

FRISCO ISD EMPLOYEE HEALTH BENEFIT PLAN

Plan Year: October 1, 2009 – September 30, 2010

Frisco ISD is pleased to offer you and your family a comprehensive health care program with a choice of four PPO medical plan options designed to meet your needs. The *Summary of Medical Benefits* on the following page provides details on each plan to help you decide which option is best for you. Please note that the *Summary of Medical Benefits* is only a general overview and not a legal document. After enrolling in the medical plan, you will receive a Summary Plan Description (SPD) with a complete description of plan coverage, limitations, and exclusions. The language of the SPD will prevail over the language of the *Summary of Medical Benefits*.

The Frisco ISD Employee Health Benefit Plan is partially self-funded and claims are administered by **Group Resources**, a third party administrator. Other service providers of importance are:

- PPO Provider Network: **Texas True Choice** (www.texastruechoice.com)
- Pharmacy Benefits Administrator: **Express Scripts** (www.express-scripts.com)

You can maximize your Medical Benefits by seeking care from a PPO (Texas True Choice) physician or hospital. You have the freedom of visiting any physician or hospital you choose, but you will receive a higher level of benefits (lower deductibles, lower out-of-pocket costs) when you use an in-network provider.

Medical Plan Changes Effective October 1, 2009:

- Plan A: This plan option has been restructured. Please refer to the benefit summary for an overview.
- Plan B: The Physician Office Visit Copay has been reduced from \$40 to \$30.
- Plan C: The PPO deductible has been lowered to \$1,150 individual/\$2,300 family. The Non-PPO deductible has been lowered to \$2,300 individual/\$4,600 family.
- Plan D: No plan changes.

REMEMBER:

- ✧ *If you change from one benefit plan to another effective October 1st, you may have an additional deductible amount to satisfy.*
- ✧ *All medical deductibles start over in January and are based on a calendar year – January 1st through December 31st. The Medical Plan does have a 4th quarter deductible carry-over provision. This means that charges applied toward your deductible for services received during the last 3 months of the calendar year (October through December) will be applied toward the following calendar year's deductible as well.*