

# Benefit Plan Designs – Texas

## Alternate Funding

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed <sup>1</sup> )	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
<b>PPO All Savers Primary Focus Plans (ChoicePlus Network)</b>						
<b>Primary Focus P1000i80</b>	\$0/\$100/\$50/ \$250+Ded+20%	\$1,000/\$5,000	Embedded	80%/50%	\$6,500/\$10,000	\$0/\$50/\$100/\$250
<b>Primary Focus P1000i50</b>	\$0/\$100/\$50/ \$250+Ded+50%	\$1,000/\$5,000	Embedded	50%/50%	\$6,500/\$10,000	\$0/\$50/\$100/\$250
<b>Primary Focus P2000i80</b>	\$0/\$100/\$50/ \$250+Ded+20%	\$2,000/\$5,000	Embedded	80%/50%	\$6,500/\$10,000	\$0/\$50/\$100/\$250
<b>Primary Focus P2000i50</b>	\$0/\$100/\$50/ \$250+Ded+50%	\$2,000/\$5,000	Embedded	50%/50%	\$6,500/\$10,000	\$0/\$50/\$100/\$250
<b>Primary Focus P3000i80</b>	\$0/\$100/\$50/ \$250+Ded+20%	\$3,000/\$10,000	Embedded	80%/50%	\$6,500/\$20,000	\$0/\$50/\$100/\$250
<b>Primary Focus P5000i80</b>	\$0/\$100/\$50/ \$250+Ded+20%	\$5,000/\$10,000	Embedded	80%/50%	\$6,500/\$20,000	\$0/\$50/\$100/\$250
<b>EPO All Savers Primary Focus Plans (Choice Network: no out-of-network coverage<sup>4</sup>)</b>						
<b>Primary Focus E1000i80</b>	\$0/\$100/\$50/ \$250+Ded+20%	\$1,000/None	Embedded	80%/None	\$6,500/None	\$0/\$50/\$100/\$250
<b>Primary Focus E1000i50</b>	\$0/\$100/\$50/ \$250+Ded+50%	\$1,000/None	Embedded	50%/None	\$6,500/None	\$0/\$50/\$100/\$250
<b>Primary Focus E2000i80</b>	\$0/\$100/\$50/ \$250+Ded+20%	\$2,000/None	Embedded	80%/None	\$6,500/None	\$0/\$50/\$100/\$250
<b>Primary Focus E2000i50</b>	\$0/\$100/\$50/ \$250+Ded+50%	\$2,000/None	Embedded	50%/None	\$6,500/None	\$0/\$50/\$100/\$250
<b>Primary Focus E3000i80</b>	\$0/\$100/\$50/ \$250+Ded+20%	\$3,000/None	Embedded	80%/None	\$6,500/None	\$0/\$50/\$100/\$250
<b>Primary Focus E5000i80</b>	\$0/\$100/\$50/ \$250+Ded+20%	\$5,000/None	Embedded	80%/None	\$6,500/None	\$0/\$50/\$100/\$250

### All Savers Primary Focus Rx Plans:

Mail Order Ratio	Rx Ded/Ind	Rx Deductible Note
2.5x	\$250/\$500	Applies to Tiers 3 & 4 only

### All Savers PPO and EPO Primary Focus benefit plans have the following benefits:

Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery
Ded+Coins	Ded+Coins	Ded+Coins

### All Savers PPO and EPO Primary Focus benefit plans have the following family benefits:

Deductible	Out-of-Pocket Limit
2x Individual Deductible	2x Individual Limit

<sup>1</sup>“Embedded” deductible means once an individual meets his or her portion of the deductible, services are paid for that person without the entire family deductible being met. “Non-Embedded” deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

<sup>4</sup>EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist or radiologist; and (2) Services performed under the Emergency Care benefit.

Code	Copayments PCP/Spec/JC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed <sup>1</sup> )	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
<b>PPO All Savers Flex Focus Plans (ChoicePlus Network<sup>5</sup>)</b>						
<b>Flex Focus P1000</b>	<b>PCP: \$0/3 visits</b> Ded+20% combined w/Spec <b>Spec: \$0/3 visits</b> Ded+20% combined w/PCP <b>UC: \$0/2 visits</b> Ded+20% <b>ER: \$250+Ded+20%</b>	\$1,000/\$5,000	Embedded	80%/50%	\$4,500/\$10,000	\$15/\$50/\$100/\$125
<b>Flex Focus P2000</b>	<b>PCP: \$0/3 visits</b> Ded+20% combined w/Spec <b>Spec: \$0/3 visits</b> Ded+20% combined w/PCP <b>UC: \$0/2 visits</b> Ded+20% <b>ER: \$250+Ded+20%</b>	\$2,000/\$5,000	Embedded	80%/50%	\$6,850/\$10,000	\$15/\$50/\$100/\$125
<b>Flex Focus P3000</b>	<b>PCP: \$0/3 visits</b> Ded+20% combined w/Spec <b>Spec: \$0/3 visits</b> Ded+20% combined w/PCP <b>UC: \$0/2 visits</b> Ded+20% <b>ER: \$250+Ded+20%</b>	\$3,000/\$5,000	Embedded	80%/50%	\$6,850/\$10,000	\$15/\$50/\$100/\$125
<b>EPO All Savers Flex Focus Plans (Choice Network<sup>5</sup>: no out-of-network coverage<sup>4</sup>)</b>						
<b>Flex Focus E1000</b>	<b>PCP: \$0/3 visits</b> Ded+20% combined w/Spec <b>Spec: \$0/3 visits</b> Ded+20% combined w/PCP <b>UC: \$0/2 visits</b> Ded+20% <b>ER: \$250+Ded+20%</b>	\$1,000/None	Embedded	80%/None	\$4,500/None	\$15/\$50/\$100/\$125
<b>Flex Focus E2000</b>	<b>PCP: \$0/3 visits</b> Ded+20% combined w/Spec <b>Spec: \$0/3 visits</b> Ded+20% combined w/PCP <b>UC: \$0/2 visits</b> Ded+20% <b>ER: \$250+Ded+20%</b>	\$2,000/None	Embedded	80%/None	\$6,850/None	\$15/\$50/\$100/\$125
<b>Flex Focus E3000</b>	<b>PCP: \$0/3 visits</b> Ded+20% combined w/Spec <b>Spec: \$0/3 visits</b> Ded+20% combined w/PCP <b>UC: \$0/2 visits</b> Ded+20% <b>ER: \$250+Ded+20%</b>	\$3,000/None	Embedded	80%/None	\$6,850/None	\$15/\$50/\$100/\$125

**All Savers PPO and EPO Flex Focus benefit plans have the following family benefits:**

Plan	Deductible	Network Out-of-Pocket Limit	Out-of-Network Out-of-Pocket Limit
Flex Focus P1000	3x Individual Deductible	3x Individual Limit	3x Individual Limit
Flex Focus E1000			
Flex Focus P2000		2x Individual Limit	
Flex Focus E2000			
Flex Focus P3000			
Flex Focus E3000			

**All Savers PPO and EPO Flex Focus benefit plans have the following benefits:**

Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery
Ded+Coins	\$250+Ded+Coins	\$250+Ded+Coins

<sup>1</sup>“Embedded” deductible means once an individual meets his or her portion of the deductible, services are paid for that person without the entire family deductible being met.

“Non-Embedded” deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

<sup>4</sup>EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist or radiologist; and (2) Services performed under the Emergency Care benefit.

<sup>5</sup>Plans feature \$0 copayment for the first 3 Primary Care Physician (PCP) and/or Specialist office visits for a maximum of 3 combined during the Plan Year. Office visits 4+ will be subject to plan deductible/coinsurance. Plans also feature \$0 copayment for the first 2 Urgent Care visits during the Plan Year. Urgent Care visits 3+ will be subject to plan deductible/coinsurance. Preventive Care visits do not count against the office visit copayment limit.

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed <sup>1</sup> )	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
<b>HSA All Savers Plans (ChoicePlus Network)</b>						
HP1500	None	\$1,500/\$3,000	Non-Embedded	80%/50%	\$3,000/\$6,000	None
HP20003060	<sup>3</sup> \$30/\$60/\$100/\$300	\$2,000/\$4,000	Non-Embedded	100%/50%	\$6,550/\$8,000	<sup>3</sup> \$10/\$35/\$60/\$100
HP2000Rx10	None	\$2,000/\$4,000	Non-Embedded	100%/50%	\$6,550/\$8,000	<sup>3</sup> \$10/\$35/\$60/\$100
<sup>2</sup> HP2000X	None	\$2,000/\$4,000	Non-Embedded	80%/50%	\$4,000/\$8,000	None
HP2850Rx10	None	\$2,850/\$5,700	Embedded	100%/50%	\$6,550/\$11,400	<sup>3</sup> \$10/\$35/\$60/\$100
HP28503060	<sup>3</sup> \$30/\$60/\$100/\$300	\$2,850/\$5,700	Embedded	100%/50%	\$6,550/\$11,400	<sup>3</sup> \$10/\$35/\$60/\$100
HP35003060	<sup>3</sup> \$30/\$60/\$100/\$300	\$2,850/\$5,700	Embedded	100%/50%	\$6,550/\$14,000	<sup>3</sup> \$10/\$35/\$60/\$100
HP50003060	<sup>3</sup> \$30/\$60/\$100/\$300	\$3,500/\$7,000	Embedded	100%/50%	\$6,550/\$20,000	<sup>3</sup> \$10/\$35/\$60/\$100
HP6350	None	\$6,350/\$12,700	Embedded	100%/50%	\$6,350/\$25,400	None
<b>PPO All Savers Plans (ChoicePlus Network)</b>						
P5003060	\$30/\$60/\$100/\$300	\$500/\$1,000	Embedded	80%/50%	\$3,000/\$6,000	\$10/\$35/\$60/\$200
P10003060	\$30/\$60/\$100/\$300	\$1,000/\$2,000	Embedded	80%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
P15003060	\$30/\$60/\$100/\$300	\$1,500/\$3,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P20003060	\$30/\$60/\$100/\$300	\$2,000/\$4,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P20004080 i80Max	\$40/\$80/\$100/\$300	\$2,000/\$4,000	Embedded	80%/50%	\$6,850/\$13,700	\$15/\$35/\$75/\$250
P25003060	\$30/\$60/\$100/\$300	\$2,500/\$5,000	Embedded	100%/50%	\$5,000/\$10,000	\$15/\$35/\$75/\$250
P25004080 i80Max	\$40/\$80/\$100/\$300	\$2,500/\$5,000	Embedded	80%/50%	\$6,850/\$13,700	\$15/\$35/\$75/\$250
P300030e	\$30/\$30/\$100/\$300 <sup>5</sup>	\$3,000/\$6,000	Embedded	100%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
P30003060e	\$30/\$60/\$100/\$300 <sup>5</sup>	\$3,000/\$6,000	Embedded	100%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
P350030e	\$30/\$30/\$100/\$300 <sup>5</sup>	\$3,500/\$7,000	Embedded	100%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P35003060e	\$30/\$60/\$100/\$300 <sup>5</sup>	\$3,500/\$7,000	Embedded	100%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P400080e	\$80/\$80/\$100/\$300 <sup>5</sup>	\$4,000/\$8,000	Embedded	80%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P500060e	\$60/\$60/\$100/\$300 <sup>5</sup>	\$5,000/\$10,000	Embedded	100%/50%	\$6,350/\$15,000	\$15/\$35/\$75/\$250

**All Savers HSA and PPO benefit plans  
have the following family benefits:**

Deductible	Out-of-Pocket Limit
2x Individual Deductible	2x Individual Limit

<sup>1</sup> "Embedded" deductible means once an individual meets his or her portion of the deductible, services are paid for that person without the entire family deductible being met. "Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

<sup>2</sup> With the HP2000X and HE2000X family plans, the Out-of-Pocket for one person is capped at \$6,550.

<sup>3</sup> Copayments on HSA plans will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

<sup>5</sup> This plan covers emergency room visits at copayment, then deductible, and then coinsurance.

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed <sup>1</sup> )	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
<b>HSA - EPO All Savers Plans (Choice Network: no out-of-network coverage<sup>4</sup>)</b>						
HE1500	None	\$1,500/None	Non-Embedded	80%/None	\$3,000/None	None
HE2000Rx10	None	\$2,000/None	Non-Embedded	100%/None	\$6,550/None	<sup>3</sup> \$10/\$35/\$60/\$100
HE20003060	<sup>3</sup> \$30/\$60/\$100/\$300	\$2,000/None	Non-Embedded	100%/None	\$6,550/None	<sup>3</sup> \$10/\$35/\$60/\$100
<sup>2</sup> HE2000X	None	\$2,000/None	Non-Embedded	80%/None	\$4,000/None	None
HE2850Rx10	None	\$2,850/None	Embedded	100%/None	\$6,550/None	<sup>3</sup> \$10/\$35/\$60/\$100
HE28503060	<sup>3</sup> \$30/\$60/\$100/\$300	\$2,850/None	Embedded	100%/None	\$6,550/None	<sup>3</sup> \$10/\$35/\$60/\$100
HE35003060	<sup>3</sup> \$30/\$60/\$100/\$300	\$3,500/None	Embedded	100%/None	\$6,550/None	<sup>3</sup> \$10/\$35/\$60/\$100
HE50003060	<sup>3</sup> \$30/\$60/\$100/\$300	\$5,000/None	Embedded	100%/None	\$6,550/None	<sup>3</sup> \$10/\$35/\$60/\$100
HE6350	None	\$6,350/None	Embedded	100%/None	\$6,350/None	None
<b>EPO All Savers Plans (Choice Network: no out-of-network coverage<sup>4</sup>)</b>						
E5003060	\$30/\$60/\$100/\$300	\$500/None	Embedded	80%/None	\$3,000/None	\$10/\$35/\$60/\$200
E10003060	\$30/\$60/\$100/\$300	\$1,000/None	Embedded	80%/None	\$3,500/None	\$15/\$35/\$75/\$250
E15003060	\$30/\$60/\$100/\$300	\$1,500/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E20003060	\$30/\$60/\$100/\$300	\$2,000/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E20004080 i80Max	\$40/\$80/\$100/\$300	\$2,000/None	Embedded	80%/None	\$6,850/None	\$15/\$35/\$75/\$250
E25003060	\$30/\$60/\$100/\$300	\$2,500/None	Embedded	100%/None	\$5,000/None	\$15/\$35/\$75/\$250
E25004080 i80Max	\$40/\$80/\$100/\$300	\$2,500/None	Embedded	80%/None	\$6,850/None	\$15/\$35/\$75/\$250
E300030e	\$30/\$30/\$100/\$300 <sup>5</sup>	\$3,000/None	Embedded	100%/None	\$5,500/None	\$15/\$35/\$75/\$250
E30003060e	\$30/\$60/\$100/\$300 <sup>5</sup>	\$3,000/None	Embedded	100%/None	\$5,500/None	\$15/\$35/\$75/\$250
E350030e	\$30/\$30/\$100/\$300 <sup>5</sup>	\$3,500/None	Embedded	100%/None	\$6,000/None	\$15/\$35/\$75/\$250
E35003060e	\$30/\$60/\$100/\$300 <sup>5</sup>	\$3,500/None	Embedded	100%/None	\$6,000/None	\$15/\$35/\$75/\$250
E400080e	\$80/\$80/\$100/\$300 <sup>5</sup>	\$4,000/None	Embedded	80%/None	\$6,000/None	\$15/\$35/\$75/\$250
E500060e	\$60/\$60/\$100/\$300 <sup>5</sup>	\$5,000/None	Embedded	100%/None	\$6,350/None	\$15/\$35/\$75/\$250

**All Savers HSA - EPO and EPO benefit plans have the following family benefits:**

Deductible	Out-of-Pocket Limit
2x Individual Deductible	2x Individual Limit

<sup>1</sup>“Embedded” deductible means once an individual meets his or her portion of the deductible, services are paid for that person without the entire family deductible being met.

“Non-Embedded” deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

<sup>2</sup>With the HP2000X and HE2000X family plans, the Out-of-Pocket for one person is capped at \$6,550.

<sup>3</sup>Copayments on HSA plans will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

<sup>4</sup>EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist or radiologist; and (2) Services performed under the Emergency Care benefit.

<sup>5</sup>This plan covers emergency room visits at copayment, then deductible, and then coinsurance.