MEDICAL Plan Comparison

	Platinum Plan			High Deductible Plan		
	Coordinated Care	Baylor Scott & White (BSW)	Non-Coordinated Care	Coordinated Care	Baylor Scott & White (BSW)	Non-Coordinated Care
Individual / Family Deductible	$0	$4,000/$11,000	$4,000/$11,000	$5,000/$11,000	$7,000/$14,000	$7,000/$14,000
Individual/Family Out of Pocket Maximum	$6,350/$12,500	$7,350/$15,500	$7,350/$15,500	$7,900/$15,000	$9,900/$17,000	$9,900/$17,000
HSA Eligible	No	No	No	Yes	Yes	Yes
Doctor Visits						
Telemedicine	$0	$0	$0	$0	$0	$0
Virtual Health	$0	$0	$0	$0	$0	$0
Preventive Visits	$0	$0	$0	$0	$0	$0
Primary Care Visit	$0	$30	$30*	$0	$50	$50*
Specialist Visit	$0	$50	$50*	$0	$75	$75*
Office Services						
Office Surgery	$0	$25*	$25*	$0	$25*	$25*
Imaging	$0	$250*	$250*	$0	$250*	$250*
Labwork	$0	$50*	$50*	$0	$50*	$50*
Care Facilities						
**** Urgent Care**	$75	$75*	$75*	$75*	$75*	$75*
Emergency Room	$500	$500*	$500*	$500*	$500*	$500*
Ambulance Services	$250	$250*	$250*	$250*	$250*	$250*
**** Outpatient Surgery**	$400	$400*	$400*	$400*	$400*	$400*
**** Hospital Services**	$500/Day	$500/Day*	$500/Day*	$500/Day*	$500/Day*	$500/Day*
**** Surgeon Fees**	$25	$25*	$25*	$25*	$25*	$25*
Maternity and Newborn Services						
Maternity	$0	$500/Day*	$500/Day*	$500/Day*	$500/Day*	$500/Day*
Maternity Office Visit	$0	$25*	$25*	$25	$50*	$50*
Prescription Drug Benefits						
Tier 1	$5	$5	$5	$5*	$5*	$5*
Tier 2	$10	$10	$10	$10*	$10*	$10*
Tier 3	$20	$20	$20	$20*	$20*	$20*
Tier 4	$50	$50	$50	$50*	$50*	$50*
Tier 5	50%	50%	50%	50%*	50%*	50%*

*After Deductible

** Deductible and copays may be waived when care is coordinated with the Member Care Team.