MEDICAL PLAN DETAILS

Medical Plan Design	In-Network	Out-of-Network
Deductible – Individual / Family	$2,000 / $4,000	$9,000 / $27,000
Out of Pocket Max Individual / Family	$6,000 / $12,000	$12,000 / $36,000
Lifetime Max Benefit	Unlimited	Unlimited
Preventive Care	Covered 100%	Not Covered
Primary Care Physician (PCP)	$45 Copay	Covered 50% after deductible
PCP at Christus Health (Titus County Locations)	$25 Copay	N/A
Inpatient/Outpatient at Christus Health (Titus County Locations)	Covered 90% after deductible	N/A
Teladoc Visit	$10 Copay	N/A
Basic X-ray & Lab	Covered 75%, No deductible	Covered 50%, No deductible
Urgent Care	$75 Copay	Covered 50% after deductible
Emergency Room	Covered 75% after deductible	Covered 50% after deductible
Emergency Room (True ER)	Covered 75% after deductible	Covered 75% after deductible
Emergency Room (Non-True ER)	Covered 75% after deductible	Not Covered
Hospitalization	$150 Copay per admission Covered 75% after deductible	$500 Copay per admission Covered 50% after deductible
Specialist	$60 Copay	Covered 50% after deductible
Mental Health	$45 Copay	N/A
Outpatient Surgery	Covered 75% after deductible	Covered 50% after deductible