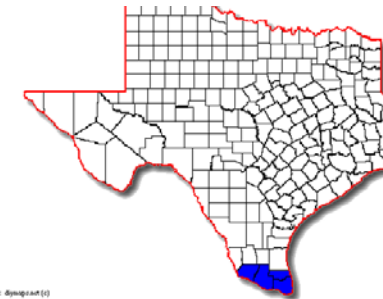




# BCBSTX (replaces Allegian): 2017-2018 Plan

| Coverage Tier         | Allegian<br>2016-2017 Premiums | BCBSTX<br>2017-2018 Premiums |
|-----------------------|--------------------------------|------------------------------|
| Employee Only         | \$449.08                       | \$460.50                     |
| Employee & Spouse     | \$1,085.74                     | \$1,113.72                   |
| Employee & Child(ren) | \$702.84                       | \$720.86                     |
| Employee & Family     | \$1,151.60                     | \$1,181.28                   |

**Approved Service Area:**  
*Cameron, Hidalgo, Starr, and  
Willacy Counties*



## BCBSTX Benefits (similar to Allegian 2016-2017 benefits)

| Medical Benefits      | 2017-2018 Plan Year  |
|-----------------------|--|
| Deductible            | Individual - \$500<br>Family - \$1,000                         |
| Out-of-Pocket Maximum | Individual - \$4,500<br>Family - \$9,000                       |
| Copay / Coinsurance   | Primary Care - \$25<br>Specialist - \$60<br>Urgent Care - \$75 |
| ER / Hospital         | Plan pays 80% after deductible                                 |
| Preventive Care       | Plan pays 100%   |

| Pharmacy Benefits      | 2017-2018 Plan Year |                            |
|------------------------|---------------------|----------------------------|
| Deductible             | \$100               |                            |
| Copay /<br>Coinsurance | <u>Tier</u>         | <u>Retail / Mail Order</u> |
|                        | Generic             | \$10 / \$30                |
|                        | Preferred Brand     | \$40 / \$120               |
|                        | Non-Preferred       |                            |
|                        | Brand               | \$65 / \$195               |
| Specialty              | 20% / Not Covered   |                            |



# FirstCare: 2017-2018 Changes

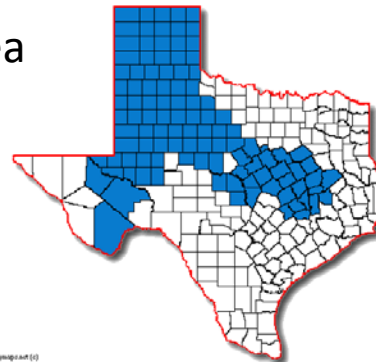
## FirstCare Premium Changes

| Coverage Tier         | 2016-2017 Premiums | 2017-2018 Premiums |
|-----------------------|--------------------|--------------------|
| Employee Only         | \$472.50           | \$514.82           |
| Employee & Spouse     | \$1,180.50         | \$1,287.60         |
| Employee & Child(ren) | \$748.50           | \$816.07           |
| Employee & Family     | \$1,190.50         | \$1,298.52         |

## FirstCare Benefit Changes

| Benefit    | 2016-2017 Plan Year                    | 2017-2018 Plan Year                    |
|------------|--|--|
| Deductible | Individual - \$500<br>Family - \$1,500 | Individual - \$750<br>Family - \$2,250 |

The proposed service area is the same as last year.



Source: @yelpaart(1)



# Scott & White: 2017-2018 Changes

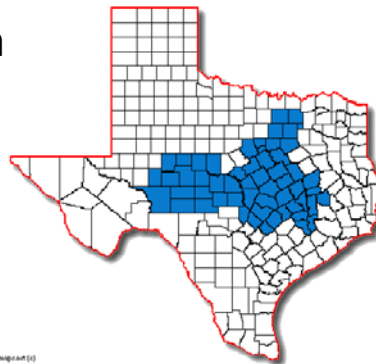
## Scott & White Premium Changes

| Coverage Tier         | 2016-2017 Premiums | 2017-2018 Premiums |
|-----------------------|--------------------|--------------------|
| Employee Only         | \$530.16           | \$561.04           |
| Employee & Spouse     | \$1,192.82         | \$1,263.08         |
| Employee & Child(ren) | \$839.16           | \$888.42           |
| Employee & Family     | \$1,322.98         | \$1,400.98         |

## Scott & White Benefit Changes

| Benefit               | 2016-2017 Plan Year   | 2017-2018 Plan Year  |
|-----------------------|---|--|
| Out-of-Pocket Maximum | Individual - \$5,000<br>Family - \$10,000   | Individual - \$6,550<br>Family - \$13,100  |
| Pharmacy Benefits     | Deductible - \$100<br>Generic Retail Copay - \$3<br>Generic Maintenance Copay - \$5 | Deductible - \$150<br>Generic Retail Copay - \$6<br>Generic Maintenance Copay - \$10 |

The proposed service area is the same as last year.



Source: DPMGISANT(1)