

# FRISCO ISD

## Summary of Medical Benefits Effective October 1, 2008

BENEFITS	Plan A		Plan B		Plan C		Plan D	
	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO
<b>CALENDAR YEAR DEDUCTIBLE</b>								
Individual	\$500	\$1,000	\$1,000	\$2,000	\$1,250	\$2,500	\$2,000	\$4,000
Family	\$1,000	\$2,000	\$2,000	\$4,000	\$2,500	\$5,000	\$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> (including deductible)								
Individual	\$4,500	\$9,000	\$7,000	\$12,000	\$5,250	\$10,500	\$8,000	\$14,000
Family	\$9,000	\$18,000	\$14,000	\$24,000	\$10,500	\$21,000	\$16,000	\$28,000
<b>OFFICE VISITS</b> (excluding surgery)	\$25 Copay	60% / 40% (after deductible)	\$40 Copay	50% / 50% (after deductible)	80% / 20% (after deductible)	60% / 40% (after deductible)	70% / 30% (after deductible)	50% / 50% (after deductible)
<b>WELLNESS BENEFIT</b> (\$400 Annual Max*)	\$25 Copay	60% / 40% (after deductible)	\$40 Copay	50% / 50% (after deductible)	80% / 20% (no deductible)	60% / 40% (after deductible)	70% / 30% (no deductible)	50% / 50% (after deductible)
<b>ROUTINE IMMUNIZATIONS (to age 3)</b>	100%	60% / 40% (after deductible)	100%	50% / 50% (after deductible)	100%	60% / 40% (after deductible)	100%	50% / 50% (after deductible)
<b>HOSPITAL SERVICES</b>	80% / 20% (after deductible)	60% / 40% (after deductible)	70% / 30% (after deductible)	50% / 50% (after deductible)	80% / 20% (after deductible)	60% / 40% (after deductible)	70% / 30% (after deductible)	50% / 50% (after deductible)
<b>NON-PRE-CERTIFICATION PENALTY</b>	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
<b>SURGERY</b>	80% / 20% (after deductible)	60% / 40% (after deductible)	70% / 30% (after deductible)	50% / 50% (after deductible)	80% / 20% (after deductible)	60% / 40% (after deductible)	70% / 30% (after deductible)	50% / 50% (after deductible)
<b>MENTAL &amp; NERVOUS**</b>								
Inpatient (30 Day Max)	50% / 50% (after deductible)	50% / 50% (after deductible)	50% / 50% (after deductible)	50% / 50% (after deductible)	50% / 50% (after deductible)	50% / 50% (after deductible)	50% / 50% (after deductible)	50% / 50% (after deductible)
Outpatient (20 Visit Max)	\$35 Copay	60% / 40% (after deductible)	\$50 Copay	50% / 50% (after deductible)	80% / 20% (after deductible)	60% / 40% (after deductible)	70% / 30% (after deductible)	50% / 50% (after deductible)
<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	(after deductible)	\$20 Generic/\$70 Brand	(after deductible)	\$20 Generic/\$90 Brand	(after deductible)	\$20 Generic/\$110 Brand	(after deductible)
<b>MEDICAL LIFETIME MAXIMUM</b>	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000

\* PPO Wellness Benefits: Eligible PPO wellness expenses in excess of the \$400 Annual Wellness Benefit Maximum will be applied toward the applicable deductible and coinsurance level.

\*\* "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.

~ The Plan has retained the services of Texas True Choice, a Preferred Provider Organization (PPO), to provide quality medical care to its participants. Utilization of the PPO providers will usually result in a lower cost to both the Plan and its participants.

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

Group # 9162