

FRISCO ISD

Medical Benefit Summary Effective October 1, 2010

BENEFIT HIGHLIGHTS	Plan A		Plan B		Plan C		Plan D	
	<u>In-Network</u> (TX True Choice)	<u>Out-of-Network</u>	<u>In-Network</u> (TX True Choice)	<u>Out-of-Network</u>	<u>In-Network</u> (TX True Choice)	<u>Out-of-Network</u>	<u>In-Network</u> (TX True Choice)	<u>Out-of-Network</u>
CALENDAR YEAR DEDUCTIBLE								
Individual	None	\$500	\$750	\$1,500	\$1,200	\$2,400	\$2,400	\$4,800
Family	None	\$1,500	\$1,500	\$3,000	\$2,400	\$4,800	\$4,800	\$9,600
COINSURANCE	80% / 20%	60% / 40%	70% / 30%	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
MAXIMUM OUT-OF-POCKET (does NOT include deductibles)								
Individual	\$1,000	\$3,000	\$4,000	\$8,000	\$3,000	\$6,000	\$4,000	\$8,000
Family	N/A	N/A	\$8,000	\$16,000	\$6,000	\$12,000	\$8,000	\$16,000
OFFICE VISITS								
Primary Care Physician	\$20 Copay	60% / 40%	\$30 Copay	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
Specialty Care Physician* (excludes surgery)	\$30 Copay	60% / 40%	\$50 Copay	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
PREVENTIVE CARE								
Primary Care Physician	\$20 Copay	60% / 40%	\$30 Copay	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
Specialty Care Physician*	\$30 Copay	60% / 40%	\$50 Copay	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
<i>(Please refer to Plan Document for a list of covered services)</i>	(Not subject to Annual Wellness Max)	(Not subject to Annual Wellness Max)	(Not subject to Annual Wellness Max)	(Not subject to Annual Wellness Max)	(Deductible waived for first \$400; remaining charges subject to ded. & coins.)	(Up to \$400 maximum benefit per year)	(Deductible waived for first \$400; remaining charges subject to ded. & coins.)	(Up to \$400 maximum benefit per year)
HOSPITALIZATION	80% / 20%	60% / 40%	70% / 30%	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
	+ \$100 Copay/Day (\$500 maximum copay per admission; \$1,500 maximum copay/yr.)	+ \$100 Copay/Day (\$500 maximum copay per admission; \$1,500 maximum copay/yr.)						
EMERGENCY ROOM	80% / 20%	60% / 40%	70% / 30%	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
	+ \$100 Copay							
OUTPATIENT SURGERY	80% / 20%	60% / 40%	70% / 30%	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
	+ \$100 Copay	+ \$100 Copay						
CALENDAR YEAR PLAN MAXIMUM <i>(combined in and out-of-network)</i>	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000

* A Specialty Care Physician (Specialist) is a physician other than a family practitioner, internist, OB/GYN, pediatrician, or mental health provider.

This is a summary of benefits only. Please refer to your Summary Plan Description (SPD) for a complete listing of services, limitations, exclusions, and a description of all the terms and conditions of coverage. In the event of a discrepancy between this summary and the SPD, the language of the SPD will prevail.

~~~~~ CLAIMS ARE ADMINISTERED BY GROUP RESOURCES, A THIRD PARTY ADMINISTRATOR ~~~~~  
GROUP # 9162