

Austin Independent School District
2011-2012 PPO 1 & PPO 2 Benefits Comparison

The following plan summary information is provided only to assist AISD employees in reviewing health plan coverage for 2011-2012. This comparison is not meant to replace the detailed description available from Blue Cross Blue Shield of Texas (BCBSTX). The plan coverage, payments, exclusions and benefit limitations will be determined solely by information prepared and distributed by BCBSTX.

Plan Provisions	PPO 1		PPO 2 Plan	
	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum	Unlimited		Unlimited	
Annual Maximum on Essential Health Benefits	\$2,000,000		\$2,000,000	
Deductible:				
Individual	\$0	\$500	\$500	
Family	\$0	\$1,500	\$1,500	
Out of Pocket including deductible				
Individual	\$1,000	\$3,500	\$2,500	
Family	\$3,000	\$10,500	\$7,500	
Office Visit (<i>Primary Care or Specialist</i>)	\$20	Ded, 30%	\$25	Ded, 30%
Lab / X-ray Charges in other outpatient facilities	\$0	Ded, 30%	\$0	Ded, 30%
Diagnostic Testing (<i>MRI, Ctscan, PET scan, etc.</i>)	20%	Ded, 40%	Ded, 20%	Ded, 40%
Allergy Injections & Serum	20%	Ded, 40%	Ded, 20%	Ded, 40%
Allergy Testing	\$20	Ded, 30%	\$25	Ded, 30%
Preventive Care (as determed by US Preventive Services Task Force)				
Adult Physicals	Covered at 100%	Ded, 30%	Covered at 100%	Ded, 30%
Mammogram	Covered at 100%	Ded, 30%	Covered at 100%	Ded, 30%
Well Child Care	Covered at 100%	Ded, 30%	Covered at 100%	Ded, 30%
Immunizations	Covered at 100%	\$0 up to age 6 Ded, 30% age 6+	Covered at 100%	\$0 up to age 6 Ded, 30% age 6+
Inpatient Hospital Charges:				
Physician Visit	20%	Ded, 40%	Ded, 20%	Ded, 40%
Facility Charge	20%	40%	20%	40%
Per Admission Deductible / Copay	NA	\$500 Per Hospital Admission Deductible	\$500 per hospital admission ded, 20%	\$500 per hospital admission ded, 40%
Emergency Room (<i>Accident / Emergency within 48 hrs</i>)				
Facility	\$100 + 20%	\$100 + 20%	\$100	\$100
Urgent Care	\$45	Ded, 30%	\$45	Ded, 30%
Ambulance	20%	20%	Ded, 20%	Ded, 20%
Surgery:				
PCP's Office	20%	Ded, 40%	Ded, 20%	Ded, 40%
Outpatient Hospital	20%	Ded, 40%	Ded, 20%	Ded, 40%
Maternity:				
Physician (<i>after initial copay the global fees subject to 20%</i>)	\$20 - 1st visit	Ded, 30%	\$25 - 1st visit	Ded, 30%
Facility	20%	\$500, 40%	\$500 per hospital admission ded, 20%	\$500 per hospital admission ded, 40%
Prescription Drugs:	\$50 Deductible		\$50 Deductible	
Generic	\$10	20% of allowable	\$10	20% of allowable
Brand	\$25	amount plus	\$25	plus
Non-Preferred	\$40	applicable copay	\$45	applicable copay
Mail Order	\$25/\$62.50/\$100	NA	\$25 / \$62.50 / \$112.50	NA
Mental/Nervous Benefit				
Inpatient	20%	\$500 Per Hospital Admission Deductible, 40%	\$500 per hospital admission ded, 20%	\$500 per hospital admission ded, 40%
Outpatient	\$20	Ded, 30%	\$25	Ded, 30%
Chemical Dependency Benefit				
Inpatient	20%	\$500 Per Hospital Admission Deductible, 40%	\$500 per hospital admission ded, 20%	\$500 per hospital admission ded, 40%
Outpatient	\$20	Ded, 30%	\$25	Ded, 30%
Vision Care Routine Eye Exam (<i>excludes materials and contact lenses</i>)*	\$20	Ded, 30%	\$25	Ded, 30%
Pre-existing Limits (<i>refer to BCBSTX documentation for explanation</i>)**	6/12	6/12	6/12	6/12

The following services do not accrue towards the Out of Pocket Maximum: Pharmacy Deductible, Pharmacy Copays, Per Hospital Admission Deductible

*Routine eye exam is provided through Blue Cross providers. Materials and Contact Lenses are provided at a discounted rate through Davis Discount Vision Program.

**All pre-ex limits will apply for any newly enrolled employees or dependents over the age of 19 with an effective date of 9/1/11, unless a certificate of creditable coverage can be provided showing prior coverage credit.