

# 2016 Metal Plans HMO| Individuals & Families

SWHP provider network.



	Catastrophic	Bronze			Silver				Gold		
	6850 \$50 office visit	6600 \$60 office visit	6000 \$50 office visit	5500 HDHP	3000 \$30 office visit	2500 \$35 office visit	2500 \$30 office visit	2750 HDHP	HMO 30 \$30 office visit	1000 \$20 office visit	1400
Plan coinsurance	100%	100%	80%	100%	80%	80%	80%	100%	80%	80%	100%
Member coinsurance	0%	0%	20%	0%	20%	20%	20%	0%	20%	20%	0%
Individual Deductible <sup>1</sup>	\$6,850	\$6,600	\$6,000	\$5,500	\$3,000	\$2,500	\$2,500	\$2,750	n/a	\$1,000	\$1,400
Family Deductible	\$13,700	\$13,200	\$12,000	\$11,000	\$6,000	\$5,000	\$5,000	\$5,500		\$2,000	\$2,800
Individual Max Out Of Pocket <sup>2</sup>	\$6,850	\$6,600	\$6,850	\$6,450	\$6,000	\$5,800	\$6,500	\$6,350	\$6,400	\$4,000	\$3,000
Family Max Out Of Pocket	\$13,700	\$13,200	\$13,700	\$12,900	\$12,000	\$11,600	\$13,000	\$12,700	\$12,800	\$8,000	\$6,000
Primary Care Office Visit	\$50 co-pay (first 3 visits)	\$60 co-pay (first 2 visits)	\$50 co-pay (first 1 visits)	Deductible then 0% coinsurance	\$30 co-pay	\$35 co-pay	\$30 co-pay	Deductible then 0% coinsurance	\$30 co-pay	\$0 co-pay (first 2 visits)	Deductible then 0% coinsurance
Specialist Office Visit	Deductible then 0%	Deductible then 0%	Deductible then 20%		\$50 co-pay	\$55 co-pay	\$50 co-pay		\$75 co-pay	\$40 co-pay	
Urgent Care	\$50 co-pay (first 3 visits)	\$60 co-pay (first 2 visits)	\$50 co-pay (first 1 visits)		\$30 co-pay	\$55 co-pay	\$50 co-pay		\$75 co-pay	\$20 co-pay	
Emergency Room	Deductible then 0%	Deductible then 0%	Deductible then 20%		Deductible then 20%	Deductible then 20%	\$300 copay then 20%		\$400 copay then 20%	Deductible then 20%	
Imaging (PET, CT, MRI)	Deductible then 0%	Deductible then 0%	Deductible then 20%		Deductible then 20%	Deductible then 20%	Deductible then 20%		\$250 copay then 20%	Deductible then 20%	
Outpatient lab and x-ray	Deductible then 0%	Deductible then 0%	Deductible then 20%		Deductible then 20%	Deductible then 20%	Deductible then 20%		\$25 co-pay	Deductible then 20%	
Inpatient hospitalization	Deductible then 0%	Deductible then 0%	Deductible then 20%		Deductible then 20%	Deductible then 20%	Deductible then 20%		\$500 co-pay per day	Deductible then 20%	
Pharmacy Deductible	None	None	None	None	None	none	\$1,000	None	None	None	None
Preferred generic drugs	Deductible then 0% <sup>(3)</sup>	\$25 co-pay	\$15 co-pay	Deductible then 0% <sup>(3)</sup>	\$5 co-pay	\$5 co-pay	\$15 co-pay	Deductible then 0% <sup>(3)</sup>	\$12 co-pay	\$3 co-pay	Deductible then 0% <sup>(3)</sup>
Preferred brand drugs	Deductible then 0%	Deductible then 0%	Deductible then 50%	Deductible then 30%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 30%	\$50 co-pay	Deductible then 30%	Deductible then 30%
Non-Preferred brand	Deductible then 0%	Deductible then 0%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	50% co-pay	Deductible then 50%	Deductible then 50%
Specialty drugs	Deductible then 0%	Deductible then 0%	Deductible then 50%	Deductible then 30%	Deductible then 30%	Deductible then 45%	Deductible then 45%	Deductible then 30%	50% co-pay	Deductible then 30%	Deductible then 30%

(1) Deductibles and out of pocket responsibility applies per calendar year.

(2) All member responsibility for copays, deductibles, and coinsurance apply to the Out of Pocket Max.

(3) Preventive medications are covered in full – deductible and coinsurance does not apply.

SCOTT & WHITE HEALTH PLAN IS A QUALIFIED HEALTH PLAN ISSUER IN THE HEALTH INSURANCE MARKETPLACE.

# 2016 MyPlan for Individuals & Families (PPO)

Benefits when utilizing ICSW participating provider network.



	Bronze		Silver			Gold			
	6600	5000 HDHP	5000	Premier 2500	2500	1500	Premier 1000	Premier 750	Premier 500
Plan coinsurance	100%	80%	80%	80%	80%	80%	80%	80%	80%
Member coinsurance	0%	20%	20%	20%	20%	20%	20%	20%	20%
Individual Deductible <sup>1</sup>	\$6,600	\$5,000	\$5,000	\$2,500	\$2,500	\$1,500	\$1,000	\$750	\$500
Family Deductible	\$13,200	\$10,000	\$10,000	\$5,000	\$5,000	\$3,000	\$2,000	\$1,500	\$1,000
Individual Max Out Of Pocket <sup>2</sup>	\$6,600	\$6,450	\$6,000	\$6,350	\$4,000	\$3,750	\$4,000	\$4,000	\$4,500
Family Max Out Of Pocket	\$13,200	\$12,900	\$12,000	\$12,700	\$8,000	\$7,500	\$8,000	\$8,000	\$9,000
Primary Care Office Visit	\$40 co-pay (first 2 visits)	Deductible then 20% coinsurance	\$30 co-pay	\$30 co-pay	Deductible then 20% coinsurance	\$30 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay
Specialist Office Visit	\$60 co-pay (first 2 visits)		\$50 co-pay	\$50 co-pay		\$50 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay
Urgent Care	Deductible then 0%		\$30 co-pay	\$30 co-pay		\$30 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay
Emergency Room	Deductible then 0%		\$500 copay then 20%	\$500 copay then 20%		\$250 copay then 20%	\$250 copay then 20%	\$250 copay then 20%	\$250 copay then 20%
Imaging (PET, CT, MRI)	Deductible then 0%		Deductible then 20%	Deductible then 20%		Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Outpatient lab and x-ray	Deductible then 0%		Deductible then 20%	Deductible then 20%		Deductible then 20%	20% coinsurance	20% coinsurance	20% coinsurance
Inpatient hospitalization	Deductible then 0%		Deductible then 20%	Deductible then 20%		Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Preferred generic drugs	\$15 co-pay	Deductible then 20% <sup>(3)</sup>	\$10 co-pay	\$15 co-pay	Deductible then 20% <sup>(3)</sup>	\$5 co-pay	\$10 co-pay	\$10 co-pay	\$15 co-pay
Preferred brand drugs	\$40 co-pay	Deductible then 20%	\$30 co-pay	\$40 co-pay	Deductible then 20%	\$30 co-pay	\$30 co-pay	\$30 co-pay	\$40 co-pay
Non-Preferred brand	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	50% co-pay	50% co-pay	50% co-pay	50% co-pay
Specialty drugs	Deductible then 50%	Deductible then 50%	Deductible then 45%	Deductible then 45%	Deductible then 45%	50% co-pay	50% co-pay	50% co-pay	50% co-pay

## Coverage outside of the Insurance Company of Scott & White Network

MyPlan PPO options include coverage when utilizing providers out of the participating provider network. However, you will be responsible for any amounts that are above the allowed charges. These amounts can be billed to you by the provider, and do not apply to your Annual Out of Pocket Maximum under the plan.

<sup>1</sup> Deductibles and out of pocket responsibility applies per calendar year.

<sup>2</sup> All member responsibility for copays, deductibles, and coinsurance apply to the Out of Pocket Max.

<sup>3</sup> Preventive medications are covered in full – deductible and coinsurance does not apply.