



COLLIN COUNTY

Medical Plan Summary

Effective January 1, 2020

Benefit	ADVANTAGE Plan	ADVANTAGE PLUS Plan
Physician Services	In-network	In-network
Physician Office Visit <i>(labs and diagnostics not included)</i>	\$20 Co-pay	\$15 Co-pay
Specialist Office Visit <i>(labs and diagnostics not included)</i>	\$50 Co-pay	\$40 Co-pay
Urgent Care Center Services <i>(labs and diagnostics not included)</i>	\$25 Co-pay	\$25 Co-pay
Virtual Visit	\$25 Co-pay	\$25 Co-pay
Mental Health Services (Outpatient/Telemental)	\$50 Co-pay (Individual) \$45 Co-pay (Group)	\$40 Co-pay
Office surgery, labs and diagnostic procedures	After office visit co-pay Plan pays 80%*	After office visit co-pay Plan pays 75%*
Diabetes Related Physician or Specialist Office Visit	\$0 Co-pay	\$0 Co-pay
Allergy Shots, Serum and Testing	Office Visit Co-pay	Plan pays 75%*
Chiropractic Care	\$50 Co-pay	Plan pays 75%* <i>(up to 26 visits per year)</i>
Well Care Benefits and Women's Preventive Health Services	Plan pays 100%	Plan pays 100%
Hospital Services		
Emergency Health Services	\$500 Co-pay	\$500 Co-pay
Inpatient Hospital	Plan pays 80%*	Plan pays 100% after a \$100 per day/\$500 co-payment maximum*
Mental Health Services (Inpatient)	Plan pays 80%*	Plan pays 75%*
Outpatient Surgery	Plan pays 80%*	Plan pays 100%*
Professional Fees for Surgical and Medical Services	Plan pays 80%*	Plan pays 75%*
Diagnostic/Therapeutic, Laboratory and X-ray Services	Plan pays 80%*	Plan pays 75%*
Additional Services		
Lasik Surgery	Plan pays 50%*	Plan pays 50%*
Skilled Nursing Facility/Inpatient Physical Rehabilitation	Plan pays 80%*	Plan pays 75%*
Hospice Care or Home Health Care	Plan pays 80%*	Plan pays 100%*
Durable Medical Equipment	Plan pays 80%*	Plan pays 75%*
Emergency Ambulance Services	Plan pays 80%*	Plan pays 75%*
Calendar Year Deductible		
Individual	\$750	\$250
Family	\$1,500	\$500
Annual Out-of-Pocket Maximum (includes pharmacy)		
Individual	\$4,000	\$3,000
Family	\$8,000	\$6,000

Vision Services		
Deductible	\$0	\$25
Annual Eye Exam	\$10 co-pay	50% Reimbursement
Contact Lenses (in lieu of eyeglasses) – Annual Supply up to \$200	\$25 (Included in materials co-pay)	50% Reimbursement
Pair of Lenses (Once every 12 months)	\$25 (Included in materials co-pay)	50% Reimbursement up to \$500
Frames	\$25 (Included in materials co-pay)	50% Reimbursement up to \$500

Pharmacy Benefits – same on Advantage and Advantage Plus

January 1, 2020 Retail Prescription Drug Benefits		
	Co-Insurance	Maximum
Tier 1	20% Co-Insurance	1-31 day supply - \$10 32-61 day supply - \$20 62-90 day supply - \$20
Tier 2	30% Co-Insurance	1-31 day supply - \$75 32-61 day supply - \$150 62-90 day supply - \$150
Tier 3 (Specialty medications must be filled through Optum Specialty)	40% Co-Insurance	1-31 day supply - \$200 32-61 day supply - \$400 62-90 day supply - \$400
Eligible diabetes-related prescriptions**	\$0 Co-pay	\$0 Co-pay
January 1, 2020 Mail Order Prescription Drug Benefits		
	Co-Insurance	Maximum
Tier 1	20% Co-Insurance	1-31 day supply - \$10 32-61 day supply - \$20 62-90 day supply - \$30
Tier 2	30% Co-Insurance	1-31 day supply - \$75 32-61 day supply - \$150 62-90 day supply - \$225
Tier 3 (Specialty medications must be filled through Optum Specialty)	40% Co-Insurance	1-31 day supply - \$200 32-61 day supply - \$400 62-90 day supply - \$600
Eligible diabetes-related prescriptions**	\$0 Co-pay	\$0 Co-pay

March 1, 2020 Retail Prescription Drug Benefits		
	Co-Insurance	Maximum
Tier 1	20% Co-Insurance	1-31 day supply - \$10 32-61 day supply - \$20 62-90 day supply - \$20
Tier 2	30% Co-Insurance	1-31 day supply - \$75 32-61 day supply - \$150 62-90 day supply - \$150
Tier 3 (Specialty medications must be filled through Optum Specialty)	40% Co-Insurance	1-31 day supply - \$200 32-61 day supply - \$400 62-90 day supply - \$400
Eligible diabetes-related prescriptions**	\$ 0 Copay	\$ 0 Copay
March 1, 2020 Mail Order Prescription Drug Benefits		
	Co-Insurance	Maximum
Tier 1	20% Co-Insurance + \$10 mailing fee	1-31 day supply - \$20 32-61 day supply - \$30 62-90 day supply - \$40
Tier 2	30% Co-Insurance + \$10 mailing fee	1-31 day supply - \$85 32-61 day supply - \$160 62-90 day supply - \$235
Tier 3 (Specialty medications must be filled through Optum Specialty)	40% Co-Insurance + \$10 mailing fee	1-31 day supply - \$210 32-61 day supply - \$410 62-90 day supply - \$610
Eligible diabetes-related prescriptions**	\$0 Co-pay	\$0 Co-pay

***Deductible applies to those services first and then the co-insurance begins.**

****Not all diabetes medications are covered under this program.**

This document is intended as a convenient summary of the major points of these benefit plans. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases. *Both plans have limited out-of-network coverage. Please contact Human Resources for more information.*