

# FRISCO ISD

## Summary of Medical Benefits Effective October 1, 2009

<b>BENEFIT HIGHLIGHTS</b>	<b>Plan A</b>		<b>Plan B</b>		<b>Plan C</b>		<b>Plan D</b>	
	<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>
<b>CALENDAR YEAR DEDUCTIBLE</b>								
Individual	\$0	\$500	\$1,000	\$2,000	\$1,150	\$2,300	\$2,000	\$4,000
Family	\$0	\$1,500	\$2,000	\$4,000	\$2,300	\$4,600	\$4,000	\$8,000
<b>COINSURANCE</b>	80% / 20%	60% / 40%	70% / 30%	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
<b>MAXIMUM OUT-OF-POCKET</b> (includes deductible)								
Individual	\$1,000 / Person	\$3,500 / Person	\$7,000	\$12,000	\$5,150	\$10,300	\$8,000	\$14,000
Family	N/A	N/A	\$14,000	\$24,000	\$10,300	\$20,600	\$16,000	\$28,000
<b>OFFICE VISITS</b> (excluding surgery)	\$20 Copay	60% / 40%	\$30 Copay	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
<b>WELLNESS BENEFIT</b> (refer to Plan Document for a list of covered services)	\$20 Copay (not subject to Annual Wellness Max)	60% / 40%	\$30 Copay; then 100% up to \$400/yr, then subject to ded. & coins.	50% / 50% up to \$400 max benefit/yr.	80% / 20% No Deductible up to \$400/yr, then subject to ded. & coins.	60% / 40% up to \$400 max benefit/yr.	70% / 30% No Deductible up to \$400/yr, then subject to ded. & coins.	50% / 50% up to \$400 max benefit/yr.
<b>HOSPITALIZATION</b>	80% / 20% + \$100 Copay/Day (\$500 Maximum Copay/Admission; \$1,500 Maximum Copay/Yr.)	60% / 40%	70% / 30%	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
<b>EMERGENCY ROOM</b>	80% / 20% + \$100 Copay	60% / 40%	70% / 30%	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
<b>OUTPATIENT SURGERY</b>	80% / 20% + \$100 Copay	60% / 40% + \$100 Copay	70% / 30%	50% / 50%	80% / 20%	60% / 40%	70% / 30%	50% / 50%
<b>NON-SERIOUS MENTAL ILLNESS*</b>								
Inpatient (30 Day Max)	80% / 20% + \$100 Copay/Day (\$500 Maximum Copay/Admission; \$1,500 Maximum Copay/Yr.)	60% / 40%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%
Office Visit	80% / 20% (30 visit max/yr.)	60% / 40%	\$50 Copay (20 visit max/yr)	50% / 50%	80% / 20% (20 visit max/yr)	60% / 40%	70% / 30% (20 visit max/yr)	50% / 50%
<b>MEDICAL LIFETIME MAXIMUM</b>	Unlimited	\$1,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
<b>PRESCRIPTIONS</b>								
Retail	\$10 Generic/\$30 Brand	60% / 40%	\$10 Generic/\$35 Brand	50% / 50%	\$10 Generic/\$45 Brand	60% / 40%	\$10 Generic/\$55 Brand	50% / 50%
90 Day Mail Order	\$20 Generic/\$60 Brand		\$20 Generic/\$70 Brand		\$20 Generic/\$90 Brand		\$20 Generic/\$110 Brand	

\* "Serious mental illness" as defined in the Summary Plan Description is treated at the same benefit level as any other illness.

~ 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.

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

Group # 9162