

## Irving ISD 2008-2009

BENEFIT	Base PPO		High Plan
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
Office Visit	\$30 Co-Pay	\$15 Co-Pay	60/40% (of allowable) after Deductible
Specialist	\$50 Co-Pay	\$30 Co-Pay	60/40% (of allowable) after Deductible
Preventive Care	No charge after Office Co-Pay	No charge after Office co-pay	60/40% (of allowable) after Deductible
Annual Deductible			
Member	\$1,000	\$250	\$500
Family	\$2,000	\$500	\$1,000
In-Patient Hospital	70/30% after \$500 Co-Pay/admit. and Plan Deductible	\$100 copay/day (\$500 max./admit) 80/20%	\$100 copay/day (\$500 max./admit) 60/40% (of allowable) after Deductible
Out-Patient Hospital	70/30% after \$100 Co-Pay and Plan Deductible	100% of 1st \$150 then 80/20%	60/40% (of allowable) after Deductible
Emergency Room (Per Visit)	\$150 Co-Pay/visit; then 70/30%	100% after \$100 Co-Pay/Visit	100% after \$100 Co-Pay/Visit
Independent X-Ray, Lab	100% of 1st \$100/Plan Year; remain- ing charges 70/30% after Deduct.	100% of 1st \$150 then 80/20%	60/40% (of allowable) after Deductible
Maximum Out-of-Pocket			
Member	\$5,000	\$2,000	\$6,000
Family	\$10,000	\$4,000	\$12,000
Out-of-Network Benefits	No	Yes	Yes
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Coinsurance Levels	70%	80%	60%
Prescription Drugs			
Generic	30% Co-Pay to Max \$300 per Rx or refill	\$10	Rx BENEFIT NOT AVAILABLE OUT-OF-NETWORK
Preferred Brand	40% Co-Pay to Max \$400 per Rx or refill	\$30	
Non-Preferred Brand	50% Co-Pay to Max \$500 per Rx or refill	\$40	
Mail Order	30%;40%;50% 90 Day Supply	\$20, \$60, \$80	
Network	EPO Network	PPO Network	
Pre-existing Conditions	Yes; may be waived under provisions of HIPAA	Yes; may be waived under provisions of HIPAA	Yes; may be waived under provisions of HIPAA