

Austin College 2024 Benefit Plan Choices

In-network benefits are shown, consult detailed benefit summaries for out-of-network benefits.

	HDHP *	90%PPO	80%PPO	70%PPO
Deductible – Individual	\$1,600	\$550	\$950	\$1,350
Individual + Children	\$3,200	\$950	\$1,350	\$2,550
Individual + Spouse or Family	\$3,200	\$1,100	\$1,500	\$2,700
Out-of-Pocket Maximum (includes deductible, coinsurance and copayments)				
Individual	\$6,450	\$3,050	\$5,950	\$6,350
Individual + Children	\$12,900	\$5,950	\$11,350	\$12,700
Individual + Spouse or Family	\$12,900	\$6,100	\$11,500	\$12,700
Your Coinsurance	20%	10%	20%	30%
<u>Typical medical services:</u>	You pay:	You pay:	You pay:	You pay:
Primary Care Office Visit	20% after deductible	\$30	\$35	\$40
Specialist Office Visit	20% after deductible	\$50	\$60	\$70
Preventive Care **	\$0	\$0	\$0	\$0
Hospital Admission	20% after deductible	\$200 then 10% after deductible	\$200 then 20% after deductible	\$200 then 30% after deductible
Laboratory & Radiology	20% after deductible	10% after deductible	20% after deductible	30% after deductible
Outpatient Facility	20% after deductible	\$100 then 10% after deductible	\$100 then 20% after deductible	\$100 then 30% after deductible
Emergency Room	20% after deductible	\$125 then 10% (deductible does not apply)	\$125 then 20% (deductible does not apply)	\$125 then 30% (deductible does not apply)
Urgent Care Facility	20% after deductible	\$75 then 10% (deductible does not apply)	\$75 then 20% (deductible does not apply)	\$75 then 30% (Deductible does not apply)

* ALL charges for medical services **and** prescription drugs accumulate to satisfy the deductible before the plan pays any benefits. After the deductible is satisfied, the plan will pay 80% of eligible charges until you reach the out-of-pocket maximum, then the plan pays 100% of eligible charges for the rest of the calendar year.

Age-based **Preventive Care (vaccinations, mammography, PSA, annual physical exam, colonoscopy, etc.) is covered by the plan at 100% on all benefit options. Your share of the cost for age-appropriate in-network preventive care is \$0.

2024 Prescription Plan Choices*

	<u>PPO Plans</u>	<u>HDHP Plan</u>
Deductible	None	None
Coinsurance	None	100% until the deductible has been met then copayments apply.
Retail (30-day supply)		
Generic	\$10	\$10
Formulary	\$35	\$35
Non-formulary	\$50	\$50
Mail Order (90-day supply)		
Generic	\$20	\$20
Formulary	\$70	\$70
Non-formulary	\$100	\$100
Specialty Drugs		
0-83 Days Supply	\$100	\$100
84+ Days Supply	\$200	\$200

* The PPO prescription plan choice is only available with PPO plan options. If you enroll in the HDHP plan, all charges for medical services AND prescriptions will accumulate to satisfy the deductible – please see specific HDHP materials for additional details.