PREMIUM COPAY PLAN

LocalPlus Network (In-Network Benefits Only)			
Lifetime Maximum	Unlimited		
Calendar Year Deductible	\$1,500 (Individual); \$3,000 (Family)		
Calendar Year Out-of-Pocket Maximum (Combined with Pharmacy)	\$6,350 (Individual); \$12,700 (Family)		
Coinsurance	Member pays 20%; Plan pays 80% after deductible is met		
Office Visits	Primary Care Physician \$25 copay/Specialist \$50 copay		
X-ray and Lab Work	Plan pays 80% after deductible is met*		
Preventive Care	Plan pays 100% (In-Network only)		
Outpatient Services	Plan pays 80% after deductible is met		
Inpatient Services	Plan pays 80% after deductible is met		
Emergency Care	\$300 copay (waived if admitted) per visit		
Urgent Care Services	\$40 copay per visit		
Enhanced Facility Benefit	Plan pays 90% after deductible is met when you use either Baylor or Methodist Hospitals in Dallas/Fort Worth. This applies to facility charges only. All other charges are paid at 80% after deductible is met.		
Rx Coverage (CVS Caremark)	See page 15 for Program details		
Urgent Care/Convenience Care	\$25 copay		
Telehealth	\$25 copay		

^{*}In order for these services to be covered under your office visit copay, they must be performed and billed by your physician's office. If they are performed and/or billed by a third party, they will be subject to the plan's deductible and coinsurance.

You will pay the listed copay amount no matter how much you have spent on healthcare services throughout the year. The copay will not apply towards your deductible, but will apply to your out-of-pocket maximum.

Premium Copay Plan	Full-Time Employee Bi-Monthly Rate*		
	Under \$44,000 Annual Pay	\$44,000 - \$66,000 Annual Pay	\$66,001+ Annual Pay
Employee Only	\$15.00	\$20.00	\$25.00
Employee + Spouse	\$209.00	\$221.50	\$234.00
Employee + Child(ren)	\$65.50	\$75.50	\$85.50
Employee + Family	\$229.00	\$244.00	\$259.00

Premium Copay Plan	Permanent Part-Time Employee Bi-Monthly Rate*
Employee Only	\$57.00
Employee + Spouse	\$225.00
Employee + Child(ren)	\$156.00
Employee + Family	\$269.00

^{*} Note: Per paycheck (24 out of 26)