

**IRVING INDEPENDENT SCHOOL DISTRICT
BASE, BUY UP, OAP PLUS PLAN DESIGN SUMMARY COMPARISON**

	Base OAP (No Out-of-Network) <u>2007-2008</u>	Buy-Up OAP (No Out-of-Network) <u>2007-2008</u>
Primary Care Physician Office Visit	No PCP required \$30 Co-Pay	No PCP required \$20 Co-Pay
Specialist	\$50 Co-Pay	\$40 Co-Pay
Preventive Care	No charge after Office Co-Pay	No charge after Office Co-Pay
Annual Deductible		
Member	\$1,000	\$1,000
Family	\$2,000	\$2,000
In-Patient Hospital Co-Pay	30% after \$1,500 Co-Pay and plan deductible	30% after \$1,500 Co-Pay and plan deductible
Out-Patient Hospital Co-Pay	30% after \$200 Co-Pay and plan deductible	30% after \$200 Co-Pay and plan deductible
Emergency Room (Per Visit)	\$150 Co-Pay + 30%	\$75 Co-Pay + 30%
Maximum Out-of-Pocket In-Network		
Member	\$7,000	\$5,000
Family	\$14,000	\$10,000
Out-of-Network Benefits	No	No
Lifetime Maximum	Unlimited	Unlimited
Coinsurance Levels	70%	70%
Prescription Drugs		
Generic	30% Co-Pay	30% Co-Pay
Preferred Brand	40% Co-Pay	40% Co-Pay
Non-Preferred Brand	50% Co-Pay	50% Co-Pay
Mail Order	30%;40%;50% 90 Day Supply	30%;40%;50% 90 Day Supply
Per-refill cap on RX expenses **	30%;40%;50% of first \$1000	30%;40%;50% of first \$1000
Network	OAP Network	OAP Network
Pre-existing Conditions	Yes; may be waived under provisions of HIPAA	Yes; may be waived under provisions of HIPAA

** If Generic equivalent is available, participant will also pay the difference between Generic and Brand Name cost

NOTE: This is intended only as a guide and does not include all deductibles, co-pays and coinsurance nor all specifics of the Plan.

**IRVING INDEPENDENT SCHOOL DISTRICT
BASE, BUY UP, OAP PLUS PLAN DESIGN SUMMARY COMPARISON**

	OAP PLUS In-Network <u>2007-2008</u>	OAP PLUS Out-of-Network <u>2007-2008</u>
Primary Care Physician Office Visit	No PCP required \$20 Co-Pay	30% after Plan Deduc. 30% after Plan Deduc.
Specialist	\$40 Co-Pay	30% after Plan Deduc.
Preventive Care	No charge after Office Co-Pay	30% after Plan Deduc.
Annual Deductible		
Member	\$1,000	\$2,000
Family	\$2,000	\$4,000
In-Patient Hospital Co-Pay	30% after \$1,500 Co-Pay and plan deductible	50% after \$2,000 Co-Pay and plan deductible
Out-Patient Hospital Co-Pay	30%after plan deductible	50%after plan deductible
Emergency Room (Per Visit)	\$50 Co-Pay + 30%	\$50 Co-Pay + 30% (if not true emergency 50% after deductible)
Maximum Out-of-Pocket In-Network		
Member	\$5,000	\$10,000
Family	\$10,000	\$20,000
Out-of-Network Benefits	Yes	
Lifetime Maximum	\$1,000,000	\$1,000,000
Coinsurance Levels	70%	50%
Prescription Drugs		
Generic	30% Co-Pay	NA
Preferred Brand	40% Co-Pay	
Non-Preferred Brand	50% Co-Pay	
Mail Order	30%;40%;50% 90 Day Supply	NA
Per-refill cap on RX expenses	**30%;40%;50% of first \$1000	
Network	OAP Network	Out of Network
Pre-existing Conditions	Yes; may be waived under provisions of HIPAA	

** If Generic equivalent is available, participant will also pay the difference between Generic and Brand Name cost

NOTE: This is intended only as a guide and does not include all deductibles, co-pays and coinsurance nor all specifics of the Plan.