

COMAL INDEPENDENT SCHOOL DISTRICT

2009-2010 EMPLOYEE HEALTH INSURANCE

PLAN TYPE	BCBSTX PPO Low Plan	BCBSTX PPO Mid Plan	BCBSTX PPO High Plan
<i>IN NETWORK</i>			
Lifetime Maximum	\$2,000,000	\$2,000,000	\$2,000,000
Cal. Year Deductible	\$2,000/\$4,000	\$1,000/\$2,000	\$500/\$1,000
Coinsurance	80%	80%	90%
Coinsurance-Out of pocket	\$3,000/\$6,000	\$2,500/\$5,000	\$1,500/\$3,000
Office Visits	\$30	\$25	\$20
Routine Lab & X-Ray's	100%	100%	100%
Diagnostic Testing & Extensive Lab Work	80% after deductible	80% after deductible	90% after deductible
Prescription Drugs	\$100 deductible \$10/\$25/\$50	\$50 deductible \$10/\$25/\$50	\$10/\$25/\$50
Hospital Inpatient	80% after \$250 per admission deductible	80% after \$250 per admission deductible	90% after \$250 per admission deductible
Outpatient Surgery	80% after deductible	80% after deductible	90% after deductible
Emergency Room	80% after \$100 co-pay	80% after \$100 co-pay	90% after \$50 co-pay
Hospital Pre-Cert Required	YES	YES	YES
Mental Nervous	YES	YES	YES
Drug & Alcohol	YES	YES	YES
Deductible Credit	YES	YES	YES
Pre-Existing Limitation	YES	YES	YES
<i>OUT OF NETWORK</i>			
Lifetime Maximum	\$2,000,000	\$2,000,000	\$2,000,000
Cal. Year Deductible	\$3,000/\$6000	\$2,000/\$4,000	\$1,000/\$2,000
Coinsurance	60%	60%	70%
Out of Pocket Maximum	\$6,000/\$12,000	\$5,000/\$10,000	\$3,000/\$6,000
Office Visits	Deductible + Coinsurance	Deductible + Coinsurance	Deductible & Coinsurance
Outpatient Surgery	60% after deductible	60% after deductible	70% after deductible
Hospital Inpatient	60% after \$250 per admission deductible	60% after \$250 per admission deductible	70% after \$250 per admission deductible
Emergency Room	80% after \$100 co-pay	80% after \$100 co-pay	90% after \$50 co-pay
Hospital Pre-Cert Required	YES \$250 penalty may be incurred	YES \$250 penalty may be incurred	YES \$250 penalty may be incurred
Mental Nervous, Drug & Alcohol	YES	YES	YES
Maternity Included	YES	YES	YES
	<i>Total Premium</i>	<i>Employee Pays</i>	<i>Total Premium</i>
Employee Only	\$385.00	\$15.00	\$415.00
Employee/Child(ren)	\$575.00	\$205.00	\$615.00
Employee/Spouse	\$850.00	\$480.00	\$910.00
Employee/Family	\$1040.00	\$670.00	\$1114.00
District Contribution	\$370.00		\$370.00