Preventive Care	100%	100%
<b>Prescription Drugs</b>		
<b>Annual Deductible</b>	\$0	\$0
Generic	\$10	20% Co-Pay
Preferred Drugs	\$40	20% Co-Pay
Non-Preferred Drugs	\$60	20% Co-Pay
Specially Drugs	20% Co-Pay	20% Co-Pay
Proton Pump Inhibitors	Yes	Yes
Non Sedating Antihistamines	Yes	Yes
CVS	Included	Included

\*Waived if Admitted

**RATES**

Employee Only	\$ 775.00	\$ 550.00
Employee & Spouse	\$ 1,500.00	\$ 1,220.00
Employee & Child(ren)	\$ 1,275.00	\$ 1,002.00
**Child Over 23 350.00		
Employee & Family	\$ 1,776.00	\$ 1,425.00

**PAYROLL DEDUCTIONS**

Employee Only	\$ 275.00	\$ 50.00
Employee & Spouse	\$ 1,000.00	\$ 720.00
Employee & Child(ren)	\$ 775.00	\$ 502.00
**Child Over 23 350.00		
Employee & Family	\$ 1,276.00	\$ 925.00