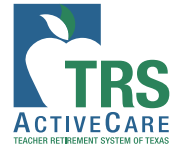


2020-21 HMO Rates and Benefit Changes

Changes effective September 1, 2020



Coverage Tier/Benefit	2019-2020	2020-2021
Employee Only	\$558.54	\$551.10
Employee and Spouse	\$1,306.58	\$1,382.06
Employee and Child(ren)	\$876.76	\$883.50
Employee and Family	\$1,457.28	\$1,478.56
Deductible	\$950	\$950
Out-of-Pocket Maximum	Individual - \$7,450 Family - \$14,900	Individual - \$7,450 Family - \$14,900
Copays	Primary care office visit copay \$20; copay for first visit for illness waived, does not apply to wellness or preventive visits; \$0 copay for dependents under 19 for primary care. Specialist copay \$70	Primary care office visit copay \$20; copay for first visit for illness waived, does not apply to wellness or preventive visits; \$0 copay for dependents under 19 for primary care. Specialist copay \$70
Emergency and Urgent Care	Emergency \$500 copay after the deductible. Urgent Care \$50	Emergency \$500 copay after the deductible. Urgent Care \$50
Pharmacy	Group Value Formulary 3-Tier coverage	Group Value Formulary 3-Tier coverage
Telehealth (MyBSWHealth and MDLIVE)	n/a	\$0 copay go to trs.swhp.org



Central Texas Region